

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

Resource Committee Meeting

January 21, 2025 9:00 am

- I. DECLARATION OF A QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 12, 2024 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'25 Year-to-Date Budget Report- November/December 2024 (EXHIBIT R-2 Stanley Adams)
- B. January 2025 New Contracts Over 250K (EXHIBIT R-3 Ernest Savoy)
- C. January 2025 Contract Renewals Over 250K (EXHIBIT R-4 Ernest Savoy)
- D. January 2025 Interlocal Agreements (EXHIBIT R-5 Ernest Savoy)

V. EXECUTIVE SESSION-

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. January 2025 New Contracts 100K-250K (EXHIBIT R-6)
- B. January 2025 Contract Renewals 100K-250K (EXHIBIT R-7)
- C. January 2025 Contract Amendments 100K-250K (EXHIBIT R-8)
- D. January 2025 New Contracts Under 100K (EXHIBIT R-9)
- E. January 2025 Contract Amendments Under 100K (EXHIBIT R-10)
- F. January 2025 Contract Renewals Under 100K (EXHBIT R-11)

- G. January 2025 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-12)
- H. FY 2025 Q1 Supplier Diversity Report (EXHIBIT R-13)
- I. First Quarter Financials by Clinics (EXHIBIT R-14)
- J. Revenue Management Metrics (EXHIBIT R-15)

IX. ADJOURN

Wywca Jamus
Veronica Franco, Board Liaison

Gerald Womack, Chairman

Resource Committee

THE HARRIS CENTER for Mental Health and IDD

Board of Trustees

EXHIBIT R-1

BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, NOVEMBER 12, 2024 MINUTES

Dr. Max Miller, Jr., Chair facilitator, called the meeting to order at 9:37 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. M. Miller Jr. Committee Member Absent: Mr. G. Womack, Mr. J. Lykes

Other Board Member Present: Dr. K. Bacon, Dr. L. Fernandez-Wische

1. CALL TO ORDER

Dr. Miller, Jr. called the Resource Committee meeting to order at 9:37 am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Miller, Jr. designated Dr. K. Bacon and Dr. L. Fernandez-Wische, as voting members of the committee.

3. DECLARATION OF QUORUM

Dr. Miller, Jr., declared a quorum was present.

4. PUBLIC COMMENTS

No public comment.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday October 15, 2024.

MOTION: BACON SECOND: FERNANDEZ

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, October 15, 2024, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'25 Year-to-Date Budget Report-October

MOTION: BACON SECOND: FERNANDEZ

With unanimous affirmative votes,

BE IT RESOLVED FY'25 Year-to-Date Budget Report-October, as presented is approved and recommended to the Full Board.

B. November 2024 New Contracts Over 250K

MOTION: FERNANDEZ SECOND: BACON

With unanimous affirmative votes,

Board of Trustees Resource Committee Meeting (11/12/2024) MINUTES Page 1 of 2 **BE IT RESOLVED** November 2024 New Contracts Over 250K, under Exhibit R-2 are approved and recommended to the Full Board.

C. November 2024 Interlocal Agreements

MOTION: MILLER, JR. SECOND: BACON

Dr. Fernandez recused himself from the discussion and vote on Interlocal agenda item #1 and #5.

With unanimous affirmative votes,

BE IT RESOLVED November 2024 Interlocal Agreements Exhibit R-3 are approved and recommended to the Full Board.

MOTION: BACON SECOND: FERNANDEZ

With unanimous affirmative votes,

BE IT RESOLVED November 2024 Interlocal Agreements Exhibit R-3 #2, #3 and #4 are approved and recommended to the Full Board.

D. 6168 Apartment Furniture RFP

MOTION: MILLER, JR. SECOND: FERNANDEZ

With unanimous affirmative votes,

BE IT RESOLVED 6168 Apartment Furniture RFP under Exhibit R-4 are approved and recommended to the Full Board.

E. TMC Parking

MOTION: BACON SECOND: FERNANDEZ

With unanimous affirmative votes,

BE IT RESOLVED TMC Parking under Exhibit R-5 are approved and recommended to the Full Board.

- 7. **EXECUTIVE SESSION** -No executive session was necessary.
- 8. RECOVENE INTO OPEN SESSION
- 9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 10. ADJOURN

MOTION: BACON SECOND: FERNANDEZ

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:07 am.

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

EXHIBIT R-2

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget
November 30, 2024

Fiscal Year 2025

The Harris Center for Mental Health and IDD

Resource Committee
Board of Trustees
The Harris Center for Mental Health and IDD (The Center)

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

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

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

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

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

Stanley Adams

Stanley Adams
Chief Financial Officer

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget November 30, 2024

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

			ne Month Ended		
	Ori	iginal Budget		Actual	Variance
Revenues	\$	31,244,089	\$	31,169,319	\$ (74,770)
Expenditures		31,160,756		29,101,756	2,059,000
Excess (Deficiency) of revenues over			•		
expenditures	\$	83,333	\$	2,067,563	\$ 1,984,230
Other Sources (Uses)					
Debt Service	\$	(83,333)	\$	(963,092)	\$ (879,759)
Capital Outlay		-		(209,827)	(209,827)
Revenue Bonds Issued		-		24,745,000	24,745,000
Other Sources (Uses)		-		9,655	9,655
Change in Fund Balance/Net Position	\$	-	\$	25,649,299	\$ 25,649,299

	Or	iginal Budget	Actual	Variance
Revenues	\$	93,732,267	\$ 90,994,212	\$ (2,738,055)
Expenditures		93,482,268	 88,988,142	4,494,126
Excess (Deficiency) of revenues over				
expenditures	\$	249,999	\$ 2,006,070	\$ 1,756,071
Other Sources (Uses)				
Debt Service	\$	(249,999)	\$ (963,092)	\$ (713,093)
Capital Outlay		-	(412,592)	(412,592)
Revenue Bonds Issued		-	24,745,000	24,745,000
Other Sources (Uses)		-	33,552	33,552
Change in Fund Balance/Net Position	\$	-	\$ 25,408,938	\$ 25,408,938

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget November 30, 2024

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

•				- Subject to Chang	,					7
		F	or the Month End	ded			iscal Year to Dat	te		
	Original			Variance		Original		Variance		1
	Budget		Actual	\$	%	Budget	Actual	\$	%	
Operating Revenue										
State General Revenue	\$ 11,054,955	\$	11,054,909	(46)	0%	\$ 33,164,865	\$ 33,164,696	(169)	0%	
Harris County and Local	4,452,047		4,863,521	411,474	9%	13,356,141	13,033,300	(322,841)	-2%	A
Federal Contracts and Grants	5,098,793		5,245,780	146,987	3%	15,296,379	15,191,597	(104,782)	-1%	В
State Contract and Grants	1,900,240		1,751,926	(148,314)	-8%	5,700,720	4,103,816	(1,596,904)	-28%	C
Third Party Billing	3,585,863		3,022,076	(563,787)	-16%	10,757,589	9,727,997	(1,029,592)	-10%	
Charity Care Pool	3,340,350		3,340,328	(22)	0%	10,021,050	10,021,239	189	0%	
Directed Payment Programs	659,258		548,054	(111,204)	-17%	1,977,774	1,660,733	(317,041)	-16%	D
Patient Assistance Program (PAP)	852,441		1,110,825	258,384	30%	2,557,323	3,266,237	708,914	28%	
Interest Income	300,142		231,900	(68,242)	-23%	 900,426	824,597	(75,829)	8%	
Operating Revenue, total	\$ 31,244,089	\$	31,169,319	(74,770)	0%	\$ 93,732,267	90,994,212	(2,738,055)	-3%	
Operating Expenditures										
Salaries and Fringe Benefits	\$ 21,116,034	\$	19,307,539	1,808,495	9%	\$ 63,348,102	\$ 60,970,652	2,377,450	4%	
Contracts and Consultants	1,379,371		1,055,951	323,420	23%	4,138,113	2,724,631	1,413,482	34%	
Contracts and Consultants-HCPC	3,913,250		3,833,236	80,014	2%	11,739,750	11,499,708	240,042	2%	
Supplies	354,237		221,040	133,197	38%	1,062,711	500,184	562,527	53%	
Drugs	1,995,664		2,399,024	(403,360)	-20%	5,986,992	7,123,094	(1,136,102)	-19%	Ε
Purchases, Repairs and Maintenance of:						-				
Equipment	99,778		129,247	(29,469)	-30%	299,334	500,527	(201,193)	-67%	
Building	177,679		411,241	(233,562)	-131%	533,037	533,480	(443)	0%	F
Vehicle	86,851		82,642	4,209	5%	260,553	243,255	17,298	7%	
Software	358,400		386,990	(28,590)	-8%	1,075,200	887,625	187,575	17%	
Telephone and Utilities	304,496		337,965	(33,469)	-11%	913,488	869,354	44,134	5%	
Insurance, Legal and Audit	184,268		184,811	(543)	0%	552,804	570,492	(17,688)	-3%	
Travel & Training	251,089		218,302	32,787	13%	753,267	436,108	317,159	42%	
Dues & Subscriptions	555,682		217,855	337,827	61%	1,667,046	787,580	879,466	53%	G
Other Expenditures	383,957		315,913	68,044	18%	 1,151,871	1,341,452	(189,581)	-16%	н
Operating Expenditures, total	\$ 31,160,756	\$	29,101,756 \$	2,059,000	7%	\$ 93,482,268	\$ 88,988,142	\$ 4,494,126	5%	
Excess (Deficiency) of revenues over										
expenditures	\$ 83,333	\$	2,067,563	1,984,230		\$ 249,999	\$ 2,006,070	1,756,071		
Other Sources (Uses)										
Debt Service	(83,333)	\$	(963,092) \$	(879,759)		(249,999)	\$ (963,092)	\$ (713,093)	Į	1
Capital outlay	-		(209,827)	(209,827)		-	(412,592)	(412,592)	Į	
Revenue Bonds Issued	-		24,745,000	24,745,000		-	24,745,000	24,745,000		J
Insurance proceeds	-		-	-		-	1,648	1,648		
Proceeds from Sale of Assets	 		9,655	9,655		 <u> </u>	 31,904	31,904	_	
Change in Fund Balance/Net Position	\$ -	\$	25,649,299 \$	25,649,299		\$ -	\$ 25,408,938	\$ 25,408,938	_	

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

November 30, 2024

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

Unfavorable budget variance is attributed to revenue budgeted for the current fiscal year prior to incurring related expenditures. We are monitoring contract progress for potential impacts on the budget.

B Federal Contract and grants

The primary driver of the unfavorable budget variance is related to low expenditures/billings for the month causing a timing difference of when revenue will be earned.

C State Contract and Grants

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired.

D Directed Payment Programs

DPP revenue shortfall is due to reduced DPP-related claim throughput. The annual estimates provided by Texas Council for FY 2025 are expected to be received in mid-May 2025 at that time, we will update our accounting records.

E Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$135K and the billing program expense exceeds budget by (\$360K).

F Building (purchase, repair and maintenance)

Unfavorable budget variance for the current month is primarily driven by current month janitorial services increase from prior month (\$28K to \$244K) and other service maintenance services increase from prior month (\$20K to \$82K).

G Dues & Subscriptions

IT related Dues & Subscriptions total \$183K for the current month and \$575K fiscal year to date.

H Other expenditures

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$98K; in addition YTD postage expenses exceed YTD budget by approx. \$108K. These variances are slightly offset by favorable YTD budget variances in other accounts.

I Debt Service

Debt service expenditures are related to the bond issuance costs & underwriter's discount of Revenue Bond Series 2024.

J Bond Proceeds

Revenue Bond 2024 proceeds during the current month, presented as other financing sources.

The Harris Center for Mental Health and IDD Balance Sheet

November 30, 2024

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

Inventories, Deposits & Prepaids		_			 Ü
Cash and Cash Equivalents \$ 21,803,683 \$ 13,371,366 \$ (8,432,317) Cash and Petty Cash 56,480,784 41,194,541 (15,286,243) Cash and Cash Equivalents, total 78,284,467 54,565,907 (23,718,560) Inventories, Deposits & Prepaids 11,558,974 10,609,493 \$ (949,481) Accounts Receivable: 8 11,558,974 10,609,493 \$ (949,481) Patient A/R, net of allowance 1,640,322 1,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets - 19,911,737 19,911,737 Capital Assets - 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332	Current Assets				
Cash and Petty Cash \$ 21,803,683 \$ 13,371,366 \$ (8,432,317) Cash Equivalents 56,480,784 41,194,541 (15,286,243) Cash and Cash Equivalents, total 78,284,467 54,565,907 (23,718,560) Inventories, Deposits & Prepaids 11,558,974 10,609,493 \$ (949,481) Accounts Receivable: 8 11,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulate					
Cash Equivalents 56,480,784 41,194,541 (15,286,243) Cash and Cash Equivalents, total 78,284,467 54,565,907 (23,718,560) Inventories, Deposits & Prepaids 11,558,974 10,609,493 \$ (949,481) Accounts Receivable: Patient A/R, net of allowance 1,640,322 1,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 5,794,164 5,794,164 5,794,164 5,794,164 6,548,048 \$ 6,16	Cash and Cash Equivalents				
Cash and Cash Equivalents, total 78,284,467 54,565,907 (23,718,560) Inventories, Deposits & Prepaids 11,558,974 10,609,493 \$ (949,481) Accounts Receivable: Patient A/R, net of allowance 1,640,322 1,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets Land 12,709,144 12,709,144 - Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 <td>Cash and Petty Cash</td> <td>\$</td> <td>21,803,683</td> <td>\$ 13,371,366</td> <td>\$ (8,432,317)</td>	Cash and Petty Cash	\$	21,803,683	\$ 13,371,366	\$ (8,432,317)
Inventories, Deposits & Prepaids	Cash Equivalents		56,480,784	41,194,541	(15,286,243)
Accounts Receivable: Patient A/R, net of allowance 1,640,322 1,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities & Fund Balance/Net Position Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Cash and Cash Equivalents, total		78,284,467	54,565,907	 (23,718,560) AA
Patient A/R, net of allowance 1,640,322 1,544,905 (95,417) A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets - 19,911,737 19,911,737 Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities \$ 1,44,688,340			11,558,974	10,609,493	\$ (949,481)
A/R from other governments 34,992,135 45,830,225 10,838,090 Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets - 12,709,144 12,709,144 - Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities \$ 46,548,048 \$ 7,103,583 \$ (8,273,605)					
Other A/R 1,664,394 1,839,722 175,328 Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets - 12,709,144 12,709,144 - 4 Land 12,709,144 12,709,144 - 7 Building and Improvements 52,910,858 52,910,858 - 7 Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - 7 Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - 7 Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Total Assets \$ 46,548,048 \$ 46,548,048 \$ - Liabilities \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)			1,640,322	1,544,905	(95,417)
Current Assets, total \$ 128,140,292 \$ 114,390,252 \$ (13,750,040) Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets - 12,709,144 12,709,144 - Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities \$ 174,688,340 \$ 7,103,583 \$ (8,273,605)	A/R from other governments		34,992,135	45,830,225	10,838,090 BB
Restricted Cash and Cash Equivalents - 19,911,737 19,911,737 Capital Assets 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Other A/R		1,664,394	 1,839,722	 175,328
Capital Assets Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Current Assets, total	\$	128,140,292	\$ 114,390,252	\$ (13,750,040)
Land 12,709,144 12,709,144 - Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Restricted Cash and Cash Equivalents		-	19,911,737	19,911,737 CC
Building and Improvements 52,910,858 52,910,858 - Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Capital Assets				
Right-to-use assets (Leases & SBITA) 2,440,065 2,440,065 - Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Fund Balance/Net Position Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Land		12,709,144	12,709,144	-
Furniture, Equipment and Vehicles 8,386,217 8,254,332 (131,885) Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Building and Improvements		52,910,858	52,910,858	-
Construction in Progress 5,794,164 5,794,164 - Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Right-to-use assets (Leases & SBITA)		2,440,065	2,440,065	-
Accumulated Depreciation/Amortization (35,692,400) (35,560,515) 131,885 Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Furniture, Equipment and Vehicles		8,386,217	8,254,332	(131,885)
Capital Assets, net total \$ 46,548,048 \$ 46,548,048 \$ - Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities & Fund Balance/Net Position Liabilities \$ 7,103,583 \$ (8,273,605)	Construction in Progress		5,794,164	5,794,164	-
Total Assets \$ 174,688,340 \$ 180,850,037 \$ 6,161,697 Liabilities & Fund Balance/Net Position Liabilities Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Accumulated Depreciation/Amortization		(35,692,400)	 (35,560,515)	 131,885
Liabilities & Fund Balance/Net Position Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Capital Assets, net total	\$	46,548,048	\$ 46,548,048	\$ -
Liabilities Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Total Assets	\$	174,688,340	\$ 180,850,037	\$ 6,161,697
Accounts Payable and Accrued Liabilities \$ 15,377,188 \$ 7,103,583 \$ (8,273,605)	Liabilities & Fund Balance/Net Position				
·	Liabilities				
Uncarped Povenues 27 126 /19 15 629 219 /11 509 100\	Accounts Payable and Accrued Liabilities	\$	15,377,188	\$ 7,103,583	\$ (8,273,605) DD
Official field Revenues 27,130,416 13,026,516 (11,506,100)	Unearned Revenues		27,136,418	15,628,318	(11,508,100) EE
Noncurrent liabilities:	Noncurrent liabilities:				
Due within one year 909,061 1,584,061 675,000	Due within one year		909,061	1,584,061	675,000 FF
Due in more than one year 9,326,822 33,690,925 24,364,103	Due in more than one year		9,326,822	33,690,925	24,364,103 FF
Liabilities, total \$ 52,749,489 \$ 58,006,887 \$ 5,257,398	Liabilities, total	\$	52,749,489	\$ 58,006,887	\$ 5,257,398
Fund Balance/Net Position	Fund Balance/Net Position				
Net Investment in Capital Assets 46,548,048 -	Net Investment in Capital Assets		46,548,048	46,548,048	-
Restricted for Capital Projects - 19,911,737 19,911,737	Restricted for Capital Projects		-	19,911,737	19,911,737 CC
Nonspendable 11,558,974 10,609,493 (949,481)	Nonspendable		11,558,974	10,609,493	(949,481)
Assigned 66,514,014 66,514,014 -	•				-
	_				(43,707,256) GG
Change in fund balance/net position (240,361) 25,408,938 25,649,299			• • • • • •		•
Fund Balance/Net Position, Total \$ 121,938,851 \$ 122,843,150 \$ 904,299	•	\$		\$	\$
Total Liabilities & Fund Balance/Net Position \$ 174,688,340 \$ 180,850,037 \$ 6,161,697	Total Liabilities & Fund Balance/Net Position	\$	174,688,340	\$ 180,850,037	\$ 6,161,697

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

November 30, 2024

Balance Sheet

AA Cash and Investments

The decrease in cash and cash equivalents is primarily driven by the three payroll periods paid during November (approx. \$23.2M), the requirement to make the second half of Year 4 (SFY25) IGT payment for approx. \$2.7M, and the timing of when funds are received from the various revenue sources vs when funds are spent.

During the month of November, we received a reimbursement of incurred project expenses from the new bond issuance of approx. \$3.9M.

BB A/R from Other Governments

The increase is primarily attributable to additional receivables from multiple grants including: Charity Care Pool (CCP) funding of \$3.3M, Harris County allocation funding of \$1.9M, Sheriff's department of \$1.5M, and other federal & state grants receivables with net effect of \$4.1M.

CC Restricted Cash & Restricted Net Position for Capital Projects

Cash related to the Revenue Bond Series 2024. This cash is restricted for use for the financing of the approved capital projects; as such the corresponding net position is restricted for capital projects.

DD Accounts Payable and Accrued Liabilities

The decrease in Accounts Payable and Accrued Liabilities is due to the regular timing of payments; in addition, due to a decrease in salary accrual in comparison to the prior month salary accrual related to the timing on when the respective months payroll periods were paid.

EE Unearned Revenues

Unearned income decreased due to use of funds provided through state and federal revenue allocations received in advance of performance of related obligations.

FF Noncurrent liabilities

With the revenue bond issue, it is now necessary to continue our alignment to financial reporting requirements.

	As presented	Re	evised presentation	_	
Liabilities	October - 2024		October - 2024		Net change
Accounts Payable and Accrued Liabilities	\$ 16,286,249	\$	15,377,188	_	\$ (909,061)
Unearned Revenues	27,136,418		27,136,418		-
Long term Liabilities	9,326,822		-		(9,326,822)
Noncurrent liabilities:					
Due within one year			909,061		909,061
Due in more than one year			9,326,822	_	 9,326,822
Total Liabilities	\$ 52,749,489	\$	52,749,489	_	\$

Amount Due within one year presented in November 2024 is the portion of the Revenue Bond 2024 due 11/01/2025

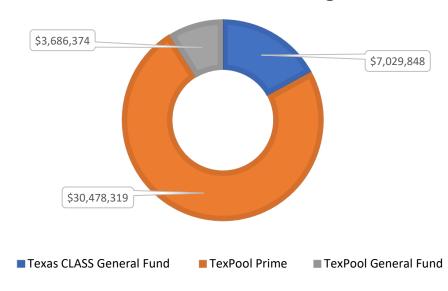
GG Unassigned Fund Balance

The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.

The Harris Center for Mental Health and IDD Investment Portfolio November 30, 2024

Local Government Investment Pools (LGIPs)	Begi	nning Balance		Transfer In	7	ransfer Out	In	terest Income	Fne	ding Balance	Portfolio %	Monthly Yield
Texas CLASS		<u> </u>										
Texas CLASS General Fund	\$	7,001,769	\$	-	\$	-	\$	28,079	\$	7,029,848	17.06%	4.88%
TexPool												
TexPool Prime		45,806,918		-		(15,490,828)		162,229		30,478,319	73.99%	4.83%
TexPool General Fund		3,672,097		-		-		14,277		3,686,374	8.95%	4.73%
TexPool Sub-Total		49,479,015		-		(15,490,828)		176,506		34,164,693	82.94%	4.82%
Total Investments	\$	56,480,784	\$	-	\$	(15,490,828)	\$	204,585	\$	41,194,541	100.00%	4.83%
	Addi	tional Interest o	n Ch	ecking Account	ts			27,315				
	Tota	I Interest Earne	d du	ring the curren	t mo	nth	\$	231,900				

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.03%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks	4.62%
Interest Rate - Chase Hybrid Checking	3.10%
ECR - Chase	3.20%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of November 30, 2024, 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:

Thania D. Gonzalez Thania D. Gonzalez

Controller

The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits November 30, 2024

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Nov-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,052,736	\$5,407,820
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,431,117	\$7,392,266
UNUM	Life Insurance	\$310,000	\$203,072	\$612,688

Notes:

⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ LFG payments include 11A &11B

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget December 31, 2024

Fiscal Year 2025

The Harris Center for Mental Health and IDD

Resource Committee
Board of Trustees
The Harris Center for Mental Health and IDD (The Center)

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

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

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

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

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

Stanley Adams

Stanley Adams
Chief Financial Officer

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget December 31, 2024

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

	Or	iginal Budget	Actual	Variance
Revenues	\$	31,244,089	\$ 30,468,548	\$ (775,541)
Expenditures		31,160,756	32,343,085	(1,182,329)
Excess (Deficiency) of revenues over				
expenditures	\$	83,333	\$ (1,874,537)	\$ (1,957,870)
Other Sources (Uses)				
Debt Service	\$	(83,333)	\$ -	\$ 83,333
Capital Outlay		-	(4,427,055)	(4,427,055)
Other Sources (Uses)		-	895,421	895,421
Change in Fund Balance/Net Position	\$	-	\$ (5,406,171)	\$ (5,406,171)

		riginal Budget		Actual	Variance		
Revenues Expenditures	\$	124,976,356 124,643,024	\$	121,462,760 121,331,227	\$	(3,513,596) 3,311,797	
Excess (Deficiency) of revenues over	<u>,</u>	222 222	<u> </u>	424 522	<u> </u>	(204 700)	
expenditures	\$	333,332	\$	131,533	\$	(201,799)	
Other Sources (Uses)							
Debt Service	\$	(333,332)	\$	(963,092)	\$	(629,760)	
Capital Outlay		-		(4,839,647)		(4,839,647)	
Revenue Bonds Issued		-		24,745,000		24,745,000	
Other Sources (Uses)		-		928,973		928,973	
Change in Fund Balance/Net Position	\$	-	\$	20,002,767	\$	20,002,767	

The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget December 31, 2024

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

_	Unaudited - Subject to Change													-
	For the Month Ended				Fiscal Year to Date									
	Original			V	ariance			Original				Variance		
	Budget		Actual		\$	%		Budget		Actual		\$	%	
Operating Revenue														
State General Revenue \$	11,054,955	\$	11,054,920		(35)	0%	\$	44,219,820	\$	44,219,616		(204)	0%	
Harris County and Local	4,452,047		4,348,096		(103,951)	-2%		17,808,188		17,381,396		(426,792)	-2%	
Federal Contracts and Grants	5,112,180		5,329,821		217,641	4%		20,448,720		20,584,229		135,509	1%	
State Contract and Grants	1,886,853		1,554,862		(331,991)	-18%		7,547,412		5,595,867		(1,951,545)	-26%	Α
Third Party Billing	3,585,863		2,962,890		(622,973)	-17%		14,343,452		12,690,887		(1,652,565)	-12%	В
Charity Care Pool	3,340,350		3,340,328		(22)	0%		13,361,400		13,361,567		167	0%	
Directed Payment Programs	659,258		554,862		(104,396)	-16%		2,637,032		2,215,595		(421,437)	-16%	
Patient Assistance Program (PAP)	852,441		1,031,219		178,778	21%		3,409,764		4,297,456		887,692	26%	
Interest Income	300,142		291,550		(8,592)	-3%		1,200,568		1,116,147		(84,421)	-7%	
Operating Revenue, total \$	31,244,089	\$	30,468,548		(775,541)	-2%	\$	124,976,356		121,462,760		(3,513,596)	-3%	
Operating Expenditures														
Salaries and Fringe Benefits \$	21,116,034	\$	21,611,899		(495,865)	-2%	\$	84,464,136	\$	82,582,552		1,881,584	2%	
Contracts and Consultants	1,379,371		1,248,617		130,754	9%		5,517,484		3,973,248		1,544,236	28%	
Contracts and Consultants-HCPC	3,913,250		3,335,536		577,714	15%		15,653,000		14,835,244		817,756	5%	
Supplies	354,237		206,352		147,885	42%		1,416,948		706,535		710,413	50%	
Drugs	1,995,664		2,251,201		(255,537)	-13%		7,982,656		9,374,294		(1,391,638)	-17%	C
Purchases, Repairs and Maintenance of:								-						
Equipment	99,778		216,975		(117,197)	-117%		399,112		717,502		(318,390)	-80%	
Building	177,679		173,401		4,278	2%		710,716		706,881		3,835	1%	
Vehicle	86,851		73,899		12,952	15%		347,404		317,155		30,249	9%	
Software	358,400		522,845		(164,445)	-46%		1,433,600		1,410,471		23,129	2%	
Telephone and Utilities	304,496		311,066		(6,570)	-2%		1,217,984		1,180,420		37,564	3%	
Insurance, Legal and Audit	184,268		217,275		(33,007)	-18%		737,072		787,767		(50,695)	-7%	
Travel & Training	251,089		231,214		19,875	8%		1,004,356		667,322		337,034	34%	
Dues & Subscriptions	555,682		1,556,129		(1,000,447)	-180%		2,222,728		2,343,709		(120,981)	-5%	D
Other Expenditures	383,957		386,676		(2,719)	-1%		1,535,828		1,728,127		(192,299)	-13%	Ε
Operating Expenditures, total \$	31,160,756	\$	32,343,085	\$	(1,182,329)	-4%	\$	124,643,024	\$	121,331,227	\$	3,311,797	3%	
Excess (Deficiency) of revenues over														
expenditures \$	83,333	\$	(1,874,537)		(1,957,870)		\$	333,332	\$	131,533		(201,799)		
Other Sources (Uses)														
Debt Service	(83,333)	\$	-	\$	83,333			(333,332)	\$	(963,092)	\$	(629,760)		
Capital outlay	-		(4,427,055)		(4,427,055)			-		(4,839,647)		(4,839,647)		F
Revenue Bonds Issued	-		-		-			-		24,745,000		24,745,000		
Insurance proceeds	-		2,488		2,488			-		4,136		4,136		
Proceeds from Sale of Assets	-		-		-			-		31,904		31,904		
Other Financing Sources	-		892,933		892,933			-		892,933		892,933		G
Change in Fund Balance/Net Position \$	-	\$	(5,406,171)	\$	(5,406,171)		\$	-	\$	20,002,767	\$	20,002,767		

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

December 31, 2024

Results of Financial Operations and Comparison to Original Budget

A State Contract and Grants

The primary driver of the unfavorable variance is attributed to contracts budgeted during current fiscal year, prior to related contract approvals resulting in low expenditures/billings for the month. In addition, for new contracts, variance is primarily attributed to a timing difference until personnel is hired. \$1M Revenue contract was not renewed and will not be realized in the current year.

B Third party billing

In reviewing our payor mix and particularly the Third Party charges, excluding Pharmacy, we are seeing an increase in both our ACA and Commercial categories, however also an increase month over month in our self-pay book of business. Overall when reviewing our Third Party charges our increase year over year through the first 4 months of FY25 is minimal and averaging \$3.2M per month which is the same figure that we experienced in FY24.

C Drugs

The primary driver of the net unfavorable variance in Drugs is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing program revenue exceeds budget by \$209K and the billing program expense exceeds budget by (\$514K).

D Dues & Subscriptions

IT related Dues & Subscriptions total \$1.5M for the current month and \$2.1M fiscal year to date. Current month expenditures include \$1.2M of YTD expenditures for the EPIC annual subscription invoice received during the month of December.

E Other expenditures

YTD unfavorable budget variance for this line item is primarily related to ReCenter's operational & program expenditures exceeding YTD budget by approx. \$263K; this variance is slightly offset by favorable YTD budget variances in other accounts.

F Capital Outlay

Capital Outlay for the current month consists of approx. \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement) and approx. \$2.4M in construction costs for the 6168 Apartments.

G Other Financing Sources

Draw down of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

The Harris Center for Mental Health and IDD Balance Sheet December 31, 2024

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

	Nov	vember - 2024	Dec	cember - 2024		Change	
Assets							
Current Assets							
Cash and Cash Equivalents							
Cash and Petty Cash	\$	13,371,366	\$	16,585,800	\$	3,214,434	
Cash Equivalents		41,194,541		84,541,672		43,347,131	
Cash and Cash Equivalents, total		54,565,907		101,127,472		46,561,565 AA	
Inventories, Deposits & Prepaids		10,609,493		8,632,514	\$	(1,976,979) BB	
Accounts Receivable:							
Patient A/R, net of allowance		1,544,905		1,534,587		(10,318)	
A/R from other governments		45,830,225		45,779,869		(50,356)	
Other A/R		1,839,722		1,917,302		77,580	
Current Assets, total	\$	114,390,252	\$	158,991,744	\$	44,601,492	
Restricted Cash and Cash Equivalents		19,911,737		20,350,034		438,297 CC	
Capital Assets							
Land		12,709,144		12,709,144		-	
Building and Improvements		52,910,858		54,858,877		1,948,019 DD	
Right-to-use assets (Leases & SBITA)		2,440,065		2,440,065		-	
Furniture, Equipment and Vehicles		8,254,332		8,254,332		-	
Construction in Progress		5,794,164		5,794,164		-	
Accumulated Depreciation/Amortization		(35,560,515)		(35,560,515)		-	
Capital Assets, net total	\$	46,548,048	\$	48,496,067	\$	1,948,019	
Total Assets	\$	180,850,037	\$	227,837,845	\$	46,987,808	
Liabilities & Fund Balance/Net Position							
Liabilities							
Accounts Payable and Accrued Liabilities	\$	7,103,583	\$	10,227,450	\$	3,123,867	
Unearned Revenues		15,628,318		62,984,961		47,356,643 EE	
Noncurrent liabilities:							
Due within one year		1,584,061		1,584,061		-	
Due in more than one year		33,690,925		34,549,307		858,382 FF	
Liabilities, total	\$	58,006,887	\$	109,345,779	\$	51,338,892	
Fund Balance/Net Position							
Net Investment in Capital Assets		46,548,048		46,548,048		-	
Restricted for Capital Projects		19,911,737		20,350,034		438,297 CC	
Nonspendable		10,609,493		8,632,514		(1,976,979)	
Assigned		66,514,014		66,514,014		-	
Unassigned/Unrestricted		(46,149,080)		(43,555,312)		2,593,768 GG	
Change in fund balance/net position		25,408,938		20,002,767		(5,406,171)	
Fund Balance/Net Position, Total	\$	122,843,150	\$	118,492,065	\$	(4,351,085)	
Total Liabilities & Fund Balance/Net Position	\$	180,850,037	\$	227,837,844	\$	46,987,807	

The Harris Center for Mental Health and IDD Notes to Statements Presented

Non-GAAP / Budgetary-Basis reporting

December 31, 2024

Balance Sheet

AA Cash and Investments

The increase in cash and cash equivalents is primarily driven by the receipt of the quarterly payment of the performance contracts of approx. \$40.5M, and the County allocation of approx. \$24.1M; the increase is reduced by monthly payment of operating expenses and a \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement).

BB Inventories, Deposits & Prepaids

Decrease related to the use of the prepaid benefit of \$1.8MM related to HCPC bed days.

CC Restricted Cash & Restricted Net Position for Capital Projects

Increase related to the Quarterly payment to the Trustee to be used to pay principal and interest on the Bond Series 2024 when due, as set forth in the Bond 2024 official statement. This cash is restricted for use for the financing of the approved capital projects and for the payment of principal and interest when due; as such the corresponding net position is restricted for capital projects.

DD Building & Improvements

Increase in Building & improvements reflects the \$1.9M settlement payment related to the purchase of real estate (ReCenter agreement). Additional adjustments related to the purchase are expected to be recorded during the upcoming months.

EE Unearned Revenues

Unearned revenues increased due to funds provided through state and federal revenue allocations received in advance of performance of related obligations.

FF Noncurrent liabilities

Amount due in more than one year increased due to recognition of the liability related to the drawdown of funds from the City of Houston forgivable loan going towards the construction of the 6168 Apartments.

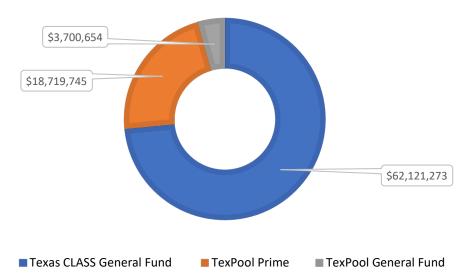
GG Unassigned Fund Balance

The temporary deficit is primarily driven by the upcoming release of approx. \$51M in assigned fund balance that will increase this unassigned fund balance line item.

The Harris Center for Mental Health and IDD Investment Portfolio December 31, 2024

Local Government Investment Pools (LGIPs)	Begi	nning Balance		Transfer In	1	Fransfer Out	lr	nterest Income	En	ding Balance	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund	\$	7,029,848	\$	55,000,000	\$	-	\$	91,425	\$	62,121,273	73.48%	4.75%
TexPool												
TexPool Prime		30,478,319		-		(11,848,019)		89,445		18,719,745	22.14%	4.69%
TexPool General Fund		3,686,374		-		-		14,280		3,700,654	4.38%	4.56%
TexPool Sub-Total		34,164,693		-		(11,848,019)		103,725		22,420,399	26.52%	4.67%
Total Investments	\$	41,194,541	\$	55,000,000	\$	(11,848,019)	\$	195,150	\$	84,541,672	100.00%	4.73%
	Addi	tional Interest	on C	Checking Account	:S			96,400				
	Tota	Interest Earne	ed d	uring the curren	t mo	nth	\$	291,550				





3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.85%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks	4.45%
Interest Rate - Chase Hybrid Checking	2.90%
ECR - Chase	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 31, 2024, 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:

Thania D. Gonzalez Thania D. Gonzalez

Controller

The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits December 31, 2024

Vendor	Description	Monthly Not-To- Exceed ⁽¹⁾	Dec-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,995,502	\$8,403,322
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,300,000	\$2,470,809	\$9,863,076
UNUM	Life Insurance	\$310,000	\$204,528	\$817,216

Notes:

⁽¹⁾ As established by the Board Resolution approved October 22, 2024: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 24, 2024.

⁽²⁾ LFG payments include transactions related to pay periods: 11C, 12A &12B

EXHIBIT R-3

JANUARY 2025 NEW CONTRACTS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY NEW CONTRACTS GREATER THAN \$250,000

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
	ADMINISTRATION						
	CPEP/CRISIS SERVICES						
1	Career & Recovery Resources, Inc.	New Contract for Staffing	\$432,360.00	2/1/2025 - 8/31/2025	County	Sole Source	New Contract for the Harris Center with Career and Recovery Resources, Inc. at the new 3809 Main Street campus (formerly Recenter) to support operational services (i.e. janitorial and kitchen staff) for residents. Sole Source - Emergency (Staff to Provide Services).
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI						
	LEASES					JAGO JAGO N	

HITARRIS CENTER per

Executive Contract Summary

Contract Section Contractor* Career & Recovery Resources, Inc. Contract ID #* TBD Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) The Harris Center for Mental Health & IDD and Career & Recovery Resources, Inc. Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Emergency (Staff to provide services) Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 2/1/2025 8/31/2025 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?) 2025 \$ 432,360.00 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 Servic	es Being Provided*(?)
The Harris Center is proposing to partner with Career and Funder the UpRise Enterprise program at the new 3809 Main Recenter) to support operational services (i.e. janitorial and CRR established UpRise Enterprise, a social enterprise foo high barriers to employment earn income and get on a path	Recovery Resources, Inc (CRR) n Street campus (formerly l kitchen staff) for residents. sused on helping people with
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contractor	_*
○ Yes ○ No ◎ Unknown	
Vendor/Contractor a Historically Underutilized Busines	s (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Basic Contract Terms - THC CRR.docx	15.93KB
Vendor/Contractor Contact Person	
Name*	
Nkechi "Nikki" Agwuenu	

Address*	
Street Address	
2525 San Jacinto Street Address Line 2	
	State / Berriage / Berriage
49 42 40 E	State / Province / Region TX
	Country
M messagaran	USA
11002	000
Phone Number*	
713-754-7083	
Email*	
nkechi.agwuenu@careerandrecovery.org	
Budget Section	©
Budget Units and Amounts Charged to ea	ach Budget Unit

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
9273	\$ 432,360.00		543053
Budget Manager		Secondary Budge	et Manager
Ramirez, Priscilla		Puente, Giovanni	
Provide Rate and Rate Descri	ntions if applicable * (2)		
\$16.25 per hour per staff for an			
maximum, plus Supervisor overs			
monthly staff wages) and flat rat	e of janitorial supply costs	at	
\$300 per month.			
Project WBS (Work Breakdow	n Structure) * (?)		
N/A			
Requester Name		Submission Date	
Ramirez, Priscilla		1/14/2025	
Budget Manager Appro	oval(s)		
	kanangan kelalahan kelalah kel		та от в при у вой в то общения в дес мене обы в досто в не об Лене об о в не объекто от от от
Approved by		Approval Date	
Priscilla M. Ramirez		1/14/2025	
O would M. Mamerex		171112020	
Procurement Approval			
king trade (1 mm) kendangan di manahan kendangan di manahan di menangan di menangan di menangan di menangan di	er inn teach than a fine of the contract of th	Albania e Mallagarez Leg al aparez, aplica describiron	
File Upload (?)			
Approved by			
		Approval Date	
Sharon Brauner		1/14/2025	
Contract Owner Appro	val		
Approved by			
		Approval Date	
KIN KOPNMAYER		1/14/2025	
Contracts Approval			
Contracts Approvar			
Approve*			
YesNo, reject entire submission			
Return for correction			
Approved by*			
Approved by		Approval Date*	
Belinda Stude		1/14/2025	

EXHIBIT R-4

JANUARY 2025 RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS MORE THAN \$250,000 JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
1	CyberOne, LLC (Okta)	Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT Products)	\$270,637.87	\$275,000.00	2/1/2025 - 1/31/2026	General Revenue (GR)	Tag-On	Annual renewal for Software, Licensing, Implementation and SupportServices (Okta IT Products) needed to help ensure user and patient data is kept secure.
	CPEP/CRISIS SERVICES							
	FORENSICS							4
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

Mineris Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	n 🔿
Current Fiscal Year	
2025	
Contract ID#*	
2022-0597	
Contractor Name*	
CyberOne, LLC (Okta)	
Service Provided* (?)	unlamentation and Support
Identity and Access Management Software, Licensing, Ir Services (Okta IT Products) needed to help ensure user	
Renewal Term Start Date*	Renewal Term End Date*
2/1/2025	1/31/2026
Term for Off-Cycle Only (For Reference Only)	
Term for on-cycle only (For Reference only)	
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$25	0.000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☑ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
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 Busin	ess (HUB) (?)
Yes	
⊚ No	
Unknown	

Contract NTE* (?) \$ 270,637.87	
Rate(s)/Rate(s) Description	
Unit(s) Served*	
1130	
G/L Code(s)* 553002	
Current Fiscal Year Purchase Order Number*	
CT143552	
Contract Requestor*	
Rick Hurst	
Contract Owner*	
Mustafa Cochinwala File Upload (?)	
Cyber One - Q-33339-The Harris Center for Mental Health - Okta RNL 1 Yr -	
DIR-CPO-4851.pdf 25.44KB	
Evaluation of Current Fiscal Year Performance	ALL PARTY OF
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ● No	
Were Services delivered as specified in the contract?*	
Did Contractor perform duties in a manner consistent with standards of the profession?*	
Did Contractor adhere to the contracted schedule?* (?)	
Yes No	
Were reports, billing and/or invoices submitted in a timely manner?* (?)	
Yes No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)	
Yes No	
Did Contractor render services consistent with Agency policy and procedures?* (?)	
⊚ Yes ○ No	
Maintained legally required standards for certification, licensure, and/or training?* (?)	
Renewal Determination	No.
The new ar 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 software provides security and protections to our infrastructure and data so that The								
	nterrupted services to our clients.	data so that The						
Renewal Information for Next Fiscal Year								
rtenewai inioiniation	or Next risear rear							
Budget Units and Amo	ounts Charged to each Budge	et Unit						
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*						
1130	\$ 275,000.00	553002						
Budget Manager*		udget Manager*						
Campbell, Ricardo	Campbell, Ric	cardo						
Provide Rate and Rate Descr	iptions if applicable * (?)							
Per User	,							
Project WBS (Work Breakdov	vn Structure)* (?)							
N/A	resines sensi di displatati di 🕬 - 10 - 10 -							
Fiscal Year* (?)	Amount* (?)							
2025	\$ 275,000.00							
General Revenue (GR) Contract Content Cha	nges	· ·						
Are there any required chang Yes No	es to the contract language?* (?)							
Will the scope of the Services	s change?*							
○ Yes ⊚ No								
Is the payment deadline diffe	rent than net (45)?*							
Yes No	rent than het (40).							
Are there any changes in the	Performance Targets?*							
Yes No	r stromation rangeto.							
Are there any changes to the	Submission deadlines for notes or sup	oporting documentation?*						
Yes No	oubilission deadilites for notes of suf	porting documentation:						
File Upload (?)								
Contract Owner								
Contract Owner* (?)								
Please Select Contract Owner								
Mustafa Cochinwala								

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	<u> </u>
Approved by	
Mustafa Cochinwala	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by*	
	Approval Date*
Belinda Stude	1/2/2025

EXHIBIT R-5

JANUARY 2025 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Aldine Independent School District	New MOU	New Contract	12/6/2024 - 8/31/2025	General Revenue (GR)	New MOU for the SMART program to collaborate with Aldine ISD to provide Behavioral Health services to students in their families in Aldine ISD.
2	City of Houston Department of Health and Human Services	Annual Renewal	Renewal	2/1/2025 - 1/31/2026	State Grant	Annual renewal of lease Agreement. [FY25/26 NTE: \$3,076.20].
3	Harris County	New Interlocal Agreement	Amendment	9/30/2024 - 9/29/2025	Federal Grant	New Agreement for year 2 for the AWARE Harris Project through 9/29/2025 with three (3) additional renewal options. [Revenue FY25 NTE: \$721,180.00].
4	Harris County Sheriff Office IDD and MH Clinical Services	MH and IDD Services for Inmates in Harris County Detention Facilities including Psychological and Psychiatric services.	Amendment	10/1/2024 - 9/30/2025	County	Amendment to revise the fringe rate specified in the agreement and budget.
5	Harris County Sheriff's Office	Renewal for Treatment and Discharge Planning Services	Renewal	12/19/2024 - 12/19/2025	County	Annual renewal of Interlocal Agreement for Treatment and Discharge Planning for Harris County Inmates. [Revenue NTE: \$1,138,132.00].
6	Houston Downtown Management District ("HDMD")	Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.	Renewal	1/1/2025 - 12/31/2025	Private Grant	Annual renewal of ILA for Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness. [FY25 Revenue: \$281,484.84].
7	Permia Care	New Interlocal Agreement	New Contract	9/1/2024 - 8/31/2025	State Grant	Interlocal Agreement for sharing of funds for MHFA classes.
8	Texas Tech University Health Sciences Center	New Affiliation Agreement	New Contract	1/6/2025 - 12/31/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
9	University of Houston Downtown	New Affiliation Agreement	New Contract	2/24/2025 - 2/24/2025	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their Social Work degree requirements.
10	University of Texas at Rio Grande Valley School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 11/30/2029	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in University of Texas at Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements.
-						

Contract Section		
Contractor*		
Aldine Independent School District		
Contract ID #* N/A		
Presented To* Resource Committee Full Board		
Date Presented* 12/17/2024		
Parties* (?)		
Aldine Independent School District and The Harris Center	r 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 Quote	Request for QualificationTag-On	
☐ Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
12/6/2024	8/31/2025	
If contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	
2024	\$ 0.00	
Funding Source* General Revenue (GR)		
General Neverlue (GIV)		

Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
■ BAA/DUA	☐ IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other				
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)				
The purpose of the contract is for SMART program to coll	aborate with Aldine ISD to provide				
Behavioral Health services to students in their families in Aldine ISD. The prevention					
services may include skills building, problem solving, conflict resolution, healthy parenting,					
peer support groups, parent education groups, zero suicide awareness, and healthy					
lifestyle promotion.					
Contract Owner*					
Tiffanie Williams-Brooks					
Previous History of Contracting with Vendor/Contract	or"				
Yes No Unknown					
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)				
Yes No Unknown					
Tes Williams					
Community Partnership* (?)					
Yes No Unknown	Yes No Unknown				
Specify Name*					
Aldine Independent School District					
Aldine Independent School District					
Supporting Documentation Upload (?)					
Vandar/Contractor Contact Baroon					
Vendor/Contractor Contact Person	•				
Name*					
Abel Garza					
Address*					
Street Address					
2520 West West Thorne Boulevard					
Address Line 2					
City	State / Province / Region				
Houston	TX				
Postal / Zip Code	Country				
77073-3406	US				
Phone Number*					
2819856203					
Email*					
agarza2@aldineisd.org					
agar zaz warumerso. Urg					
Budget Section	<u>^</u>				

Budget Units and Amou	nts Charged to e	ach Budget Ur	nit
Budget Unit Number* 4150	Amount Charged	d to Unit*	Expense/GL Code No.* 000000
Budget Manager Smith, Janai		Secondary Budge Shelby, Debbie	t Manager
Provide Rate and Rate Descripti	ons if applicable * (?)		
Project WBS (Work Breakdown 8	Structure)* (?)		
Requester Name		Submission Date	
Bowser, Mohagony		12/10/2024	
Budget Manager Approv	val(s)		<u>○</u>
Approved by			
		Approval Date	
Debbie Chambers Shelby		12/11/2024	
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approva	al		<u> </u>
Approved by			
		Approval Date	
Betwee Wittiams Brooks, MC1, LSC\5		12/11/2024	
Contracts Approval			
Approve*			
Yes			
No, reject entire submissionReturn for correction			
Approved by*			
00		Approval Date*	
Belinda Stude		12/13/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 6186 Contractor Name* City of Houston (Acres Homes) Service Provided * (?) City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, TX. Renewal Term Start Date* Renewal Term End Date* 2/1/2025 1/31/2026 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid 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 New Contract/Agreement Consumer Driven Contract 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* (?) \$ 3,076.20	
Rate(s)/Rate(s) Description	
Unit(s) Served* 0000 (Unit on PO) and 4736 (Charged Unit)	
G/L Code(s)*	
126006	
Current Fiscal Year Purchase Order Number*	
FY25 PO CT144079 Contract Requestor*	
Chekesha Govan	
Contract Owner*	
Lance Britt	
File Upload (?)	
Evaluation of Current Fiscal Year Performance	
Have there been any significant performance deficiencies within the current fiscal year?*	
○ Yes ◎ No	
Were Services delivered as specified in the contract?* No	
Did Contractor perform duties in a manner consistent with standards of the profession?* No	
Did Contractor adhere to the contracted schedule?* (?)	
Yes \(\text{No} \)	
Were reports, billing and/or invoices submitted in a timely manner?* (?) No	
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the	
Agency?* (?) Solution Yes Solution 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?* (?)	named .
Yes No	
How does this contract support Agency/Unit Strategic priorities?*	
By provided space for services to take place.	

Budget Units and Amou	ints Charged to each Budget	Unit			
Budget Unit Number* 4736	Amount Charged to Unit* \$ 3,076.20	Expense/GL Code No.* 126006			
Budget Manager* Smith, Janai	Secondary Bu Shelby, Debbie	dget Manager*			
Provide Rate and Rate Descriptions if applicable * (?)					
Project WBS (Work Breakdown 0.00	Structure)* (?)				
Fiscal Year* (?)	Amount*(?)				
2025	\$ 3,076.20				
Are there any required changes Yes No Will the scope of the Services of	s to the contract language?* (?)				
	:hange? *				
Yes No Is the payment deadline differe					
	nt than net (45)?*				
Is the payment deadline differe Yes No Are there any changes in the Po Yes No	nt than net (45)?*	porting documentation?*			
Is the payment deadline differe Yes No Are there any changes in the Poyes No Are there any changes to the S	nt than net (45)?* erformance Targets?*	porting documentation?*			
Is the payment deadline differe Yes No Are there any changes in the Poyes No Are there any changes to the Soyes No	nt than net (45)?* erformance Targets?*	porting documentation?*			
Is the payment deadline differe Yes No Are there any changes in the Po Yes No Are there any changes to the S Yes No File Upload (?)	nt than net (45)?* erformance Targets?*	porting documentation?*			

Approved by Contract Owner Approval Approved by Lance Britt Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 12/16/2024

Fiscal Year* (?)

Funding Source*
Federal Grant

2025

Contract Description / Type " (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/A	
Memorandum of Understanding	Amendment to	
Affiliation or Preceptor	Service/Mainte	
BAA/DUA	☐ IT/Software Lic	ense Agreement
Pooled Contract	Cother Cother	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Serv	ices Being Provided	* (?)
This is renewal for year 2 of already existing contract for t a 5-year agreement through 9/29/2028.	this program. Program	contract is
Contract Owner*		
Tiffanie Williams-Brooks		
	. *	
Previous History of Contracting with Vendor/Contract	tor	
Yes No Unknown		
Please add previous contract dates and what services	s were provided*	
The agency has multiple contracts with Harris County.		
Vendor/Contractor a Historically Underutilized Busine	es (HIIR)* (?)	
Yes No Unknown	(105)	
Please provide an explanation *		
Federal funding source		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
24GEN2658_Agreement_The Harris Center for Mental H	ealth and	189.06KB
IDD_AWARE.pdf		
BNF - THC - FY25.pdf.pdf		3MB
5H79SM088049-02-Noa.pdf		190.39KB
Vendor/Contractor Contact Person	The state of the s	•
Name*		
Gulsah Langan		
Address*		
Street Address		
2525 Murworth Drive		
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77054-1623	US	
Phone Number*		
8329276356		

Email*			
gulsah.langan@harriscountytx.gov			
Budget Section			o
Budget Units and Amounts	s Charged to e	each Budget Ur	nit
Budget Unit Number* 4110	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* 435031
Budget Manager Smith, Janai		Secondary Budge Shelby, Debbie	t Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru N/A	ucture)* (?)		
Requester Name		Submission Date	
Bowser, Mohagony		11/11/2024	
Budget Manager Approval	(s)		
Approved by			
Janai Lynnette Smith		Approval Date 11/11/2024	
Contract Owner Approval			<u> </u>
Approved by			
		Approval Date	
Tillinus Williams Brooks, OUA, LOVES		11/11/2024	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission Return for correction			
Approved by *		A 45 · *	
Belinda Stude		Approval Date* 11/11/2024	

Contract Section Contractor* Harris County Sheriff Office IDD and MH Clinical Services Contract ID #* 2023-0661 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) The Harris Center for MH and IDD Services and Harris County Sheriff Office 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 Amendment to fringe percentage Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid 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 Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 10/1/2024 9/30/2025 If contract is off-cycle, specify the contract term (?) County fiscal year Current Contract Amount* \$ 10,000,000.00 Increase Not to Exceed* \$ 0.00 Revised Total Not to Exceed (NTE)* \$ 10,000,000.00

Fiscal Year* (?) 2025	Amount* (?) \$ 9,166,666.67	
Fiscal Year* (?)	Amount* (?)	
2026	\$ 833,333.33	
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 provide the Services in the Detention Facilities including, but not limited to: Psychological services, Psychiatric services, Other mental health care and IDD services as appropriate. Amendment regarding fringe rate not to exceed 32.57%		
Contract Owner* Sean McElroy		
Previous History of Contracting with Vendor/Contract Yes No Unknown	or*	
Please add previous contract dates and what services were provided* 10/1/23 - 09/30/24 services for inmates with HCSO		
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown		
Community Partnership * (?)		
Specify Name* Harris County		
Supporting Documentation Upload (?) First Amendment_HCSO_Fringe.docx	40.45KB	
Vendor/Contractor Contact Person		
Name* Michael Lanham		

Address*

Street Address

1200 Baker Street

Address Line 2

City

State / Province / Region

Houston

Deatel / Zin Code

Postal / Zip Code

TX Country

Country

77002-1206

United States

Phone Number*

3462861620

Email*

micheal.lanham@sheriff.hctx.net

Budget Section

0

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6201

\$ 1,275,466.00

540000

Budget Manager

Secondary Budget Manager

Williams-Wesley, Sheenia

Reyes, Elizabeth

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6202

\$ 2,371,228.00

540000

Budget Manager Williams-Wesley, Sheenia Secondary Budget Manager

Jiles, Monalisa

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6203

\$ 2,326,297.00

540000

Budget Manager

Secondary Budget Manager

Williams-Wesley, Sheenia

Reyes, Elizabeth

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6204

\$ 4,027,009.00

540000

Budget Manager

Secondary Budget Manager

Williams-Wesley, Sheenia Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Submission Date

Williams-Wesley, Sheenia

12/6/2024

Budget Manager Approval(s)

Approved by Sheenia Williams-Wesley	Approval Date 12/6/2024	
Contract Owner Approval		۵
Approved by		
	Approval Date	
Sean McElroy	12/9/2024	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by*		
	Approval Date*	
Belinda Stude	12/10/2024	

Annual Renewal Evaluation

Current Fiscal Year Contract Information				
Current Fiscal Year 2025				
Contract ID#* 2023-0783				
Contractor Name * Harris County Sheriff's Office	X.			
Service Provided* (?) Services for Treatment and Discharge Planning for Harris County Inmates.				
Renewal Term Start Date* 12/19/2024	Renewal Term End Date* 12/19/2025			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment#				
Procurement Method(s)*				
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other			
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other			
Vendor/Contractor a Historically Underutilized Busines Yes No Unknown	ss (HUB) (?)			

	Contract NTE* (?) \$ 1,138,132.00
	Rate(s)/Rate(s) Description Varies
	Unit(s) Served* 6206
	G/L Code(s)* N/A
	Current Fiscal Year Purchase Order Number* N/A
	Contract Requestor* Sheenia Williams-Wesley
	Contract Owner* Monalisa Jiles
	File Upload (?)
	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?* No No
	Did Contractor adhere to the contracted schedule?* (?) See 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?* (?) (**) (**) (**)
	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?* (?) See No.
	How does this contract support Agency/Unit Strategic priorities?* N/A

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.* 6206 \$ 1,138,132.00 540000 Secondary Budget Manager* Budget Manager* Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Fiscal Year* (?) Amount* (?) \$ 853,599.00 2025 Fiscal Year* (?) Amount* (?) 2026 \$ 284,533.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* County Contract Content Changes Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No File Upload (?) **Contract Owner** Contract Owner* (?) Please Select Contract Owner Sean McElroy

Budget Manager Approval(s)	<u> </u>
Approved by	
Sheenia Wittiams-Westey	
Contract Owner Approval	0
Approved by	
Sean McEtroy	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	12/16/2024

Annual Renewal Evaluation

Current Fiscal Year Contract Information	on		
Current Fiscal Year			
2025			
Contract ID#*			
7089			
Contractor Name *			
Houston Downtown Management District ("HDMD")			
Service Provided * (?)			
Provision of Intensive Case Management and Care Co	ordination Services for those		
Experiencing Chronic Homelessness.			
Renewal Term Start Date*	Renewal Term End Date*		
1/21/2025	12/31/2025		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
Information Only (Total NTE Amount is Less than \$2	250,000.00)		
Board Approval (Total NTE Amount is \$250,000.00	or more)		
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
Affiliation or Preceptor	Service/Maintenance		
■ BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)		
○ Yes			
No			
Unknown			

Contract NTE* (?) \$ 270,500.00
Rate(s)/Rate(s) Description Varies
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Amber Honsinger
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* Yes No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?* No
Did Contractor adhere to the contracted schedule?* (?) No
Were reports, billing and/or invoices submitted in a timely manner?* (?) 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?* (?) No

Burney Land Commission		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Renewal Information to	or Next Fiscal Year	
Budget Units and Amo	unts Charged to each Budge	: Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 270,500.00	540000
Budget Manager*	Secondary Bu	udget Manager*
Oshman, Jodel	Ramirez, Prisc	
Provide Rate and Rate Descri _l NA	otions if applicable * (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 281,484.84	
	2000	
Contract Content Char	nges	
Contract Content Char Are there any required change ○ Yes ◎ No	es to the contract language?* (?)	
Contract Content Char Are there any required change Yes No Will the scope of the Services	es to the contract language?* (?)	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	es to the contract language?* (?) change?* ent than net (45)?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the No Yes No	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Services Are there any changes to the Services No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No File Upload (?)	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Services No Are there any changes to the Services No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)	
Approved by	
Todel Oshman	
Contract Owner Approval	•
Approved by	
KIN KOPNMAYER	
Contracts Approval	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date *
Belinda Stude	1/6/2025

Mental Health and IDD			
Contract Section	⊙		
Contractor*			
Permia Care			
Contract ID #*			
2024-0985			
Presented To *			
Resource Committee			
○ Full Board			
Date Presented*			
1/21/2025			
Parties* (?)			
This is between Permia Care and The Harris Center for	Mental Health and IDD		
Agenda Item Submitted For:* (?)			
Information Only (Total NTE Amount is Less than \$25	50,000.00)		
Board Approval (Total NTE Amount is \$250,000.00 or	r 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 ☐ Consumer Driven		
InterlocalNot Applicable (If there are no funds required)	Other		
*			
Funding Information* New Contract Amendment			
	* (0)		
Contract Term Start Date * (?) 9/1/2024	Contract Term End Date * (?) 8/31/2025		
	0/3/1/2023		
If contract is off-cycle, specify the contract term (?)			
Fiscal Year* (?)	Amount* (?)		
2025	\$ 9,000.00		
Funding Source*			
State Grant			

Personal/Professional Services Consultant New Contract/Agreement	Contract Description / Type * (?)		
Memorandum of Understanding Affiliation or Preceptor BAA/DUA Poled Contract Beandure Renewal of Existing Contract Uesse Renewal of Existing Contract Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (*) Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (*) Yes No Unknown Unknown Community Partnership* (*) Yes No Unknown Supporting Documentation Upload (*) MUU share funds.docx 36.48KB Vendor/Contractor Contact Person Address* Steet Address 401 East Illinois Address Line 2 City State / Province / Region Holland Texas Country United States Phone Number* (432)570-3322 Email* dallaramirez@permiacare.org Budget Section	Personal/Professional Services	Consultant	
Affiliation or Preceptor BAA/DUA TiTSoftware License Agreement Lease Pooled Contract Lease Other Justification/Purpose of Contract/Description of Services Being Provided * (?) We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters. Contract Owner * Jennifer Battle Previous History of Contracting with Vendor/Contractor * Yes No @ Unknown U	Consumer Driven Contract	New Contract/Agreement	
BAA/DUA IT/Software License Agreement Dease Renewal of Existing Contract Dease Renewal of Existing Contract Districtation/Purpose of Contract/Description of Services Being Provided * (?)	Memorandum of Understanding	Amendment to Existing Contract	
Pooled Contract Lease Other	Affiliation or Preceptor	Service/Maintenance	
Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided* (?) We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters. 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 (?) MOU share funds.docx 35.48KB Vendor/Contractor Contact Person Name* Dalia Ramirez Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org Budget Section	■ BAA/DUA	IT/Software License Agreement	
We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters. 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 (?) MOU share funds.docx 35.48KB Vendor/Contractor Contact Person Name* Dalia Ramirez Address* Street Address 4 401 East Illinois Address Line 2 Cly State / Province / Region Midland Texas Postal / Zip Code Country United States Phone Number* (432)570-3322 Email* daliaramirez@permiscare.org	Pooled Contract	Lease	
We will be sharing funds with Permia Care by purchasing 3 MHFA class rosters. 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 (?) MOU share funds.docx 36.48KB Vendor/Contractor Contact Person Name* Dalia Ramirez Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / 2p Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Renewal of Existing Contract	Other	
Name* Dalia Ramirez Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Justification/Purpose of Contract/Description of Serv We will be sharing funds with Permia Care by purchasing Contract Owner* Jennifer Battle Previous History of Contracting with Vendor/Contract Yes No Unknown Vendor/Contractor a Historically Underutilized Busine Yes No Unknown Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?)	ices Being Provided* (?) 3 MHFA class rosters. cor* ess (HUB)* (?)	
Name* Dalia Ramirez Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org			
Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Vendor/Contractor Contact Person		
Address* Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Name*		
Street Address 401 East Illinois Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org			
Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Address*		
Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	Street Address		
Address Line 2 City State / Province / Region Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	401 East Illinois		
City Midland Texas Postal / Zip Code Country T9701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org			
Midland Texas Postal / Zip Code Country 79701 United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org	City	State / Province / Region	
Postal / Zip Code 79701 Country United States Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org Budget Section	8-90.0	A contraction of the state of t	
Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org Budget Section			
Phone Number* (432)570-3322 Email* daliaramirez@permiacare.org Budget Section			
Email* daliaramirez@permiacare.org Budget Section	79701	United States	
Email* daliaramirez@permiacare.org Budget Section	Phone Number*		
Email* daliaramirez@permiacare.org Budget Section			
daliaramirez@permiacare.org Budget Section			
Budget Section	Email*		
	daliaramirez@permiacare.org		
Budget Units and Amounts Charged to each Budget Unit	Budget Section		
	Budget Units and Amounts Charged to each Budget Unit		

Budget Unit Number* 7110	Amount Charged to Unit* \$ 9,000.00	Expense/GL Code No.* 543058
Budget Manager Ilejay, Kevin	Secondary Bud Campbell, Ricard	
Provide Rate and Rate Descriptions Thirty signatures per roster. Each sign dollars and we are requesting 90 signal	ature is worth 100	
Project WBS (Work Breakdown Stru N/A	ucture)* (?)	
Requester Name Prasad, Carroll	Submission Date 12/3/2024	te
Budget Manager Approval((s)	•
Approved by kevin ilejay	Approval Date 12/4/2024	
Procurement Approval	764537	
File Upload (?)		
Approved by	Approval Date	
Contract Owner Approval		
Approved by Sennifer Battle	Approval Date 12/4/2024	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		
Approved by* Belinda Stude	Approval Date * 12/5/2024	

HARRIS Executive Contract Summary

Mental Health and IDD		
Contract Section		
Contractor*		
Texas Tech University Health Sciences Center		
Contract ID #*		
NA		
Presented To *		
Resource Committee		
Full Board		
3530055750000555000		
Date Presented*		
1/21/2025		
* (0)		
Parties* (?)		
Texas Tech University Health Sciences Center Master of	Science in Clinical Mental Health Counseling Program	
and The Harris Center for Mental Health and IDD		
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than \$25	0.000.00)	
Board Approval (Total NTE Amount is \$250,000.00 or		
Grant Proposal		
Revenue SOW-Change Order-Amendment#		
Other		
Other		
Procurement Method(s)*		
Check all that Apply		
	Competitive Deserved	
Competitive Bid	Competitive Proposal Sole Source	
Request for Proposal		
Request for Application Request for Quote	Request for Qualification	
Interlocal	☐ Tag-On ☐ Consumer Driven	
Not Applicable (If there are no funds required)	Other	
1401 Applicable (If there are no funds required)	Ottle	
Funding Information*		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
1/6/2025	12/31/2029	
If contract is off avalage and the state of		
If contract is off-cycle, specify the contract term (?)		
Fiscal Year* (?)	Amount* (?)	
2025	\$ 0.00	
Funding Source*		

Funding Source

General Revenue (GR)

Personal/Professional Services Consultant Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Memorandum of Understanding Amendment to Existing Contract BAADUA Int/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Niria Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address* Sineal Address 3601 4th Street
Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lesse Renewal of Existing Contract Unstification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address Texas Texa
Affiliation or Preceptor Service/Maintenance Service/Maintenance BA/DUA IT/Software License Agreement Lease Renewal of Existing Contract Lease Renewal of Existing Contract Other Justification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address * Slinet Address 3601 4th Street Address Line 2 City State / Province / Region
BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Lease Renewal of Existing Contract Lease Renewal of Existing Contract Other Justification/Purpose of Contract/Description of Services Being Provided * (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner * Ninfa Escobar Previous History of Contracting with Vendor/Contractor * Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB) * (?) Yes No Unknown Community Partnership * (?) Yes No Unknown Specify Name * Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name * Abby Cain Address * Street Address 3601 4th Street Address Line 2 City State / Province / Region
Pooled Contract Renewal of Existing Contract Other Justification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address * Street Address Line 2 City State / Province / Region
Renewal of Existing Contract Justification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address* Street Address Line 2 City State / Province / Region
Justification/Purpose of Contract/Description of Services Being Provided* (?) This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Ye) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Siteet Address 3601 4th Street Address Line 2 City State / Province / Region
This agreement will allow students enrolled in Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Ye) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Siteet Address 3601 4th Street Address Line 2 City State / Province / Region
Center Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
gained through education while adhering to agency policy and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address * Street Address 3601 4th Street Address Line 2 City State / Province / Region
Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
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* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Community Partnership* (?) Yes No Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
 Yes ○ No ○ Unknown Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Specify Name* Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Texas Tech University Health Sciences Center Master of Science in Clinical Mental Health Counseling Program Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Supporting Documentation Upload (?) Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Vendor/Contractor Contact Person Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Name* Abby Cain Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Address* Street Address 3601 4th Street Address Line 2 City State / Province / Region
Street Address 3601 4th Street Address Line 2 City State / Province / Region
3601 4th Street Address Line 2 City State / Province / Region
Address Line 2 City State / Province / Region
City State / Province / Region
Lubbock TX
Postal / Zip Code Country
79430 USA
Phone Number*
(806) 743-1553
Email*
abby.cain@ttuhsc.edu
Budget Section

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1108	Amount Charged	I to Unit*	Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name Daswani, Bianca		Submission Date 12/17/2024	
Budget Manager Approval	(s)		<u> </u>
Approved by Ricardo Campbell		Approval Date 12/18/2024	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval			
Approved by		Approval Date	
Ninfa Escobar		12/18/2024	
Contracts Approval		t programme de la companya de la com	
Approve* Yes No, reject entire submission Return for correction			
Approved by*		Approval Date*	
Belinda Stude		12/19/2024	



Mental Health and IDD			
Contract Section			
Contractor*			
University of Houston Downtown College of Humanities	and Social Sciences		
Contract ID #*			
NA			
Presented To*			
Resource Committee			
Full Board			
Date Presented*			
12/31/2024			
Parties* (?)			
The Harris Center for Mental Health and IDD & Univers	ity of Houston Downtown College of Humanities and		
Social Sciences			
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		
Funding Information*			
New Contract Amendment			
Contract Term Start Date * (?)	Contract Term End Date * (?)		
2/24/2025	2/24/2025		
If contract is off-cycle, specify the contract term (?)			
Fiscal Year* (?)	Amount* (?)		
2025	\$ 0.00		
Funding Source* General Revenue (GR)			

Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/A	agreement	
Memorandum of Understanding	Amendment to	Existing Contract	
Affiliation or Preceptor	Service/Mainter	nance	
☐ BAA/DUA	IT/Software Lic	ense Agreement	
☐ Pooled Contract	Lease		
Renewal of Existing Contract	Other		
Justification/Purpose of Contract/Description of Services Being Provided* (?)			
This agreement will allow students enrolled in University of Houston Downtown College of Humanities and Social Sciences to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.			
*			
Contract Owner*			
Ninfa Escobar			
Previous History of Contracting with Vendor/Contractor*			
○ Yes ○ No ◎ Unknown			
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)			
○ Yes ○ No ⑩ Unknown			
Community Partnership * (?)			
Yes No Unknown			
Specify Name*			
University of Houston Downtown College of Humanities and			
Social Sciences			
Supporting Documentation Upload (?)			
ID 7641 UHD - FY20 Affil Agreement - fully executed.pdf		888.34KB	
UHD Collg of Hum and Soc Sciences Grad Handbook 2024 - 2025.pdf		537.22KB	
UHD Social Work field practicum handbook.pdf		1.38MB	
		1.50MB	
Vendor/Contractor Contact Person			
Name*			
Angela Parrish, MBA			
Address*			
Street Address			
1 West Main Street			
Address Line 2			
City	State / Province / Region		
Houston	TX		
Postal / Zip Code	Country		
77002	US		
Phone Number*			
713-221-8647			
Email*			
parrisha@uhd.edu			

Budget Section Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1108 \$ 0.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) NA **Submission Date** Requester Name Daswani, Bianca 12/10/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 12/10/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Minfa Escobar 12/11/2024 **Contracts Approval** Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 12/11/2024

Mental Health and IDD			
Contract Section	<u> </u>		
Select Header For This Contract* Interlocal			
Contractor* University of Texas at Rio Grande Valley School of Social	Work		
Contract ID #* MA			
Presented To* Resource Committee Full Board			
Date Presented* 1/21/2025	2		
Parties* (?) University of Texas at Rio Grande Valley School of Social Work and The Harris center for mental health and IDD			
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or r Grant Proposal Revenue SOW-Change Order-Amendment# Other			
Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal		
Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Sole Source Request for Qualification Tag-On Consumer Driven Other		
Funding Information* New Contract Amendment			
Contract Term Start Date * (?) 12/2/2024	Contract Term End Date * (?) 11/30/2029		
If contract is off-cycle, specify the contract term (?)			
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00		

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contractor	or*
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
Community Partnership* (?)	
Yes No Unknown	
Specify Name *	
University of Texas at Rio Grande Valley School of Social Work-	
Supporting Documentation Upload (?)	
Agency-Organization Data Sheet.pdf	205.4KB
BSW-MSSW Field Instructor Data Sheet.pdf	191.49KB
Task Supervisor Data Sheet.pdf	342.85KB
rask Supervisor Data Street.pdf	342.03ND
How does this contract support Agency/Unit Strategic	priorities?*
engagement	
Vendor/Contractor Contact Person	⊙
Name*	
Arely Alfaro	
Address*	
Street Address	
1201 W University Dr Address Line 2	
City	State / Province / Region
, and the second	TX
	Country
78539-2909	US
Phone Number*	
956-665-3578	
Email*	
arely.alfaro01@utrgv.edu	

Budget Section Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1108 \$ 0.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) NA **Submission Date** Requester Name Daswani, Bianca 11/25/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 11/26/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by **Approval Date** Minfa Escobar 11/26/2024 Contracts Approval Approved by **Approval Date** Ernest CA. Savoy 12/2/2024 Final Board Report Comments

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

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

Product/Service Description

New Affiliation Agreement

EXHIBIT R-6

JANUARY 2025 NEW CONTRACTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
4	ACCESS						
	ADMINISTRATION						
1	CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, CSI HCIT	Coding Services	\$150,000.00	11/18/2024 - 8/31/2025	General Revenue (GR)		New Agreement to provide a coding team and auditing services for the Agency's Revenue department for processing claims. CSI will review and provide an overview of the Agency's current practices as well as a team of individuals to begin coding claims prior to submission for the Agency.
	CPEP/CRISIS SERVICES						
1	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	MENTAL HEALTH SERVICES-ECI		3				
	LEASES						



Due Diligence Project PUR-FY25-0310
Request for Quotes
Revenue Cycle Coding Development

Purchasing received a request from Revenue Management on Monday, October 28, 2024, for Revenue Cycle Coding Development.

Three (3) vendor quotes were received:

1) CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT:

Tier 1 ProFee Coder \$44.00/hr. Years of Experience 0-1

Tier 2 ProFee Coder \$46.00/hr. Years of Experience 1-2

Tier 3 ProFee Coder \$49.00/hr. Years of Experience 2-5

Tier 4 ProFee Coder \$52.00/hr. Years of Experience 5+

Tier 5 Lead Coding Auditor \$55.00/hr.

2) CBIZ KA Consulting Services, LLC:

The fees for this engagement would be \$55.00 per patient encounter reviewed. There would also be a data analysis and reporting fee of \$4,950.00.

3) GetixHealth:

Phase I Strategic Planning \$125/hr. Estimated Cost \$2,250.00

Phase II Workflow Assessment \$125.00/hr. Total Estimated Cost \$18,250.00

Phase III Implementation \$125.00/hr. Total Estimated Cost \$8,875.00

Phase IV Data Analysis \$125.00/hr. Total Estimated Cost \$26,250.00

Phase V Medical Record Review \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.

Total Estimated Cost \$28,450.00

Phase VI Clinician Education \$125.00/hr. consulting rate. \$80.00/hr. coding expert rate

Total Estimated Cost \$4,205.00

Phase VII Success Measurement \$100.00/hr. auditor rate. \$125.00/hr. consulting rate.

Total Estimated Cost \$4,075.00

Additional Service Option: Vendor Research \$125.00/hr. consulting rate.

Total Estimated Cost \$2,750.00

Travel: Any required travel, hotel cost, and meals are the responsibility of the client. Initial interviews with billing staff may be 2 consultants.

Revenue Management recommendation is to move forward with CSI Companies, Inc. DBA/CSI Professional, CSI Tech, CSI HCIT, based on the needs of the team. CSI is the only team that has specialized behavioral health experience. Due to the specialty nature of our coding, we need to start with individuals who have experience working with behavioral health codes as well as the various specificities related to HHSC.

Total NTE: \$150,000.00

Funding Source is Unit 1134 - 540500

Term: 1 year



Executive Contract Summary

Contract Section	
Contractor* CSI Companies, Inc. d/b/a CSI Professional, CSI Tech, CSI	SI HCIT
Contract ID #* NA	
Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) CSI Companies and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or regreted from the second of th	
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
Funding Information*	
New Contract Amendment Contract Term Start Date * (?) 11/18/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2025
Fiscal Year* (?) 2025	Amount* (?) \$ 150,000.00
Funding Source* General Revenue (GR)	

	Contract Description / Type * (?)		
	Personal/Professional Services	£29	Consultant
	Consumer Driven Contract	(2)	New Contract/Agreement
	Memorandum of Understanding		Amendment to Existing Contract
	Affiliation or Preceptor	Name	Service/Maintenance
	□ BAA/DUA		IT/Software License Agreement
	Pooled Contract		Lease
	Renewal of Existing Contract		Other
	Justification/Purpose of Contract/Description of Service	ces B	Being Provided* (?)
	Based on audit findings and compliance needs, it was deterneeded a coding team. In researching the coding for behareview of several companies, it was determined that a phace CSI will provide an overview of our current practices as we claims prior to submission. As the contract progresses we candidates.	ermin ivioral ased a ell as	ed that the organization health specifically and approach was necessary. individuals to begin coding
	Contract Owner*		
	Rachel Beasley		
	Previous History of Contracting with Vendor/Contractor	or*	
	○ Yes No ○ Unknown		
	Vendor/Contractor a Historically Underutilized Busines	ss (H	UB)* (?)
	○ Yes No ○ Unknown		
	Please provide an explanation * CSI Companies is publicly owned by Recruit Global, who also owns Indeed and Glassdoor. We are headquartered i Jacksonville, FL with a satellite office in Nashville, TN. At Companies, 71% of our employees are female with 75% our Executive Team also being comprised of females.	CSI	
	Community Partnership * (?)		
	Yes No Unknown		
	Supporting Documentation Upload (?)		
	The Harris Center ProFee Proposal.pdf		263.24KB
New Column Services	Vendor/Contractor Contact Person		<u>o</u>
	Name*		
	Gett Johnson		
	Address*		
	Street Address		
	7720 Baymeadows Rd E		
	Address Line 2		
	City	State	/ Province / Region
	Jacksonville	FL	
	Postal / Zip Code	Count	ry
	32256-3093	US	
	Phone Number*		
	904-423-8631		

Email* GJohnson@csicompanies.com			
Budget Section	The Bridge		
Design to the second of the se			
Budget Units and Amounts	Charged to e	each Budget Ur	NIT
Budget Unit Number* 1134	Amount Charge \$ 150,000.00	d to Unit*	Expense/GL Code No.* 540500
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	t Manager
Provide Rate and Rate Descriptions See attached document	if applicable * (?)		
Project WBS (Work Breakdown Stru NA	cture)* (?)		
Requester Name Beasley, Rachel		Submission Date	
Budget Manager Approval(s)		<u> </u>
Approved by			
Ricardo Campbell		Approval Date 10/24/2024	
Procurement Approval	1 2 2		⊙
File Upload (?)			
Approved by			
Sharon Brauner		Approval Date 10/30/2024	
Contract Owner Approval			<u>^</u>
Approved by			
Rachel Beasley		Approval Date 10/25/2024	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			

Approved by* *Belinda Stude*

Approval Date* 11/6/2024

EXHIBIT R-7

JANUARY 2025 RENEWALS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION					(a), (b)(4), (b) (b)		
1	CyberOne, LLC	Software and Support Services (Zscaler)	\$215,784.71	\$215,785.00	12/8/2024 - 12/7/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement for Zscaler Cyber Detection Software and Support Services.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

Annual Renewal Evaluation

Current Fiscal Year Contract Information Current Fiscal Year 2025 Contract ID#* 2022-0572 Contractor Name* CyberOne, LLC Service Provided * (?) Zscaler Cyber Detection Software and Support. Renewal Term End Date* Renewal Term Start Date* 12/8/2024 12/7/2025 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Tag-On Request for Quote 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* (?) \$ 215,784.71
Rate(s)/Rate(s) Description Year 3: \$215,784.71. Three-year commitment paid annually.
Unit(s) Served* 1147
G/L Code(s)* 900020
Current Fiscal Year Purchase Order Number* CT143546
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?* (a) Yes (b) No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) See 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
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?* (?) No

How does this contract supp	ort Agency/Unit Strategic priorities?*								
	This software provides security and protections to our infrastructure and data so that The Harris Center can provided uninterrupted services to our clients.								
Renewal Information t	or Next Fiscal Year	<u> </u>							
D. J. (11)									
Budget Units and Amo	ounts Charged to each Budge	t Unit							
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*							
1130	\$ 215,785.00	553002							
Budget Manager*	Secondary B	udget Manager [*]							
Campbell, Ricardo	Campbell, Ric	ardo							
Provide Rate and Rate Descr	iptions if applicable * (?)								
Project WBS (Work Breakdov	vn Structure)* (?)								
N/A									
Fiscal Year* (?)	Amount* (?)								
2025	\$ 215,785.00								
General Revenue (GR) Contract Content Cha	nges								
Are there any required chang	es to the contract language?* (?)								
○ Yes No									
Will the scope of the Services	s change?*								
○ Yes No									
Is the payment deadline diffe	rent 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 sup	porting documentation?*							
○ Yes ◎ No									
File Upload (?)									
Contract Owner									
- Contract Owner									
Contract Owner* (?)									
Please Select Contract Owner Mustafa Cochinwala									
mustaia Ooutiiiiwaid									

Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	
Contract Owner Approval	
Approved by	
Mustafa Cochinnala	
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by*	
	Approval Date *
Belinda Stude	1/2/2025

EXHIBIT R-8

JANUARY 2025 AMENDMENTS 100k - 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
-	ACCESS								
4	ADMINISTRATION			20010500004					
		Back-up Data Circuits Services for EPIC	\$120,000.00	\$2,500.00	\$122,500.00	9/2/2024 - 9/1/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE to add backup circuit for Security Appliance.
2	Creative Financial Staffing, LLC	Consulting Services for the Grant Department	\$100,000.00	\$50,000.00	\$150,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to the need for increasing support for financial accounting projects through February 2025. Current contract NTE will be expended in December 2024. Consultant completed assignment in October 2024.
3	Mobile Communications America, Inc. (Formerly Knight Security Systems)	Agency-Wide Access Control and Other System Related Services Including Pharmacy Intrusion Alarm Monitoring Services	\$148,714.00	\$36,287.00	\$185,001.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE needed for additional secure plan for new access controls to be installed at NPC, SW Clinic, 3200 Main and Hillcroft Locations.
4	Pivot Consulting, A Vaco Company	Consulting and IT Staffing Services	\$100,000.00	\$100,000.00	\$200,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE for Epic form building to move from paper forms to electronic within EPIC.
5	P-Nursing (LVNs, RNs and MAs)	Master Pooled Contract for Temporary Nursing Personnel Services for LVNs, RNs, MAs, LPNs and CNAs	\$70,000.00	\$160,996.00	\$230,996.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to increase the NTE for the Nursing Department for FY 2025. Available funds are limited which results in a delay in bills being paid and on time. [Tag-on to Harris County Hospital District d/b/a Harris Health System].
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH				142.				
	MENTAL HEALTH SERVICES-ECI								
	LEASES								

Executive Contract Summary

Contract Section Contractor* Century Link Communcations D/B/A Lumen Technologies Group Contract ID #* 7802 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Level 3/Lumen 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 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 Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/2/2024 9/1/2025 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 120,000.00 Increase Not to Exceed* \$ 2,500.00 Revised Total Not to Exceed (NTE)* \$ 122,500.00

Fiscal Year* (?) 2025	Amount* (?) \$ 122,500.00
Fiscal Year* (?) 2026	Amount* (?) \$ 3,000.00
Fiscal Year* (?) 2027	Amount* (?) \$ 3,000.00
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 CT144044
Justification/Purpose of Contract/Description of Serv	
To add backup circuit for Security Appliance Contract Owner* Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contract Yes No Unknown	ctor*
Please add previous contract dates and what service FY22 - FY25 Network Data Circuits	es were provided*
Vendor/Contractor a Historically Underutilized Busin ○ Yes ○ No ○ Unknown	ess (HUB)*(?)
Please provide an explanation* N/A	
Community Partnership* (?) Yes No Unknown	
Supporting Documentation Upload (?) The Harris Center 1Gb NaaS Multiplex UNI 36 Month.pd	f 96.53KB
Vendor/Contractor Contact Person	<u> </u>
Name* Tim Wise	

Address* Street Address 1025 Eldorado Boulevard Address Line 2 City State / Province / Region Broomfield CO Postal / Zip Code Country US 80021-8254 Phone Number* 713-395-1161 Email* Tim.Wise@Lumen.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 2,500.00 564004 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) \$250 per month Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Hurst, Richard 10/28/2024 Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 10/28/2024 **Procurement Approval** File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval



Executive Contract Summary

Mental Health and IDD	
Contract Section	•
Contractor* Creative Financial Solutions	
Contract ID #* 2023-0816	
Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) CFS and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or in 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 Amendment
Funding Information*	
New Contract Amendment Contract Term Start Date * (?) 9/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2025
Current Contract Amount* \$ 100,000.00	
Increase Not to Exceed* \$ 50,000.00	
Revised Total Not to Exceed (NTE)* \$ 150,000.00	

Fiscal Year* (?)	Amount* (?)	
2025	\$ 150,000.00	
And a second control of the control		
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
2014 Mills (1941) Annu Mills (1942) Annu Mills (1944) Annu Mills (Canaultant	
Personal/Professional Services	Consultant	
Consumer Driven Contract Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract 	
Memorandum of Understanding		
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)	
Grant Contractor providing support to Financial Accounting		
Increasing support for financial accounting projects throu- contractor. Current contract will be expended in December completed assignment in October, 2024.		
Contract Owner*		
Rachel Beasley		
Previous History of Contracting with Vendor/Contrac	tor*	
Please add previous contract dates and what service	s were provided*	
Current services provided	S Welle pilovided	
,		
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
○ Yes ○ No ⊚ Unknown		
Supporting Documentation Upload (?)		
FE- Creative Financial Staffing- 2023-0816- FY25 Standa	ard Contract Renewal 542.88KB	
Document.pdf	3.2.32	
Vendor/Contractor Contact Person	Ć.	
Name *		
Pam Rodriguez		

Address* Street Address 21 Custom House Street Address Line 2 City State / Province / Region Boston MA Postal / Zip Code Country 02110-3510 US Phone Number* 7132605243 Email* prodriguez@cfstaffing.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1122 \$ 50,000.00 540500 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) 2 contractors for 16 weeks - \$82K Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Beasley, Rachel 11/6/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 11/7/2024 **Contract Owner Approval** Approved by **Approval Date** Rachel Beasley 11/7/2024 **Contracts Approval**

Αp	prove
0	Yes

O No, reject entire submission

O Return for correction

Approved by *

Belinda Stude

Approval Date*
11/11/2024

HARRIS CENTER for Mental Health and IDD

Executive Contract Summary

Contract Section Contractor* Mobile Communications America, Inc. (Formerly Knight Security Systems) Contract ID #* 2021-0171 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Mobile Communications America, Inc 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Current Contract Amount* \$ 148,714.00 Increase Not to Exceed* \$ 36,287.00 Revised Total Not to Exceed (NTE)* \$ 185,001.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 185,001.00
Funding Source*	
NOTE AND ADDRESS OF THE PROPERTY OF THE PROPER	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)
additional secure plan charged need to be added to cont	
installed at NPC, SW Clinic, 3200 Main and Hillcroft Local	ations
Contract Owner*	
Karen Hurst	
Naisi Haist	
Previous History of Contracting with Vendor/Contraction	ctor*
Yes No Unknown	
Please add previous contract dates and what service	or were provided*
	es were provided
2015 to current - security access controls	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)*(?)
Yes No Unknown	
D	
Please provide an explanation*	
does not meet criteria	
Community Partnership * (?)	
○ Yes No ○ Unknown	
Supporting Documentation Upload (?)	
Harirs Center - Secureplan Additions 2024.pdf	273.47KB
Vandar/Cantractor Cantact Barrer	
Vendor/Contractor Contact Person	
Name*	
Mobile Communications America / Alfred Trevino	
Mobile Communications Affected / Affect Trevino	
Address*	
Street Address	
500 Century Plaza Drive, Ste.120	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77073	IIS

Phone Number* 8327865800		
Email*		
alfred.trevino@callmc.com		
Budget Section		
Budget Units and Amounts	Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 36,287.00	553001
Budget Manager Campbell, Ricardo	Secondary Bud Campbell, Rica	
Provide Rate and Rate Descriptions see attached document, increasing N make a grand total NTE of \$185,001.0	TE by \$36,287.00 to	
Project WBS (Work Breakdown Str	ucture)* (?)	
Requester Name	Submission Da	ate
Harper, Sarah	12/27/2024	
Budget Manager Approval	(s)	
Approved by		
Ricardo Campbell	Approval Date	
Kicarao Campoeu	12/30/2024	
Procurement Approval		•
File Upload (?)		
Approved by	Approval Date	
Sign		
Contract Owner Approval		
Approved by		
Karen E. Hurst	Approval Date 12/30/2024	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
 Return for correction 		

Approved by*

Belinda Stude

Approval Date* 1/2/2025

Executive Contract Summary

Contract Section Contractor* Pivot Point Contract ID #* 2021-0145 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Pivot Point 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 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 Tag-On with Harris Health Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 100,000,00 Increase Not to Exceed* \$ 100,000.00 Revised Total Not to Exceed (NTE)* \$ 200,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 100,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other CT144185
Justification/Purpose of Contract/Description of	Services Being Provided * (?)
The funds will be used for Epic form building to move	
EPIC	e from paper forms to electronic within
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Con	ntractor*
Please add previous contract dates and what ser	vices were provided*
FY21 - FY24	
Vendor/Contractor a Historically Underutilized Bo	usiness (HLIR)* (?)
aved scely the topa and scene as	(110 <i>D</i>)
Yes No Unknown	
Please provide an explanation*	
N/A	
Community Partnership * (?)	
○ Yes No ○ Unknown	
Tes No Offiction	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
	and the complete the complete and the complete and the complete and the complete and the control of the complete and the comp
Name*	
Paul Meyer	
Address*	
Street Address	
5501 Virginia Way	
Address Line 2	
City	State / Province / Region
Brentwood	TN
Postal / Zip Code	Country
37027	United States

Phone Number* 2817052368			
Email* pmeyer@pivotpointconsulting.com			
Budget Section			
Budget Units and Amount	s Charged to e	each Budget Ur	nit
Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
1147	\$ 100,000.00		900060
Budget Manager		Secondary Budge	
Campbell, Ricardo		Campbell, Ricardo	а пассия поставляющий спосом приняти в приняти в приняти приняти поставляющий приняти поставляющий приняти пост
Provide Rate and Rate Description \$143.00 hour	as if applicable * (?)		
Project WBS (Work Breakdown St	ructure)* (?)		
IT24.1147.04			
Requester Name		Submission Date	
Hurst, Richard		10/28/2024	
Budget Manager Approva	l(s)		<u> </u>
Approved by			
Ricardo Campbell		Approval Date 10/28/2024	
Muarar Campreu		10/20/2024	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			
Approved by			
Mustafa Cochinnala		Approval Date 10/30/2024	
masaya Communa		.0.00.2027	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission Return for correction			

Approved by *

Belinda Stude

Approval Date*
11/1/2024

Executive Contract Summary

Contract Section	
	Advisor A 2000 Comment of the Commen
Contractor*	
P-Nursing (LVNs and MAs)	
Contract ID #*	
2021-0149	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
MASTER POOLED CONTRACT, TAG-ON TO HARRIS CO	OUNTY HOSPITAL DISTRICT (HCHD) DBA HARRIS
HEALTH CONTRACT(S). TEMPORARY NURSING PERS	SONNEL SERVICES FOR LICENSED VOCATIONAL
NURSES (LVNs) AND MEDICAL ASSISTANTS (MAs).	
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$250	
Board Approval (Total NTE Amount is \$250,000.00 or r	nore)
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 Interlocal	Tag-On
Not Applicable (If there are no funds required)	Consumer DrivenOther
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 70,000.00	
Increase Not to Exceed*	
\$ 160,996.00	

Revised Total Not to Exceed (NTE)*	
\$ 230,996.00	
Fiscal Year* (?)	Amount* (?)
2025	\$ 230,996.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Raing Provided* (?)
Increasing the available funds for the Nursing Dep	
Available funds are currently limited which results time.	
Contract Owner*	
Kia Walker	
Previous History of Contracting with Vendor/C	'autractor*
	contractor
Yes No Unknown	
Vendor/Contractor a Historically Underutilized	Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
ContractManagement_002.pdf	308.06KB
Vendor/Contractor Contact Person	<u> </u>
Name *	
N/A	
Address*	
Street Address	
N/A	
Address Line 2	
N/A	
City	State / Province / Region
N/A	N/A
Postal / Zip Code	Country
N/A	120000000000000000000000000000000000000
ING	N/A

Phone Number*

N/A

Email*

Jws@ultrastaff.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3530

\$ 130,996.00

540502

Budget Manager

Secondary Budget Manager

Degracia, Ericka Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3550

\$ 8,000.00

540502

Budget Manager Degracia, Ericka Secondary Budget Manager

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3611

\$ 7,000.00

540502 Secondary Budget Manager

Budget Manager Degracia, Ericka

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2213

\$ 6,700.00

540502

Budget Manager

Smith, Janai

Secondary Budget Manager

Shelby, Debbie

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

2214

\$ 3,000.00

540502

Budget Manager

Secondary Budget Manager

Smith, Janai

Shelby, Debbie

Provide Rate and Rate Descriptions if applicable * (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Submission Date

DeBose, Brier

12/10/2024

Budget Manager Approval(s)



Approved by		
Ericka Degracia	Approval Date 12/10/2024	
Approved by		
Tanai Lynnette Smith	Approval Date 12/11/2024	
Procurement Approval		•
File Upload (?)		
Approved by Sign	Approval Date	
Contract Owner Approval		ô
Approved by		
	Approval Date	
Kia Denae Walker	12/13/2024	
Cia Denae Walker Contracts Approval	12/13/2024	
	12/13/2024	
Contracts Approval	12/13/2024	
Contracts Approval Approve* Yes No, reject entire submission	12/13/2024	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approval Date * 12/16/2024	

EXHIBIT R-9

JANUARY 2025 NEW CONTRACTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

NEW CONTRACTS LESS THAN \$100,000

JANUARY 2025 FISCAL YEAR 2025

100	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS						
_							
	ADMINISTRATION						
	Customer Expressions Corp	Case Management Solution Software System for HR	\$25,000.00	12/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Due Diligence was completed for a new Case IQ Software Agreement which is an investigative case management solution designed to track, manage, and report complaints, referrals, or allegations within a centralized, secure system for HR. The solution system enhances efficiency and reduces risk as HR addresse employee relations issues. FY25 NTE: \$24,600.00 includes implementation fee. FY26 NTE: \$16,100 and FY2 NTE: \$16,100.00.
Ī	Data Vox, Inc.	Software Upgrade and Support Services	\$44,778.15	11/11/2024 - 8/31/2029	General Revenue (GR)	Tag-On	New Software Upgrade Agreement to update the technology for the Harris Center's Board Meetings in Harri Center Board Room (109) for the 9401 SW location.
	Eplus Technology Inc.,	Software Agreement for Cyberint's Al- driven External Risk Management Solution	\$98,855.18	10/25/2024 - 10/24/2025	General Revenue (GR)	Tag-On	New Software Agreement Services for Cyberint (a Check Point Compnay) which is Al-driven External Risk Management Solution for Actionable Intelligence Against Advanced Threats.
I	J. Taylor & Associates, LLC d/b/a JTaylor	Consulting Services	\$60,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Consulting services to continue providing analysis and support services in relation to Provider and Physician Compensation Programs for the Agency.
	The Teneo Group	Software Agreement for Veriti Software Solution	\$94,550.00	11/18/2024 - 12/31/2025	General Revenue (GR)	Competitive Bid	New Veriti Software Solution Agreement which enhances security controls across six (6) firewalls and one thousand (1000) seats including vulnerability assessment, EDR, MDM/UEM.
-	CPEP/CRISIS SERVICES						
1	FORENSICS						
	Adventure Playground Systems, Inc.	Installation of Recreational Equipment for the Youth Diversion Center	\$54,189.00	12/1/2024 - 11/30/2025	Private Grant	Request for Quote	New Agreement to install recreational equipment at the Youth Diversion Center. The YDC received a grant award from the Harris Center Foundation for Mental Health and IDD for the equipment.
SALES COLUMN TO A SALES COLUMN	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	Health Street, LLC	CPR Training for all Community First Choice and Respite Providers	\$1,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Consumer Driven	New agreement to provide CPR Training for all Community First Choice and Respite Providers.
T	Latanya L Mitchell-Sam	Community First Choice Assistant (CFC) Respite Services	\$15,000.00	11/22/2024 - 8/31/2025	State	Consumer Driven	New Revenue Agreement to provide Emergency and Regular Respite Services for consumer.
	Satori Marketing, LLC	Consultant Agreement	\$40,000.00	1/1/2025 - 8/31/2025	Federal Grant	Request for Quote	New Consultant Agreement to provide Public Engagement Strategy & Marketing support to promote the AB SKIP and Inspire program. [Tag-on through Choice Partners 23/035SG-06]. FY25 NTE: \$30,000.00; FY26 NTE \$10,000.00; Total NTE for two (2) years: \$40,000.00.
100	MENTAL HEALTH						
100	MENTAL HEALTH SERVICES-ECI						
-	LEASES	Howard Commence of the Commenc					
#							



DUE DILIGENCE 3 QUOTES HR CASE MANAGEMENT SOFTWARE

Purchasing received a request from the Human Resources Department for HR Case Management Software in August 2024. HR lacks the necessary tools to be able to track and trend employee relations cases across The Harris Center, resulting in inability to target training and remediation to ensure they are equipping leaders and staff with the necessary tools and training to meet strategic objectives under the People Component in addition to being a best place to work and increase retention and engagement.

Four (4) vendors were identified, AllVoices, Case IQ, HR Acuity, and UKG/Workforce Dimensions (Kronos). The four vendors were vetted, and demos were obtained. It was determined by the end users that UKG/Workforce Dimensions (Kronos) did not meet the basic requirements needed by The Harris Center and therefore could not meet its needs and a quote was not requested.

Quotes were obtained from three (3) vendors, AllVoices, Case IQ, and HR Acuity. Quote pricing is for three (3) year term.

AllVoices – \$106,500.00 Case IQ - \$56,800.00 HR Acuity - \$131,670.00

HR's recommendation is to move forward with Customer Expressions Corp dba Case IQ. The selection is based on lower cost.

The first (1) year NTE is \$24,600.00. The total NTE is \$56,800.00 The Funding Source is Unit 1108 (Personnel Management).

FY25 NTE: \$24,600.00 (\$8,500 Implementation Fee and \$16,100 Yearly Fee)

FY26 NTE: \$16,100.00 FY27 NTE: \$16,100.00

DocuSigned by:	DocuSigned by:		
Frances Offo	Mna Cook		
Frances Otto, CTCD	Nina Cook, MBA, CTCM, CTCD		
Buyer II	Purchasing Director		

Stanly Llams

E750EDD008GF04D3...
Stanley Adams, MBA

HARRIS CENTER 100

Executive Contract Summary

Mental Health and IDD	
Contract Section	
Select Header For This Contract*	
Administration	
Contractor*	
Customer Expressions Corp	
Contract ID #*	
2024-0967	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
1/21/2025	
Parties*(?)	
The Harris Center for Mental Health and IDD and Case IC	ı
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$250	
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☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
12/1/2024	8/31/2025
	0/3/1/2023
If contract is off-cycle, specify the contract term (?)	
Final Va. * (2)	A 1* (2)
Fiscal Year* (?)	Amount* (?)
2025	\$ 25,000.00

Funding Source * General Revenue (GR)	
Contract Description / Type* (?) Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Contract Owner* Ninfa Escobar	
Previous History of Contracting with Vendor/Contract Yes No Unknown	or*
Vendor/Contractor a Historically Underutilized Busine Yes No Unknown	ess (HUB)* (?)
Community Partnership* (?) Yes No Unknown Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	⊘
Jeremy Tremblay	
Address* Street Address 2255 Carling Avenue Address Line 2 Suite 500	
City	State / Province / Region
Ottawa Postal / Zip Code	ON Country
K2B7Z5	Canada
Phone Number* 613-244-5111	
Email*	
jtremblay@caseiq.com	
Budget Section	
Budget Units and Amounts Charged to e	each Budget Unit

Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 1108 \$ 25,000.00 551003 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** 10/30/2024 Escobar, Ninfa Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 10/30/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 10/31/2024 **Contract Owner Approval** Approved by Approval Date Minfa Escobar 10/31/2024 Contracts Approval Approved by Approval Date Belinda Stude 11/1/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) Case IQ is an investigative case management solution designed to track, manage, and report complaints, referrals, or allegations within a centralized, secure system. This solution enhances efficiency and reduces risk as HR addresses employee relations issues.

Product/Service Description

Case Management Solution Software System for HR

HIARRIS CENTER for

Executive Contract Summary

Contract Section	<u> </u>
Contractor* Data Vox, Inc. Contract ID #* N/A Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?)	
The Harris Center and Data Vox	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other TIPS 230105
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?) 11/11/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2029
Fiscal Year* (?) 2025	Amount* (?) \$ 44,778.15
Fiscal Year* (?) 2026	Amount* (?) \$ 2,534.61

Fiscal Year* (?)	Amount* (?)
2027	\$ 2,534.61
Fiscal Year* (?)	Amount* (?)
2028	\$ 2,534.61
Fiscal Year* (?)	Amount* (?)
2029	\$ 2,534.61
2020	Ψ 2,504.01
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	Consultant 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 Sen	
Update technology for Harris Center Board Meetings in I	Harris Center Board Room (109)
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
FY20-FY25	so were provided
Hardware purchases and installation services	
Lifesize Licensing	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) * (?)
Yes No Unknown	
N.	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
The Harris Center - Boardroom AV Upgrade (TIPS) - AV	Proposal Rev1 1.pdf 1.31MB
TIPS 230105_DataVox.pdf	916.11KB
Vendor/Contractor Contact Person	
Name*	
Data Vox	

Address*		
Street Address		
6650 W. Sam Houston Pkwy Sou	uth	
Address Line 2		
City	State / Province / Reg	gion
Houston	TX	
Postal / Zip Code	Country	
77072	US	
Phone Number*		
713-881-5300		
Email*		
caseyb@datavox.net		
Budget Section		
	nee, mit moode, sekat oo biranista meelin oo sah meeleks oo aks mit da siin oo meeleksi.	Managara wa Managa Maria a Maria da Maria da Managara Managara Managara Managara Managara Managara Managara Ma
Budget Units and Amou	unts Charged to each Budget l	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 44,778.15	551001
Budget Manager	Secondary Bud	get Manager
Campbell, Ricardo	Campbell, Ricard	
agreement. See bottom of quote. Project WBS (Work Breakdown N/A		
Requester Name	Submission Date	te
Hurst, Richard	11/11/2024	
Budget Manager Appro	val(s)	•
Approved by		
	Approval Date	
Ricardo Campbell	11/11/2024	
Procurement Approval		○
File Upload (?)		
Approved by		
	Approval Date	
Sharon Brauner	11/11/2024	
Sharon Brauner	11/11/2024	

Contract Owner Approval

Approved by	
Mustafa Cochinwala	Approval Date 11/14/2024
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by*	
	Approval Date*
Belinda Stude	11/14/2024

HARRIS Executive Contract Sur	mmary
Contract Section	<u> </u>
Contractor*	
Eplus Technology Inc.,	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
Eplus and The Harris Center	
Agenda Item Submitted For: * (?)	252 202 203
Information Only (Total NTE Amount is Less than \$Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	or more,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	 Request for Qualification Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other TIPS 210305
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
11/1/2024	10/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 98,855.18

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided * (?)
Cyberint's Al-driven External Risk Management Solution	
Actionable Intelligence Against Advanced Threats	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contrac	tor*
Please add previous contract dates and what service	s were provided*
FY23-FY25	
Checkpoint, DDI, Forescout, Gigamon Contracts	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Unknown	
Please provide an explanation *	
N/A	
Community Partnership * (?)	
○ Yes ◎ No ○ Unknown	
Supporting Documentation Upload (?)	
23225264-Harris Center-Check Point 1YR.pdf	85.4KB
TIPS 230105_EPlus_Cyberint.pdf	60.7KB
THE 200 TOO_ET RES_OVERTHELPER	33.1 ND
Vendor/Contractor Contact Person	<u> </u>
Name*	
Kevin McMullin	
Address*	
Street Address	
13595 Dulles Technology Drive	
Address Line 2	
City	State / Province / Region
Herndon	VA
Postal / Zip Code	Country
20171-3413	US
Phone Number*	
512-652-4345	
Email*	
kevin.mcmullin@eplus.com	

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 98.855.18 574000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See Attached Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date Hurst, Richard 10/28/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 10/29/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 10/30/2024 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinwala 11/5/2024 Contracts Approval Approve* O No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date*
11/6/2024

Miarris Executive Contract Summary

OO CENTER for Mental Health and IDD	
Contract Section	
Select Header For This Contract*	
Administration	
Contractor*	
J. Taylor & Associates, LLC d/b/a JTaylor	
Contract ID #*	
2024-0969	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
The Harris Center for Mental Health and IDD and J. Taylo	r & Associates, LLC d/b/a JTaylor
And the contraction of the contr	A AND CONTRACTOR AND CONTRACTOR OF A AND POSITION
Agenda Item Submitted For: * (?)	000 00
 Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or 	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
 Interlocal Not Applicable (If there are no funds required) 	Consumer Driven Other
Hot Applicable (if there are no funds required)	Cities of the ci
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 60,000.00

Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contrac	tor*
Yes \(\) No \(\) Unknown	
Please add previous contract dates and what service	s were provided*
09/01/2023-08/31/2024	s were provided
09/01/2023-00/31/2024	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
2 * * * (2)	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
	*
How does this contract support Agency/Unit Strategi	c priorities?
Vendor/Contractor Contact Person	
Name*	
Anna K. Brewer	
Address*	
Street Address	
4800 Overton Plaza	
Address Line 2	
City	State / Province / Region
Fort Worth	TX
Postal / Zip Code	Country
76109-4428	US
Phone Number*	
817-924-5900	
Email*	
abrewer@jtaylor.com	
Budget Section	

Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 60,000.00 542000 1108 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) Submission Date Requester Name Escobar, Ninfa 10/31/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 10/31/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** Minfa Escobar 10/31/2024 Contracts Approval Approved by **Approval Date** Belinda Stude 11/1/2024 **Final Board Report Comments** Justification / Purpose of Contract / Description of Services Being Provided (?) Consultant provides analysis and support services in relation to Provider and Physician Compensation Programs for the Agency. Product/Service Description Consulting Services



DUE DILIGENCE 3 QUOTES VERITI SECURITY SOLUTIONS

Purchasing received a request from the IT Department for Veriti Software Solution in October 2024. The request is for a one (1) year contract. Veriti Software Solution enhances security controls across six (6) firewalls and one thousand (1,000) seats (including vulnerability assessment, EDR, MDM/UEM). The product also offers significant functionality like Protection and Operating System Hardening, Attack and Business Disruption Analysis, IoC Management, and Security Hygiene.

The Harris Center received quotes from four vendors.

Altasage - \$170,525.00 Atlantic Data Security - \$216,500.00 The Teneo Group - \$94,550.00 Verity - \$216,500.00

IT's recommendation is to move forward with The Teneo Group. The selection is based on the lowest cost.

The one (1) year NTE is \$94,550.00. The contract dates are November 1, 2024 through October 21, 2025. The Funding Source is Unit 1130 (Computer Maintenance User Fee).

Frances Otto

Frances Otto, CTCD

Buyer II

-DocuSigned by:

Nina Cook, MBA, CTCM, CTCD Purchasing Director

-DocuSigned by:

Stanley adams

Stanley Adams, MBA Chief Financial Officer

Strange CENTER for Mental Health and IDD Executive Contract Sur	nmary
Contract Section	
Contractor* The Teneo Group Contract ID #* N/A	
Presented To* Resource Committee Full Board Date Presented*	
1/21/2025 Parties * (?) The Teneo Group and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source Request for Qualification Tag-On
Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract ○ Amendment	Consumer Driven Other
Contract Term Start Date * (?) 11/18/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 12/31/2025
Fiscal Year* (?) 2025	Amount* (?) \$ 94,550.00
Funding Source* General Revenue (GR)	

	Contract Description / Type ^ (?)				
	Personal/Professional Services		Consultant		
	Consumer Driven Contract	52	New Contract/A	greement	
	Memorandum of Understanding		Amendment to	Existing Contract	
	Affiliation or Preceptor		Service/Mainter	nance	
	■ BAA/DUA		IT/Software Lice	ense Agreement	
	Pooled Contract		Lease		
	Renewal of Existing Contract		Other		
	Justification/Purpose of Contract/Description of Service	000 E	Poing Provided	(2)	
	The Veriti Server Enterprise License enhances	ces c	sellig Provided	(1)	
	security controls across six firewalls and 1,000				
	seats (including vulnerability assessment, EDR,				
	MDM/UEM).				
	Contract Owner*				
	Mustafa Cochinwala				
	Mustara Godiniwala				
	Previous History of Contracting with Vendor/Contractor	or*			
	Yes No Unknown				
	Vendor/Contractor a Historically Underutilized Busines	ss (H	UB)* (?)		
	Yes No Unknown	(
	Tes Wild Official				
	Please provide an explanation *				
	N/A				
	Community Partnership* (?)				
	Yes No Unknown				
	Supporting Documentation Upload (?)				
	2109-the-harris-center.pdf			65.66KB	
	Q-16667 - Harris Center - Veriti.pdf			52.62KB	
	THC-Veriti-Full-TIPS-5351 - 4000 Endpoints.pdf			44.46KB	
	The Harris Center- Veriti FINAL.pdf			1.36MB	
	texas franchise tax.pdf			106.48KB	
	SAMS.pdf			982.22KB	
	Complete_with_Docusign_DUE_DILIGENCE_VERITIp (1)	.pdf		347.81KB	
100					
Semina	Vendor/Contractor Contact Person	**************************************	Ant S. Jack State Co.		
	Name*				
	Paul Warnagiris				
	60/A				
	Address*				
	Street Address				
	11709 Pallas PI				
	Address Line 2				
	City	State	/ Province / Region		
	Godley	TX			
	Postal / Zip Code	Count	try		
	76044-1512	US			

Phone Number* 888-814-9995 Email* Paul.Warnagiris@theteneogroup.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 94,550.00 574000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See Attached Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Hurst, Richard 10/28/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 10/28/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 11/11/2024 **Contract Owner Approval** Approved by Approval Date Mustafa Cochinnala 11/11/2024 **Contracts Approval**

App	rove*
@ Y	es
\bigcirc N	o, reject entire submission
O R	eturn for correction
App	roved by*
1.777	A with the second of the contract of the contr
	Q1.1. Q.1

Approval Date* 11/11/2024

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 40,641.75
Fiscal Year* (?)	Amount* (?)
2026	\$ 13,547.25
Funding Source*	
Private 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
How does this contract support Agency/Unit Strateg	jic priorities?*
This contract will support the agency/unit strategic prior health and fitness.	ities by transforming lives through
Contract Owner*	
Monalisa Jiles	*
Previous History of Contracting with Vendor/Contrac	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
2021 - Install Playground at Airline Clinic	
Vandari Cantus star a Historically Undowstilized Busin	nose (HIIP)* (2)
Vendor/Contractor a Historically Underutilized Busir Yes No Unknown	ness (nub)
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Upload	
Adventure Playground Systems Inc-Franchise Tax.html	22.17KB
AdventurePlaygroundsQuote11.20.24.pdf	143.06KB
AdventurePlaygroundVendorForm 11.20.24.pdf	4.31MB
AdventurePlaygroundW9 11.19.24.pdf	980.85KB
debarred-vendor-list.pdf	67.8KB
SAM.gov _ Search Adventure Playground.html	344.43KB
Vendor/Contractor Contact Person	
Name*	
James Knight	

### Transparence	Address*			
Address Line 2 City State / Province / Region TX Potal / Zip Code Country 177043-4007 US Phone Number* 7139359864 Email* James Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)				
City State I Province I Region TX Postal 2 p Code Country T7043-4007 US Phone Number* 7139359684 Email* James Knight@adventureplaysystems.com Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 \$ 54,189.00 Edward Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (7) NA Requester Name Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (7)	10845 Church Lane			
Houston TX Petal / 2p Code Country 77043-4007 US Phone Number* 7139359884 Email* James Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 5500 \$ 54,189.00 \$ 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Sheenia Williams-Robley Approved by File Upload (?)	Address Line 2			
Houston TX Petal / 2p Code Country 77043-4007 US Phone Number* 7139359884 Email* James Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 5500 \$ 54,189.00 \$ 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Sheenia Williams-Robley Approved by File Upload (?)				
Potal / 2p Code 77043-4007 Phone Number* 7139359684 Email* James Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 Secondary Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Silvenia Williams- Wisliams- Approval File Upload (?)				on
Phone Number* 7139359684 Email* James.Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number*				
Phone Number* 7139359684 Email* James Knight@adventureplaysystems.com Budget Units and Amounts Charged to each Budget Unit Budget Unit Number*				
7139359684 Email * James.Knight@adventureplaysystems.com Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number * Amount Charged to Unit * Expense/GL Code No. * 6500 \$ 54,189.00 \$ 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure) * (?) NA Requester Name Submission Date Rendon, Richard \$ 11/20/2024 Budget Manager Approval(s) Approved by Approved by Procurement Approval Procurement Approval	77043-4007		US	
Email* James Knight@adventureplaysystems.com Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ \$ 54,189.00 \$ 543001 Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable*(?) NA Project WBS (Work Breakdown Structure)*(?) NA Requester Name Rendon, Richard \$ 11/20/2024 Budget Manager Approval(s) Approved by Approved by Siecule Williams-World \$ 11/21/2024 Procurement Approval File Upload (?)	Phone Number*			
Budget Units and Amounts Charged to each Budget Unit Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date \$\int Sheenia \text{Williams} \text{Williams} \text{Williams} \text{Williams} \text{Williams} \text{Unit} \$\int \text{Sheenia \text{Williams} \text{Williams} \text{Williams} \text{Unit} \$\int \text{Sheenia \text{Williams} \text{Unit} \$\int \text{Sheenia \text{Williams} \text{Williams} \text{Unit} \$\int \text{Sheenia \text{Williams} \text{Unit} \$\int \text{Sheenia \text{Unitiams} \text{Unit} \$\int \text{Sheenia \text{Unitiams} \text{Unit} \$\int \text{Sheenia} \text{Unitiams} \text{Unit} \$\int \text{Sheenia \text{Unitiams} \text{Unit} \$\int \text{Sheenia} \text{Unitiams} Unitiam	7139359684			
Budget Vnits and Amounts Charged to each Budget Unit Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Whitey 11/21/2024 Procurement Approval File Upload (?)	Email*			
Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189.00 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)		estems com		
Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 6500 \$ 54,189,00 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Reyes, Elizabeth Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date Skeenia Williams-Wistey 11/21/2024 Procurement Approval Procurement Approval	TO THE WAR TO SHARE A SHEET WAS			
Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval Procurement Approval File Upload (?)	Budget Section			
Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 543001 Budget Manager Secondary Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval Procurement Approval File Upload (?)				
Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* Project WBS (Work Breakdown Structure)* NA Project WBS (Work Breakdown Structure)* Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)	Budget Units and Amou	unts Charged to	each Budget L	Jnit
Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* Project WBS (Work Breakdown Structure)* NA Project WBS (Work Breakdown Structure)* Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)	Budget Unit Number*	Amount Charge	ed to Unit*	Expense/GL Code No.*
Budget Manager Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure) * (?) NA Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approved by Approval Date Sheenia Whitiams-Wesley Procurement Approval File Upload (?)		1		
Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Rendon, Richard Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)			Sasandani Buda	A Managar
Provide Rate and Rate Descriptions if applicable* (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wishy 11/21/2024 Procurement Approval File Upload (?)				
Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wishy Procurement Approval File Upload (?)	vviillams-vvesley, Sneenia		Reyes, Elizabeth	
Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Wishy Procurement Approval File Upload (?)	Dravida Pata and Pata Dagarin	tions if applicable * (2)		
Project WBS (Work Breakdown Structure)* (?) NA Requester Name Submission Date Rendon, Richard 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)		nuons ii applicable (17		
Requester Name Rendon, Richard Submission Date 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)				
Requester Name Rendon, Richard Submission Date 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)				
Requester Name Rendon, Richard Submission Date 11/20/2024 Budget Manager Approval(s) Approved by Approval Date 11/21/2024 Procurement Approval File Upload (?)	Project WBS (Work Breakdown	Structure)* (?)		
Rendon, Richard Budget Manager Approval(s) Approved by Approval Date Shecula Williams Wisky Procurement Approval File Upload (?)	NA			
Rendon, Richard Budget Manager Approval(s) Approved by Approval Date Shecula Williams Wisky Procurement Approval File Upload (?)				
Rendon, Richard Budget Manager Approval(s) Approved by Approval Date Shecula Williams-Wisky Procurement Approval File Upload (?)	Requester Name		Submission Date	e
Approved by Approval Date Sheenia Williams-Westey Procurement Approval File Upload (?)				
Approved by Approval Date Sheenia Williams-Wistey Procurement Approval File Upload (?)			11/20/2024	
Approval Date Sheenia Williams-Wosley 11/21/2024 Procurement Approval File Upload (?)	Budget Manager Appro	oval(s)		
Approval Date Sheenia Williams-Wosley 11/21/2024 Procurement Approval File Upload (?)	Approved by			
Procurement Approval File Upload (?)	Approved by		Approval Date	
File Upload (?)	Sheenia Williams-Wesley		11/21/2024	
File Upload (?)				
File Upload (?)	Procurement Approval			
	Trocurement Approvat			.
Upload	File Upload (?)			
	1			

Approved by	
State On the	Approval Date
Sharon Brauner	11/21/2024
Contract Owner Approval	
Approved by	A constant Defe
Monalisa Tiles	Approval Date
Animaiisa Gaes	11/22/2024
Contracts Approval	
Approved by	Ammunus I Date
Belinda Stude	Approval Date
Damaa Suae	11/25/2024
Final Board Report Comments	
Justification / Purpose of Contract / Descri	iption of Services Being Provided (?)
Grant awarded to the Youth Diversion Center	to install recreational equipment for the youth
Product/Service Description	
Installation of Recreational Equipment for the	Youth Diversion Center
Revised Comments For Board Report*	
New Agreement to install recreational equipm received a grant award from the Harris Center the equipment.	nent at the Youth Diversion Center. The YDC er Foundation for Mental Health and IDD for
Exclude this ECS from Board Report?*	
Yes No	

0.0	the	
Sis	HARRI CENTE	18
	CENTE	R
Mental	Health and	HDD

Mental Health and IDD EXECUTIVE Contract Sum	nmary
Contract Section	
Contractor*	
Health Street, LLC	
Contract ID #* 2024-0962	
Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) Health Street LLC, The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 o Grant Proposal Revenue SOW-Change Order-Amendment# Other	0 001
Procurement Method(s)* Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date* (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 1,000.00
Funding Source* General Revenue (GR)	

Contract Description / Type" (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contra	ctor*
Yes No Unknown	
les one officiowii	
Please add previous contract dates and what service 9/1/2023 - 8/31/2024	es were provided*
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
163 NO GIRNOWII	
Community Partnership* (?)	
Commention Decommentation Unless (2)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Health Street, LLC	
Address*	
Street Address	
1710 South Dairy Ashford Road	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77077-3853	United States
Phone Number*	
2819209490	
*	
Email*	
street-info@cprologist.com	
Budget Section	
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
3585	\$ 1,000.00		543066
Budget Manager		Secondary Budget	Manager
Johnson, Kenyonika		Kerlegon, Charles	
Provide Rate and Rate Descriptions 45.00 per course	s if applicable* (?)		
Project WBS (Work Breakdown Struna	ucture)* (?)		
Requester Name		Submission Date	
Anthony, Patrina		8/26/2024	
Budget Manager Approval	(s)		○
Approved by			
		Approval Date	
Kenyonika Tohnson		10/29/2024	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			0
Approved by			
		Approval Date	
Evanthe Collins		10/29/2024	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission 			
Return for correction			
Approved by*			
		Approval Date*	
Belinda Stude		10/29/2024	
4			

Contract Section Contractor* Health Street, LLC Contract ID #* 2024-0962 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Health Street LLC, 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# Procurement Method(s)* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?) 2025 \$ 1,000.00 Funding Source* General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	rvices Being Provided* (?)
Per regulatory requirements, all respite and CFC provide	
	and must be contined.
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contra	actor*
Yes No Unknown	
Please add previous contract dates and what service	ces were provided*
9/1/2023 - 8/31/2024	
Vendor/Contractor a Historically Underutilized Busi	ness (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	\odot
The area area and the state of	
Name*	
The area area and the state of	©
Name*	
Name* Health Street, LLC	©
Name* Health Street, LLC Address*	
Name* Health Street, LLC Address* Street Address	
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road	State / Province / Region
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2	State / Province / Region TX
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City	-
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston	TX
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number*	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number* 2819209490	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number* 2819209490 Email* street-info@cprologist.com	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number* 2819209490 Email*	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number* 2819209490 Email* street-info@cprologist.com	TX Country
Name* Health Street, LLC Address* Street Address 1710 South Dairy Ashford Road Address Line 2 City Houston Postal / Zip Code 77077-3853 Phone Number* 2819209490 Email* street-info@cprologist.com	TX Country United States

Budget Unit Number*	Amount Charge	ed to Unit*	Expense/GL Code No.*		
3585	\$ 1,000.00		543066		
Budget Manager		Secondary Budget	Manager		
Johnson, Kenyonika		Kerlegon, Charles			
Provide Rate and Rate Descriptions	s if applicable * (?)				
45.00 per course					
Project WBS (Work Breakdown Stru	ucture)* (?)				
na					
Requester Name		Submission Date			
Anthony, Patrina		8/26/2024			
Budget Manager Approval	(s)				
Approved by					
		Approval Date			
Kenyonika Tohnson		10/29/2024			
Procurement Approval			>		
File Upload (?)					
Approved by		Approval Date			
Sign					
Contract Owner Approval					
Approved by					
		Approval Date			
Evanthe Collins		10/29/2024			
Contracts Approval		MAR PROP			
Approve*					
Yes					
No, reject entire submission					
Return for correction					
Approved by *					
0		Approval Date*			
Belinda Stude		10/29/2024			



Contract Section Contractor* Latanya L Mitchell-Sam Contract ID #* N/A Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) The Harris Center for Mental Health & IDD and Latanya L Mitchell-Sams 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 11/22/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) N/A Fiscal Year* (?) Amount* (?) 2025 \$ 15,000.00 Funding Source* State

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
For the provision of Emergency CFC Respite and Regular TxHmL Wavier Individual.	CFC Respite Services to a
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
○ Yes ◎ No ○ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Latanya L Mitchell-Sam	
Address*	
Street Address	
1802 Wooded Acres Drive	
Address Line 2	
	Clate (Parriera / Parriera
City Humble	State / Province / Region TX
Postal / Zip Code	Country
77396-2991	US
Phone Number*	
8325454514	
Email*	
TEBL1958@gmail.com	
Budget Section	0
Budget Units and Amounts Charged to e	ach Budget Unit

Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*
3585	\$ 15,000.00		543005
Budget Manager		Secondary Budget	Manager
Degracia, Ericka		Kerlegon, Charles	
Provide Rate and Rate Descriptions	s if applicable * (?)		
11.50 per hour			
Project WBS (Work Breakdown Str	ucture)* (?)		
N/A			
Requester Name		Submission Date	
Wells, Rosa		11/22/2024	
Budget Manager Approval	(s)		
Approved by		Approval Date	
Ericka Degracia		11/22/2024	
D			
Procurement Approval			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval	对数数据的	Sala Carried St	Ś
Contract Owner Approvar	30 min 1 min 1 min 1 min 2 min		
Approved by			
6 0		Approval Date	
Evanthe Collins		12/4/2024	
	the state of the s	ENGLISH CONTROLLERS OF THE	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by*			
		Approval Date*	
Belinda Stude		12/5/2024	



Due Diligence Tag-On Project# FY25-0308 State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire

Purchasing received a request from Margo Childs, Program Director of Intellectual & Developmental Disability in August 2024, for State of Work: Public Engagement Strategy & Marketing for ABA-SKIP and Inspire. In our research, it was noted that tag-on opportunities were available for marketing vendors through Choice Partners.

Two (2) vendors available via tag on through Choice Partners were identified, Satori Agency and Love Advertising. Demos were requested and held with both vendors in October 2024. Quotes were requested from both vendors. Satori submitted a quote while Love Advertising was unable to collaborate with The Harris Center due to their lack of resources. Upon reviewing Choice Partners contract 23/035SG-06 with Satori Agency it was confirmed that the first renewal was July 12, 2024, with (3) three renewable options remaining.

The team recommends proceeding with Satori Agency, through Choice Partners.

The Fiscal Year 2025 budget is \$30,000.00, subject to the appropriation and availability of funds. The two (2) year Not to Exceed (NTE) is \$40,000.00 subject to Fiscal Year budget approval. The funding source is units 3530 (Harris County Rise) and 3531 (Harris County Inspire).

FY25 NTE:

Unit 3530 - \$20,000.00 Unit 3531 - \$10,000.00

FY26 NTE:

Unit 3531 - \$10,000.00

→DocuSigned by:

Rosalind armstrong

____DC920BC5B5B74BB...

Rosalind Armstrong, BSBA

Buyer II

- DocuSigned by:

Mna (ook

Nina Cook, MBA, CTCM, CTCD

Director of Purchasing

--- DocuSigned by:

Starley adams

Stanley Adams, MBA Chief Financial Officer

HIARRIS CENTER,

Executive Contract Summary

Menta Freath and DO	till har til stationer i består stationer i den å den er av er med att a tillgab. Verder attende till till til
Contract Section	
Contractor* Satori Marketing, LLC	
Contract ID #* 2024-0976	
Presented To* Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?)	
Satori Marketing, LLC and The Harris Center for Mental H	lealth and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	
InterlocalNot Applicable (If there are no funds required)	Consumer Driven Other Public Marketing Service Consultant
Funding Information* New Contract	Contract Term End Date* (?) 8/31/2025
If contract is off-cycle, specify the contract term (?) NA	
Fiscal Year* (?) 2025	Amount* (?) \$ 40,000.00
Funding Source* Federal Grant	

Contract Description / Type (7)	
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 Renewal of Existing Contract	☐ Lease ☐ Other
Reliewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Service	es Being Provided * (?)
For the retention of the Satori Marketing, LLC marketing fin	
public engagement and marketing support to promote the f	RISE ABA-SKiP and Inspire
programs to drive participation and engagement (see attac	hment).
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contracto	r*
Yes O No Unknown	
Please add previous contract dates and what services	were provided*
Vendor through Choice Partners Contract/RFP	
The second secon	
Vendor/Contractor a Historically Underutilized Busines	s (HUB)* (?)
Yes \(\cap \) No \(\cap \) Unknown	
Please provide the HUB status*	
HUB - State.	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Satori Marketing, LLC	
Supporting Documentation Upload (?)	
RE State of Work Public Engagement Strategy Marketing f	or ABA-SKIP and 47.5KB
Inspire- Due Diligence Memo.msg	
03 Amendment to CP RFP Contract Revised 2 CFR 200 ef	f. 10.1.24.pdf 1.98MB
09 23-035SG Satori Mkt Contract.pdf	1.29MB
10 23-035SG Satori Req Docs 23.pdf	1.46MB
debarred-vendor-list (8).pdf	67.8KB
Due Diligence Memo- Public Engagement Strategy Market	ing for ABA-SKIP 211.87KB
and Inspire -Docusign.pdf	211.0780
Franchise Tax.pdf	137.13KB
Sams Search.pdf	831.2KB
Satori Harris Center for Mental Health Oct 2024 Proposal F	inal.pdf 750.1KB
HUB Vendor.pdf	184.47KB
Vendor/Contractor Contact Person	
Total of Contract of Ciscon	
Name*	
Marche Warfield, Owner/CEO	

Address*

Street Address

448 W 19th St #735

Address Line 2

City

State / Province / Region

Houston

Postal / Zip Code

TX

77008

Country

Phone Number*

713-501-1990

Email*

mw@satori.agency

Budget Section

0

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3530

\$ 20,000.00

595000

Budget Manager

Secondary Budget Manager

Johnson, Kenyonika

Kerlegon, Charles

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

3531

\$ 20,000.00

595000

Budget Manager

Secondary Budget Manager

Johnson, Kenyonika

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See attachments

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Submission Date

Childs, Margo

11/13/2024

Budget Manager Approval(s)



Approved by

Kenyonika Tohuson

Approval Date

11/13/2024

Procurement Approval



File Upload (?)

Approved by Sharon Brauner	Approval Date 11/13/2024	
Contract Owner Approval		٥
Approved by Evanthe Collins	Approval Date 11/15/2024	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction		
Approved by*		
Ernest A. Savey	Approval Date * 11/20/2024	

EXHIBIT R-10

JANUARY 2025 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS								
	ADMINISTRATION								
L	Automated Logic Contracting Services, Inc.	Multi-Facility Building Automation System, Software and Maintenance	\$12,000.00	\$30,000.00	\$42,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Quote	Amendment to increase the NTE to perform repairs on the Building Automation System in the buildings currently being used.
2	CROTHALL FACILITIES MANAGEMENT INC	Medical Equipment Maintenance and Support Services	\$5,900.00	\$1,717.53	\$7,617.53	1/1/2024 - 12/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE for additional equipment for the following locations: 6160 South Loop, 6505 Southmore and the Youth Diversion Center at 6500 Chimney Rock.
3	J Taylor & Associates, LLC	Consulting Services	\$60,000.00	\$15,000.00	\$75,000.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE for evaluation of existing managed care rate for competitors using payer price transparency filings and assist in negotiatio of new rates and business terms.
1	P- Real Estate Surveyor Services	Master Pool for Real Estate Surveyor Services	\$20,000.00	\$36,480.00	\$56,480.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Qualification	Amendment to increase the NTE to complete the surveys of seven (7) properties of the Recenter.
5	Set Solutions Inc., d/b/a Trace3	Subscription for Information Security External Attack Surface Management and Issue Tracking as well as Benchmarking.		\$32,163.76	\$32,163.76	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Amendment to issue a FY25 purchase order for payment due to the FY24 PO being closed before payment was issued.
6	The Westin Galleria Houston	Lease of Space for Employee Appreciation Event	\$15,000.00	\$5,000.00	\$20,000.00	10/1/2024 - 12/1/2025	General Revenue (GR)	Quote	Amendment to increase the NTE due to additional employees who will be attending the annual Employee Recognition event.
7	Vertiv Corporation	9401 Data Center-Liebert UPS Power and Battery Maintenance and Support Services	\$13,140.00	\$13,140.00	\$26,280.00	6/15/2024 - 6/14/2025	General Revenue (GR)	Sole Source	Amendment to increase the NTE to pay for FY24 invoice.
8	Xerox Corporation DBA/Xerox Financial Services	Print Shop Production Copiers (2)	\$16,978.05	\$6,289.00	\$23,267.05	9/1/2024 - 8/31/2025	General Revenue (GR)		Amendment to increase the NTE to cover past due invoices from FY23.
	CPEP/CRISIS SERVICES		84622653						
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	MENTAL HEALTH SERVICES-ECI							1.50	
	LEASES								

Contract Section	
Contractor* Automated Logic Contracting Services, Inc.	
Contract ID #* 2021-0124	
Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) Automated Logic and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or not of Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source
Request for Quote	Request for QualificationTag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date* (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 12,000.00	
Increase Not to Exceed* \$ 30,000.00	
Revised Total Not to Exceed (NTE)* \$ 42,000.00	

Fiscal Year* (?)	Amount* (?)
2025	\$ 42,000.00
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 Justification/Purpose of Contract/Description of Service Adding \$30,000.00 to unit 1899, gl code 569020 to perfor	
Automation System in the buildings that it's being used. C \$12,000.00 prior to increase was for the software utilized Contract Owner* Karen Hurst	Current contract amount of
Previous History of Contracting with Vendor/Contract Yes No Unknown	tor*
Please add previous contract dates and what services prior year (FY24) from 9/1/2023 thru 8/31/2024, and may have used the year prior as well.	A=0
Vendor/Contractor a Historically Underutilized Busine ○ Yes ○ No ○ Unknown	ess (HUB)* (?)
Please provide an explanation* does not meet criteria	
Community Partnership * (?) Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name* Automated Logic / Karl Henson	

Address*		
Street Address		
290 Beltway Green Blvd		
Address Line 2		
City	State / Province / Reg	ion
Pasadena	TX	
Postal / Zip Code	Country	
77503	USA	
9		
Phone Number*		
2818370777		
Email*		
karlhenson@carrier.com		
Budget Section		
Budget Units and Amounts	s Charged to each Budget l	Jnit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	569020
Budget Manager	Secondary Bud	get Manager
Campbell, Ricardo	Campbell, Ricard	
Provide Rate and Rate Description	o if applicable * (2)	
A Prince A Committee of the Committee of		
Adding \$30,000.00 to unit 1899 / gl correpairs to be made to the building aut		
several facilities	omaton system at	
Due in at MDC (IM and Due of the Country Of	* (2)	
Project WBS (Work Breakdown Str	ucture) (1)	
n/a		
Requester Name		
	Submission Dat	e
Harper, Sarah	Submission Dat 12/23/2024	ee e
	12/23/2024	e ·
Budget Manager Approval	12/23/2024	e
Budget Manager Approval	12/23/2024	e 💍
	12/23/2024 (S)	e 📀
Budget Manager Approval	12/23/2024 (s) Approval Date	e e
Budget Manager Approval	12/23/2024 (S)	e 🍮
Budget Manager Approval	12/23/2024 (s) Approval Date	ee 💍
Budget Manager Approval Approved by Ricardo Campbell	12/23/2024 (s) Approval Date	e 🍮
Budget Manager Approval	12/23/2024 (s) Approval Date	e S
Budget Manager Approval Approved by Ricardo Campbell	12/23/2024 (s) Approval Date	e S
Budget Manager Approval Approved by Ricardo Campbell Procurement Approval	12/23/2024 (s) Approval Date	e S
Approved by **Ricardo Campbell** Procurement Approval File Upload (?)	12/23/2024 (S) Approval Date 12/23/2024	ee S
Approved by Ricardo Campbell Procurement Approval File Upload (?)	12/23/2024 (s) Approval Date	e C
Approved by **Ricardo Campbell** Procurement Approval File Upload (?)	12/23/2024 (S) Approval Date 12/23/2024	ee 🍣

Approval Date

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Approval Date*

Belinda Stude

1/2/2025

HITARRIS CENTER,

Executive Contract Summary

Contract Section	
Contractor* CROTHALL FACILITIES MANAGEMENT INC	
Contract ID #* 6638	
Presented To* Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) CROTHALL FACILITIES MANAGEMENT INC and The	Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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
Funding Information*	
New Contract Amendment Contract Term Start Date * (?) 1/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 12/31/2024
Current Contract Amount* \$ 5,900.00	
Increase Not to Exceed* \$ 1,717.53	
Revised Total Not to Exceed (NTE)* \$ 7,617.53	

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,617.53
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	□ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
Medical equipment maintenance and support s	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendo	r/Contractor*
Yes No Unknown	
	*
Please add previous contract dates and wha	at services were provided
Currently under contract	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)
O Yes O No O Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
- appearing - comment opening ()	
Vendor/Contractor Contact Perso	
veridor/Contractor Contact Ferso	
Name*	
Kirsten Adams	
Address*	
Street Address	
1500 Liberty Road	
Address Line 2	
Suite 210	
City	State / Province / Region
Wayne	PA
Postal / Zip Code	Country
19087	US
Phone Number*	
704.832.5610	

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9209

\$ 2,442.66

553001

Budget Manager

Secondary Budget Manager

Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9206

\$ 2,442.66

553001

Budget Manager Oshman, Jodel Secondary Budget Manager

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9210

\$ 277.98

553001

Budget Manager

Secondary Budget Manager Ramirez, Priscilla

Oshman, Jodel

•

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9810

\$ 277.98

Secondary Budget Manager

Budget Manager Oshman, Jodel

Ramirez, Priscilla

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

6500

\$ 579.20

553001

553001

Budget Manager

Secondary Budget Manager

Adams, Betty

Budget Unit Number*

Williams-Wesley, Sheenia

Amount Charged to Unit*

Expense/GL Code No.*

9403

\$ 543.00

553001

Budget Manager Ramirez, Priscilla Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9405

\$ 127.76

553001

Budget Manager Ramirez, Priscilla Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9261

\$ 367.33

553001

Budget Manager Ramirez, Priscilla Secondary Budget Manager

Puente, 0

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9264

\$ 127.76

553001

Budget Manager

Secondary Budget Manager

Ramirez, Priscilla

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9501

\$ 143.73

553001

Budget Manager Ramirez, Priscilla Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9502

\$ 159.71

553001

Budget Manager Ramirez, Priscilla Secondary Budget Manager

Puente, Giovanni

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

9267

\$ 127.76

553001

Secondary Budget Manager

Budget Manager Ramirez, Priscilla

Puente, Giovanni

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Submission Date

Singh, Patricia

10/24/2024

Budget Manager Approval(s)

(

Approved by

Todel Oshman

Approval Date

10/24/2024

Approved by

Sheenia Williams-Westey

Approval Date

10/24/2024

Approved by

Priscilla M. Ramirez

Approval Date

10/31/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	
Contract Owner Approval	
Approved by	
Kin KORNMAYER	Approval Date 10/31/2024
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by *	
	Approval Date *
Belinda Stude	11/1/2024

HIARRIS Executive Contract Summary

Mental Health and fDD	
Contract Section	
Contractor* J Taylor & Associates, LLC Contract ID #* 2024-0969	
Presented To* Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) J Taylor Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal 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
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?) 9/1/2024	Contract Term End Date * (?) 8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 60,000.00 Increase Not to Exceed*	
\$ 15,000.00	

Revised Total Not to Exceed (NTE)* \$ 75,000.00	
Fiscal Year* (?)	Amount* (?)
2025	\$ 15,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	on of Services Being Provided * (?)
Evaluation of existing managed care rates for filings and will assist in negotiation of new rate Part of Strategic Plan	AN AND SECTION OF THE PROPERTY
Contract Owner*	
Ninfa Escobar	
	10 · 4 · *
Previous History of Contracting with Vendo	or/Contractor
Yes No Unknown	
Please add previous contract dates and wh	nat services were provided*
09/01/2023-08/31/2024	
Vendor/Contractor a Historically Underutili	zed Business (HUB)* (?)
O Yes O No Unknown	
Community Partnership* (?)	
○ Yes No Unknown	
Supporting Documentation Upload (?)	
Harris_Center_Eng_Ltr_20240909.docx	1.21MB
Vendor/Contractor Contact Pers	on 📀
Name*	
Anna K Brewer, CVA	
, and it blowdi, OVA	

Address* Street Address 4800 Overton Plaza Address Line 2 Suite 360 City State / Province / Region Fort Worth Texas Postal / Zip Code Country 76109 USA Phone Number* 817-924-5900 Email* abrewer@jtaylor.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* **Budget Unit Number*** \$ 15,000.00 540500 1134 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) See attached Proposal Project WBS (Work Breakdown Structure)* (?) NA Requester Name **Submission Date** 12/23/2024 Beasley, Rachel Budget Manager Approval(s) Approved by **Approval Date** Ricardo Campbell 12/23/2024 **Procurement Approval** File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval

Approved by	
Ninfa Escobar	Approval Date 12/23/2024
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
Return for correction	
Approved by *	
	Approval Date*
Ernest O. Savoy	1/2/2025

Contract Section Contractor* P- Real Estate Surveyor Services Contract ID #* 2022-0407 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Landtech, Inc 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 Proposal Competitive Bid Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 9/1/2024 8/31/2025 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 20,000.00 Increase Not to Exceed* \$ 36,480.00 Revised Total Not to Exceed (NTE)* \$ 56,480.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 56,480.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other amend PO CT144276
	+ 0
Justification/Purpose of Contract/Description of Serv	
Landtech, Inc is part of Master Pool for Real Estate Surv	
0395. We are asking them to complete the surveys for 7	
to increase the amount of the purchase order CT#14427 done. This will make the new NTE for this purchase order	
the ReCenter location code 1821, gl code 557001	T 400, 100.00. It is being sharged to
Contract Owner*	
Karen Hurst	
Previous History of Contracting with Vendor/Contracting	tor*
Yes \(\) No \(\) Unknown	
Please add previous contract dates and what service	es were provided*
surveying services on pooled contract started in FY2022	
unsure of dates prior to that	1.
Vendor/Contractor a Historically Underutilized Busin	ass (HIIR)* (?)
Yes No Unknown	
Please provide an explanation*	
does not meet criteria	
Community Partnership* (?)	
○ Yes ⊚ No ○ Unknown	
Supporting Documentation Upload (?)	
LandTech ReCenter Survey Proposal.pdf	198.58KB
Earla teel Nederiter Ourvey Proposal.pur	100.0010
Vendor/Contractor Contact Person	
Name*	
Landtech, Inc / Paul Kwan	
Landteon, Inc / Faul Rwan	

Ctroot Address		
Street Address		
1315 West Sam Houston Parkway No	orth, ste. 100	
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77043-4010	US	
Phone Number*		
7138617068		
Email*		
pkwan@landtech.com		
Budget Section		•
Budget Units and Amounts	s Charged to each Budget Ur	nit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
STATE OF THE STATE	District State (1990) 1990 (1990) 1990 (1990) 1990 (1990) 1990 (1990) 1990 (1990) 1990 (1990)	557001
1821	\$ 36,480.00	337001
Budget Manager	Secondary Budget	t Manager
Campbell, Ricardo	Campbell, Ricardo	
Provide Rate and Rate Descriptions please see attached quote for \$36,486 Project WBS (Work Breakdown Strun/a	0.00 1821/557001	
Danisatas Nama		
	Submission Date	
Requester Name Harner, Sarah	Submission Date	
Harper, Sarah Budget Manager Approval	11/11/2024	
Harper, Sarah	11/11/2024 (S)	
Harper, Sarah Budget Manager Approval Approved by	11/11/2024 (s) Approval Date	
Harper, Sarah Budget Manager Approval	11/11/2024 (S)	
Harper, Sarah Budget Manager Approval Approved by	11/11/2024 (s) Approval Date	O
Harper, Sarah Budget Manager Approval Approved by	11/11/2024 (s) Approval Date	⊙
Harper, Sarah Budget Manager Approval Approved by Ricardo Campbell	11/11/2024 (s) Approval Date	⊘
Harper, Sarah Budget Manager Approval Approved by Ricardo Campbell Procurement Approval	11/11/2024 (S) Approval Date 11/11/2024	
Budget Manager Approval Approved by Ricardo Campbell Procurement Approval File Upload (?) Approved by	11/11/2024 (s) Approval Date	
Harper, Sarah Budget Manager Approval Approved by Ricardo Campbell Procurement Approval File Upload (?) Approved by Sign	11/11/2024 (S) Approval Date 11/11/2024	
Harper, Sarah Budget Manager Approval Approved by Ricardo Campbell Procurement Approval File Upload (?) Approved by	11/11/2024 (S) Approval Date 11/11/2024	

Approved by Karen E. Hurst	Approval Date 11/11/2024	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	11/11/2024	

HIGHER Executive Contract Summary

Mental Health and IDD	
Contract Section	⊙
Contractor*	
Set Solutions Inc., d/b/a Trace3	
Contract ID #*	
2024-0925	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
Trace3 and The Harris Center	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🖫 Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other DIR-TSO-4361
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 0.00	
Increase Not to Exceed * \$ 32,163.76	
Revised Total Not to Exceed (NTE)*	
\$ 32,163.76	

Fiscal Year* (?)	Amount* (?)
2025	\$ 32,163.76
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 Serv CT144035 - PO was created in FY24 for FY25 contract at was attempted.	
Contract Owner* Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contract Yes No Unknown Please add previous contract dates and what services	
FY21-FY25 - various Information Security platforms Vendor/Contractor a Historically Underutilized Busine Yes No Unknown	ess (HUB)* (?)
Please provide an explanation* N/A	
Community Partnership* (?) Yes No Unknown	
Supporting Documentation Upload (?) Trace3_SPM.pdf PO_CT144035_Trace3_SPMEssentials.PDF	42.18KB 164.98KB
Vendor/Contractor Contact Person	
Name* Teresa Cheney	

	Address				
	Street Address				
	815 Walker Street				
	Address Line 2				
	City		State / Province / Region		
	Houston		TX		
	Postal / Zip Code		Country		
	77002-5715		United States		
	Phone Number*				
	9366890068				
	Email*				
	teresa.cheney@trace3.com				
١,	teresa.cheney@traces.com				
	Budget Section			A 345 05 4 6 图 5	•
١,		AL ALLENS AND	and the American State of the S	Harman Alland and Attended to the Annual Control of the Annual Con	Charles and Charles Address of the
	5 1 111 11 14	01	- I D I (II	:1	
١.	Budget Units and Amounts	Charged to e	ach Budget Un		
	Budget Unit Number*	Amount Charge	d to Unit*	Expense/GL Code No.*	
	1130	\$ 32,163.76		553002	
	1130	\$ 52,105.70		333002	
	Budget Manager		Secondary Budget	Manager	
	Campbell, Ricardo		Campbell, Ricardo		
	Provide Rate and Rate Descriptions	if applicable * (?)			
	See Attached	• • • • • • • • • • • • • • • • • • • •			
		4			
	Project WBS (Work Breakdown Strue	cture) * (?)			
	N/A				
	Requester Name		Submission Date		
	Hurst, Richard		11/27/2024		
١	The second secon	D-12-2-1-15-1			
	Budget Manager Approval(s)			
	Approved by				
			Approval Date		
	Ricardo Campbell		11/27/2024		
-				The solution of the solution o	
	Procurement Approval				O.
	File Helead (0)				
	File Upload (?)				
Name and Address of the Owner, where	Approved by		Approval Date		
-	Sign				
	Contract Owner Approval		Ty see a little of		(a)
1					
1					

Approved by	
Mustafa Cochinnata	Approval Date 12/2/2024
Contracts Approval	
Approve*	
Yes	
 No, reject entire submission 	
 Return for correction 	
Approved by*	
	Approval Date*
Belinda Stude	12/2/2024

HARRIS Mental Health and IDD Executive Contract Sur	nmary
Contract Section	
Contractor*	
The Westin Galleria Houston	
Contract ID #*	
CT144306	
Presented To *	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
The Westin Galleria Houston and The Harris Center for	r Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	
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
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2024	12/1/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 15,000.00	
Increase Not to Exceed*	
\$ 5,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 20,000.00	
¥ 20,000.00	

Fiscal Year* (?)	Amount* (?)			
2025	\$ 20,000.00			
Funding Source*				
General Revenue (GR)				
Contract Description / Type* (?)				
Personal/Professional Services	Consultant			
Consumer Driven Contract	New Contract/Agreement			
Memorandum of Understanding	Mendment to Existing Contract			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
- Noneman of Existing Contract	a one.			
Justification/Purpose of Contract/Description				
Need to increase the NTE due to additional empewent.	oloyees at the annual Employee Recognition			
Contract Owner*				
Ninfa Escobar				
Previous History of Contracting with Vendor/	Contractor*			
Yes No Unknown				
Please add previous contract dates and what	t services were provided*			
We utilized this venue last year.				
Vendor/Contractor a Historically Underutilize	ed Business (HUB)* (?)			
	300 (200 (200 (200 (200 (200 (200 (200 (
Community Partnership* (?)				
Yes No Unknown				
Supporting Documentation Upload (?)				
Vendor/Contractor Contact Perso	n 🔿			
Name*				
Garrett Lambright				
Address*				
Street Address				
5060 West Alabama Street				
Address Line 2				
City	State / Province / Region			
Houston	Texas			
Postal / Zip Code	Country			
77056-5801	US			
	55			
Phone Number*				
936-299-1692				

Email* Garrett.Lambright@westin.com			
Budget Section			<u> </u>
	American management of the second of the sec		
Budget Units and Amounts	S Charged to	each Budget Ui	nit
Budget Unit Number* 1108	Amount Charge \$ 5,000.00	ed to Unit*	Expense/GL Code No.* 549009
Budget Manager		Secondary Budge	
Campbell, Ricardo		Campbell, Ricardo	
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stro NA	ucture)* (?)		
Requester Name		Submission Date	
Escobar, Ninfa Budget Manager Approval	(c)	11/1/2024	<u> </u>
Because and control of control of the service of th	(5)		
Approved by		Approval Date	
Ricardo Campbell		11/4/2024	
Procurement Approval		Bank State	6
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			<u> </u>
Approved by			
Ninfa Escobar		Approval Date 11/5/2024	
Contracts Approval		Hachaeler in	
Approve* Second			
 No, reject entire submission 			
 Return for correction 			

Approved by *

Belinda Stude

Approval Date* 11/5/2024

HIARRIS CENTER for

Executive Contract Summary

Contract Section Contractor* Vertiv Corporation Contract ID #* 7664 Presented To* Resource Committee Full Board Date Presented* 1/21/2025 Parties* (?) Vertiv 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 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 Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 6/15/2024 6/14/2025 If contract is off-cycle, specify the contract term (?) **Current Contract Amount*** \$ 13,140.00 Increase Not to Exceed* \$ 13,140.00 Revised Total Not to Exceed (NTE)* \$ 26,280.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 13,140.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	ion of Services Being Provided* (?)
FY24 Invoice to be paid	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendo	or/Contractor*
Yes No Unknown	
Please add previous contract dates and wh	nat services were provided*
FY19- FY24	
Vendor/Contractor a Historically Underutili	ized Business (HUB)* (?)
○ Yes No ○ Unknown	
Disease provide on explanation*	
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
	29.56KB
Vertiv_FY24.pdf	29.5010
Vendor/Contractor Contact Pers	son 🔿
Vendon dona dote.	
Name*	
Carly Halik	
Address*	
Street Address	
1050 Dearborn Drive	
Address Line 2	
City	State / Province / Region
Columbus	OH
Postal / Zip Code	Country
	US
43085-1544	03

Phone Number* 7136645462			
Email*			
carlyhalik@bgasales.com			
Budget Section			•
Budget Units and Amounts	s Charged to each Bud	lget Unit	
Budget Unit Number* 1130	Amount Charged to Unit* \$ 13,140.00	Expense/GL Code No.* 553001	
Budget Manager Campbell, Ricardo	Secondar Campbell,	ry Budget Manager , Ricardo	
Provide Rate and Rate Description	s if applicable * (?)		en en innovada de la companie de la
Project WBS (Work Breakdown Str N/A	ucture) * ^(?)		
Requester Name	Submissi	ion Date	
Hurst, Richard	11/26/202	4	
Budget Manager Approval	(s)		•
Approved by			
0.10 111	Approval		
Ricardo Campbell	11/26/202	4	
Procurement Approval			⊙
File Upload (?)			
Approved by Sign	Approval	Date	
Contract Owner Approval			•
Approved by			
M 0	Approval		
Mustafa Cochinnala	12/2/2024	•	
Contracts Approval			
Approve*			
Yes			
No, reject entire submissionReturn for correction			

Approved by*

Belinda Stude

Approval Date* 12/5/2024

HARRIS CENTER .

Executive Contract Summary

Mental Health and IDD	
Contract Section	•
Contractor* Xerox Corporation DBA/Xerox Financial Services	
Contract ID #* 2021-0236	
Presented To* Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) The Harris Center and Xerox Corporation DBA/Xerox Finance	ancial Services
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal 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
Funding Information*	es outor
New Contract Amendment	
Contract Term Start Date * (?) 9/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2025
Current Contract Amount* \$ 16,978.05 Increase Not to Exceed*	
\$ 6,289.00	
Revised Total Not to Exceed (NTE)* \$ 23,267.05	

Fiscal Year* (?)	Amount* (?)
2025	\$ 23,267.05
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descript	ion of Services Being Provided * (?)
To cover past due invoices from FY23.	
Contract Owner*	
Nicole Lievsay	
Previous History of Contracting with Vend	or/Contractor*
Yes No Unknown	
Please add previous contract dates and w	hat services were provided*
9/1/2023 - 8/31/2024	
Vendor/Contractor a Historically Underutil	ized Rusiness (HTR)* (2)
	ized Business (HOD)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pers	son
Name*	
K Gilbert	
Address*	
Street Address	
201 Merritt 7	
Address Line 2	
City	State / Province / Region
Norwalk	CT
Postal / Zip Code	Country
06851-1047	US
Phone Number*	
7133299909	

Email* kgilbert@dahill.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1107 552002 \$ 6,289.00 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) NA Submission Date Requester Name Lievsay, Nicole 11/1/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 11/4/2024 **Contract Owner Approval** Approved by Approval Date NICOLE LIEVSAY 11/4/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 11/5/2024

EXHIBIT R-11

JANUARY 2025 RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000 JANUARY 2025 FISCAL YEAR 2025

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
1	ACCESS							
1	ADMINISTRATION							
	Articulate Global, Inc.	Articulate 360 E-Learning Software	\$2,978.00	\$2,998.00	12/12/2024 - 12/11/2025	General Revenue (GR)		Annual renewal of E-Learning Software for HR.
	Asset Systems, Inc.	Ingenium - Cloud Based Fixed Asset Tracking Software	\$7,450.00	\$7,450.00	2/1/2025 - 1/31/2026	General Revenue (GR)	Request for Quote	Annual renewal for Ingenium - which is a cloud based fixed asset tracking software. This is also an upgrade to previously existing software platform to cloud-based solution with mobil direct application.
	Don'Angelo & Company, LLC	Executive Coaching Program	\$17,000.00	\$8,500.00	1/1/2025 - 6/30/2025	General Revenue (GR)	Consultant Agreement	Renewal of Executive Coach Agreement.
1	Frost Insurance Agency, Inc.	Insurance Agent of Record Services for Property and Casualty Insurance	\$75,000.00	\$65,000.00	1/1/2025 - 12/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Insurance Agent of Record Services for property and casualty insurance services. Second year renewal option.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	Shave Dental Houston PLLC, d/b/a Believe Dental	Dental Services	\$20,000.00	\$20,000.00	9/1/2024 - 8/31/2025	Federal	Consumer Driven	Annual renewal of Agreement for Dental Services for consumers.
	MENTAL HEALTH							
	Family to Family	Monthly Educational and Advocacy Training	\$6,000.00	\$6,000.00	9/1/2024 - 8/31/2025	Federal Grant	Consumer Driven	Annual renewal of agreement to provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually).
-	MENTAL HEALTH SERVICES-ECI			April 1				
	LEASES							

Current Fiscal Year Contract Information	
Current Fiscal Year 2025	
Contract ID#*	
7618	
Contractor Name*	
Articulate Global, Inc.	
Service Provided* (?)	
Articulate 360 E-Learning Software online course creation	and development applications
Renewal Term Start Date*	Renewal Term End Date*
12/12/2024	12/11/2025
Term for Off-Cycle Only (For Reference Only)	
The state of the s	
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 n	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
	Commoditive Deserved
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal 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 Pooled Contract	☐ IT/Software License Agreement
	Lease
Renewal of Existing Contract	☐ Other
Vendor/Contractor a Historically Underutilized Busines	ss (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE * (?) \$ 2,978.00
Rate(s)/Rate(s) Description Ninfa - We need a FY25 quote from Articulate Global
Unit(s) Served* 1975
G/L Code(s)* 551003
Current Fiscal Year Purchase Order Number* CT143514
Contract Requestor* Ninfa Escobar
Contract Owner* Ninfa Escobar
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes No
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) © Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?) © Yes O No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Renewal Information for Next Fiscal Year

Budget Unit Number* 1975	Amount Charged to Unit* \$ 2,998.00	Expense/GL Code No.* 551003
Budget Manager* Campbell, Ricardo	Secondary B	udget Manager*
Campbell, Ricardo	Campbell, Ric	ardo
Provide Rate and Rate Descrip See attached.	ptions if applicable * (?)	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 2,998.00	
	d Amount for Master Pooled Contracts	
Contract Funding Source* General Revenue (GR)		
General Neverlue (GR)		
"是这个人的,我们还是不是一个人的。"	"你是我们的一种是我们就是自己的一种,我们就是不是我们的。"	编版的意思的言语,就是是不知识的意思的
Contract Content Char	nges	<u> </u>
in the state of th	nges es to the contract language?* (?)	
in the state of th		•
Are there any required change	es to the contract language?* (?)	
Are there any required change	es to the contract language?* (?)	
Are there any required change Yes No Will the scope of the Services Yes No	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	es to the contract language?* (?) change?* ent than net (45)?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I	es to the contract language?* (?) change?* ent than net (45)?*	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	parting documentation 2*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the services	es to the contract language?* (?) change?* ent than net (45)?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?*	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup	porting documentation?*
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the Services Yes No File Upload (?) ART-1401339 - Articulate Renew	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup	
Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the I Yes No Are there any changes to the Services No Are there any changes in the I Yes No Are there any changes to the Services	es to the contract language?* (?) change?* ent than net (45)?* Performance Targets?* Submission deadlines for notes or sup	

Approved by		
Ricardo Campbell		
Contract Owner Approval		⊙
Approved by		
Ninfa Escobar		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by*		
	Approval Date*	
Belinda Stude	12/2/2024	

HARRIS CENTER ...

Mental Health and IDD	
Current Fiscal Year Contract Information	on.
Current Fiscal Year	
2025	
Contract ID#*	
2022-0297	
Contractor Name*	
Asset Systems, Inc.	
Scholer-weisen, Adul Port Brodukustwerterspasser	
Service Provided * (?)	
Ingenium - a cloud based fixed asset tracking software. software platform to cloud-based solution with mobile d	
Renewal Term Start Date*	Renewal Term End Date *
2/1/2025	1/31/2026
Term for Off-Cycle Only (For Reference Only)	
Arondo Itam Culturitte d Ferri (0)	
Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00 c	2
Grant Proposal	у шолоу
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 Pooled Contract	☐ IT/Software License Agreement
Renewal of Existing Contract	☐ Lease ☐ Other
Vendor/Contractor a Historically Underutilized Busi	ness (HUB) (?)
Yes No	
Unknown	

	Contract NTE* (?) \$ 7,450.00
	Rate(s)/Rate(s) Description
	Unit(s) Served* 1122
	G/L Code(s)* 553002
	Current Fiscal Year Purchase Order Number* FY24 PO CT143535
	Contract Requestor* Shiela Oquin
	Contract Owner* Stanley Adams
	File Upload (?)
PATRONIO PARTY	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?* Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?*
	Did Contractor adhere to the contracted schedule?* (?) 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
	Maintained legally required standards for certification, licensure, and/or training?* (?) No
SOMEON DESIGNATION OF THE PERSON OF THE PERS	Renewal Determination
	Is the contract being renewed for next fiscal year with this Contractor?* (?) Solve to No
Distriction of the last of the	Renewal Information for Next Fiscal Year

Budget Units and Amounts	S Charged to each	ch Budget Un	it
Budget Unit Number* 1122	Amount Charged to \$ 7,450.00	o Unit*	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager*
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str NA	ucture)*(?)		
Fiscal Year* (?) 2025		mount* (?) 7,450.00	
Next Fiscal Year Not to Exceed Am	ount for Master Poole	d Contracts	
Contract Funding Source* General Revenue (GR) Contract Content Changes	S		○
Are there any required changes to Yes No	the contract language	e?* ^(?)	
Will the scope of the Services chan Yes No	ge?*		
Is the payment deadline different the Yes No	nan net (45)?*		
Are there any changes in the Perfo	rmance Targets?*		
Are there any changes to the Subm	nission deadlines for r	notes or supportir	ng documentation?*
File Upload (?)			
Contract Owner			⊙
Contract Owner* (?) Please Select Contract Owner			
Stanley Adams			
Budget Manager Approval	(S)		O

Approved by		
Ricardo Campbell		
Contract Owner Approval		9
Approved by		
Stanley Adams		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	11/7/2024	

Current Fiscal Year Contract Information	
Current Fiscal Year	
2025	
Contract ID#*	
2021-0128	
Contractor Name *	
Don'Angelo & Company, LLC	
Service Provided* (?)	
Executive Coaching Program.	
Renewal Term Start Date *	Renewal Term End Date*
1/1/2025	6/30/2025
Term for Off-Cycle Only (For Reference Only)	
A would be the Cubustitud Form (C)	
Agenda Item Submitted For: (?)	2000 000
Information Only (Total NTE Amount is Less than \$250	
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 Consultant Agreement
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 Busine	ss (HUB) (?)
○ Yes	
No	
Unknown	

	7,000.00
\$8,5	e(s)/Rate(s) Description 500.00 partial payment and \$8,500.00 final payment for month program.
Unit 1110	t(s) Served*
G/L 5420	Code(s)* 000
	rent Fiscal Year Purchase Order Number* 44178
	stina Gerardo
	dra Thomas
File	Upload (?)
Eva	aluation of Current Fiscal Year Performance
	e there been any significant performance deficiencies within the current fiscal year?* /es No
	re Services delivered as specified in the contract?* Ves No
	Contractor perform duties in a manner consistent with standards of the profession?* (es) No
	Contractor adhere to the contracted schedule?* (?) Yes No
	re reports, billing and/or invoices submitted in a timely manner?* (?) Yes No
Age	Contractor provide adequate or proper supporting documentation of time spent rendering services for the ency?* (?) Yes No
Did	Contractor render services consistent with Agency policy and procedures?* (?) Yes No
	ntained legally required standards for certification, licensure, and/or training?* (?) Yes ○ No
	newal Determination
	ne contract being renewed for next fiscal year with this Contractor?* (?) Yes No

Renewal Information for	or Next i iscar rear	
Budget Units and Amo	unts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1110	\$ 8,500.00	542000
Budget Manager* Campbell, Ricardo	Secondary Bu Campbell, Rica	dget Manager*
Sampoeli, Nicardo	Campbell, Nica	
Provide Rate and Rate Descri	ptions if applicable* (?)	
Project WBS (Work Breakdow N/A	n Structure)* (?)	
	Amount* (?)	
Fiscal Year* (?)	Amount (1)	
Contract Funding Source* General Revenue (GR)	\$ 8,500.00	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Chai	\$ 8,500.00	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai	\$ 8,500.00 d Amount for Master Pooled Contracts	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No Will the scope of the Services	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?)	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Next Fiscal Year Not to Exceed Contract Funding Source* General Revenue (GR) Contract Content Character	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Chai Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	\$ 8,500.00 Id Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the	\$ 8,500.00 d Amount for Master Pooled Contracts nges es to the contract language?* (?) change?* rent than net (45)?*	porting documentation?*
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No Are there any changes to the Yes No	\$ 8,500.00 Id Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*
Next Fiscal Year Not to Excee Contract Funding Source* General Revenue (GR) Contract Content Char Are there any required change Yes No Will the scope of the Services Yes No Is the payment deadline differ Yes No Are there any changes in the Yes No	\$ 8,500.00 Id Amount for Master Pooled Contracts Inges es to the contract language?* (?) change?* rent than net (45)?* Performance Targets?*	porting documentation?*

Budget Manager Approval(s)		Ó
Approved by		
Ricardo Campbell		
Contract Owner Approval		
Approved by		
Kendra Thomas		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		
Return for correction		
Approved by*		
	Approval Date*	
Belinda Stude	1/2/2025	

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2025	
Contract ID#*	
2023-0618	
Contractor Name*	
Frost Insurance Agency, Inc.	
Service Provided* (?)	
Insurance Agent of Record Services for property and ca	asualty insurance
Renewal Term Start Date*	Renewal Term End Date*
1/1/2025	12/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
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 Busi	iness (HUB) (?)
○ Yes	
No	
Unknown	

Contract NTE* (?) \$ 75,000.00
Rate(s)/Rate(s) Description \$65,000.00 flat annual fee for year(s) 2-5/FY24-27 Budget.
Unit(s) Served* 1117
G/L Code(s)* 579000
Current Fiscal Year Purchase Order Number* CT143494
Contract Requestor* Eggla MacKinney
Contract Owner* Kendra Thomas
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?* No
Did Contractor perform duties in a manner consistent with standards of the profession?* 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 suppor This contract is directly related to organization as well as work direct	the unit's ability to provide	de coverage through	out the	
Renewal Information fo				•
Budget Units and Amou	ınts Charged to e	each Budget Ur	nit	
Budget Unit Number* 1117	Amount Charge \$ 65,000.00	d to Unit*	Expense/GL Code No.* 579000	
Budget Manager* Moynihan, Kelly		Secondary Budge Campbell, Ricardo	t Manager*	
Provide Rate and Rate Descrip \$65,000.00 FOR EACH RENEW/ FY27.	AL YEAR FROM FY24 -			
Project WBS (Work Breakdown N/A	structure) ^ (?)			
Fiscal Year* (?) 2025		Amount* (?) \$ 65,000.00		
Next Fiscal Year Not to Exceed 65,000.00	Amount for Master Po	oled Contracts		
Contract Funding Source* General Revenue (GR)				
Contract Content Chan	ges			•
Are there any required change	s to the contract langu	age?* (?)		
Will the scope of the Services	change?*			
Is the payment deadline differe	nt than net (45)?*			
Are there any changes in the P Yes No	erformance Targets?*			
Are there any changes to the S Yes No	ubmission deadlines f	or notes or support	ing documentation?*	
File Upload (?)				
Contract Owner				•

		Г
Contract Owner* (?)		
Please Select Contract Owner		
Kendra Thomas		
Budget Manager Approval(s)		•
Approved by		
Ricardo Campbell		
Contract Owner Approval		•
Approved by		
Kendra Thomas		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
 Return for correction 		
Approved by*		
	Approval Date*	
Belinda Stude	1/2/2025	

sventa treatti sita 1919	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2025	
Contract ID#*	
2024-0885	
Contractor Name *	
Shave Dental Houston PLLC, d/b/a Believe Dental	
Service Provided * (?)	
Contracted providers (Believe Dental) will provide an eva services tailored to meet the unique and specialized need Center. Contractor will provide services to a minimum of annually.	ds of individuals at The Harris
Renewal Term Start Date *	Renewal Term End Date *
9/1/2024	8/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	0,000.00)
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	
	Consultant
Personal/Professional Services	Consultant
Personal/Professional Services Consumer Driven Contract	New Contract/Agreement
West of the state	
Consumer Driven Contract	New Contract/Agreement
Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	New Contract/AgreementAmendment to Existing Contract
Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	New Contract/AgreementAmendment to Existing ContractService/Maintenance

	Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown
	Contract NTE* (?) \$ 20,000.00
	Rate(s)/Rate(s) Description 3350-543011 \$10,000; 3609-543011 \$10,000
	Unit(s) Served* 3550, 3609
	G/L Code(s)* 543011
	Current Fiscal Year Purchase Order Number* CT143995
	Contract Requestor* Patrina Anthony
	Contract Owner* Dr. Evanthe Collins
	File Upload (?)
Contractor of the last	Evaluation of Current Fiscal Year Performance
	Have there been any significant performance deficiencies within the current fiscal year?* Yes No
	Were Services delivered as specified in the contract?*
	Did Contractor perform duties in a manner consistent with standards of the profession?* No No
	Did Contractor adhere to the contracted schedule?* (?) See No.
	POLICE IN THE CONTROL OF METAL AND ADDRESS
	 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
	 Yes O No Were reports, billing and/or invoices submitted in a timely manner?* (?) Yes O No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
,	 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	for next fiscal year with this Contra	
Renewal Information f	or Next Fiscal Year	<u> </u>
Budget Units and Amo	ounts Charged to each Bud	get Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 10,000.00	543011
Budget Manager* Johnson, Kenyonika	Secondar Kerlegon,	y Budget Manager* Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 10,000.00	543011
Budget Manager*	Secondar	y Budget Manager [*]
Johnson, Kenyonika	Kerlegon,	Charles
Provide Rate and Rate Descri	ptions if applicable * (?)	
ndividualized rate per individua		
Project WBS (Work Breakdov N/A	n Structure)* (?)	
N/A		
Fiscal Year* (?)	Amount*	(?)
2025	\$ 20,000.0	00
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contra	acts
Contract Funding Source*		
Federal		
Contract Content Cha	nges	<u> </u>
Are there any required chang	nges	<u> </u>
Are there any required chang	es to the contract language?* (?)	6
Are there any required chang Yes No Will the scope of the Services	es to the contract language?* (?)	<u> </u>
Are there any required chang Yes No Will the scope of the Services Yes No	es to the contract language?* (?)	
Are there any required chang Yes No Will the scope of the Services Yes No	es to the contract language?* (?)	
Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No	es to the contract language?* (?) s change?* rent than net (45)?*	
Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the	es to the contract language?* (?) s change?* rent than net (45)?*	
Are there any required chang Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the	es to the contract language?* (?) s change?* rent than net (45)?*	supporting documentation?*
Yes No Will the scope of the Services Yes No Is the payment deadline diffe Yes No Are there any changes in the Yes No	es to the contract language?* (?) s change?* rent than net (45)?* Performance Targets?*	supporting documentation?*

Contract Owner		٥
Contract Owner* (?)		
Please Select Contract Owner		
Dr. Evanthe Collins		
Budget Manager Approval(s)		<u> </u>
Approved by		
Kenyonika Tohnson		
Contract Owner Approval		0
Approved by		
Evanthe Collins		
Contracts Approval	1000 1000	
Approve*		
Yes		
No, reject entire submission Return for correction		*
Approved by *		
	Approval Date*	
Belinda Stude	11/1/2024	

Mental Health and IDD				
Current Fiscal Year Contract Information	on			
Current Fiscal Year				
2025				
Contract ID#*				
2022-0471 Contractor Name* Exprile to Exprile				
			Family to Family	
			Service Provided* (?)	
Family-to-Family will provide monthly educational and a	advocacy training to clients,			
families and other community organizations at a fee of	\$500 per month (\$6,000 annually)			
Renewal Term Start Date *	Renewal Term End Date*			
9/1/2024	8/31/2025			
0.02021	0.0112020			
Term for Off-Cycle Only (For Reference Only)				
Agenda Item Submitted For: (?)				
Information Only (Total NTE Amount is Less than \$2	250,000.00)			
Board Approval (Total NTE Amount is \$250,000.00				
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 Other			
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 BAA/DUA	Service/MaintenanceIT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Vendor/Contractor a Historically Underutilized Busi	iness (HUB) (?)			
○ Yes				
○ No				
Unknown				

Contract NTE* (?)
\$ 6,000.00 Rate(s)/Rate(s) Description
Tato(o) Boothpaon
Unit(s) Served* 4780
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* CT143341
Contract Requestor* Mohagany Bowser
Contract Owner* Tiffanie Williams-Brooks
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
○ Yes ◎ No
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?) (i) Yes (ii) No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
Did Contractor render services consistent with Agency policy and procedures?* (?) © Yes No
Maintained legally required standards for certification, licensure, and/or training?* (?)
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?*
NA

Renewal Information for N	Next Fiscal Year	
Budget Units and Amount	ts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.* 542000
4780	\$ 6,000.00	
Budget Manager*	Secondary Bu Shelby, Debbie	udget Manager*
Smith, Janai	Shelby, Debbit	
Provide Rate and Rate Description	ns if applicable* (?)	
Project WBS (Work Breakdown St 0.00	tructure)* (?)	
Fiscal Year* (?)	Amount* (?)	
2025	\$ 6,000.00	
Contract Funding Source* Federal Grant		
Contract Content Change	9S	
Are there any required changes to Yes No	o the contract language?* (?)	
Will the scope of the Services cha	ange?*	
Is the payment deadline different	than net (45)?*	
○ Yes ◎ No		
Are there any changes in the Perf	formance Targets?*	
Are there any changes to the Sub	mission deadlines for notes or sup	pporting documentation?*
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner Tiffanie Williams-Brooks		
	1/6\	
Budget Manager Approva	आ(S)	

Approved by Contract Owner Approval Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* Belinda Scude 12/16/2024

EXHIBIT R-12

JANUARY 2025 AFFILIATION AGREEMENTS, GRANTS, MOU'S AND REVENUES INFORMATION ONLY

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

JANUARY 2025 FISCAL YEAR 2025

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
AFFILIATION			COMMON SERVICE LINES		
Alabama State University	New Affiliation Agreement	New Contract	1/2/2025 - 12/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Alabama State University Master of Science in Clinical Mental Health Counseling Program to complete clinical field placements as part of their degree requirements.
Fort Hays State University	New Affiliation Agreement	New Contract	12/9/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Fort Hays State University to complete clinical field placements for psychology part of their degree requirements.
Houston Christian University	New Affiliation Agreement	New Contract	12/9/2024 - 11/30/2028	General Revenue (GR)	New Affiliation Agreement with the Houston Christian University's College of Education and Behavioral Sciences to complete clinical mental health counseling field placements with the Harris Center.
Western New Mexico University School of Social Work	New Affiliation Agreement	New Contract	12/2/2024 - 8/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.
MOU					
Houston Gateway Academy	New MOU for Charter School	New Contract	12/11/2024 - 8/31/2025	General Revenue (GR)	New MOU to collaborate with Houston Gateway Academy to provide Behavioral Health services to their students.
REVENUE					
Kimmons Care Inc.	Individualized Skills and Socialization Services ("ISS")	New Contract	12/30/2024 - 8/31/2025	State	New Revenue Agreement to provide On-Site and Off-Site ISS Services to consumers.
Texas Native Health	New Collaboration Care Coordination Revenue Agreement	New Contract	2/1/2025 - 8/31/2025	Private Pay Source	New Collaboration Care Coordination Revenue Agreement to fund a LPHA C to provide counseling services to the Native American population of Harris County. [Revenue FY25 NTE: \$96,999.00].
United Behavioral Health	Managed Care-Addendum	Amendment	9/1/2024 - 8/31/2025	State	An addendum to the Optum- Integrated Behavioral Health Contract, which allows for the attribution – points and counts to be every 6 months versus the lengthy 1-year period. It will improve the Agency's ability to see our numbers quicker and provides better reimbursement. The addendum will bring in more dollars and better value for clients that are in the program 6 months and leave the program.
	AFFILIATION Alabama State University Fort Hays State University Houston Christian University Western New Mexico University School of Social Work MOU Houston Gateway Academy REVENUE Kimmons Care Inc. Texas Native Health	AFFILIATION Alabama State University New Affiliation Agreement Fort Hays State University New Affiliation Agreement Houston Christian University New Affiliation Agreement Western New Mexico University School of Social Work MOU Houston Gateway Academy New MOU for Charter School REVENUE Kimmons Care Inc. Individualized Skills and Socialization Services ("ISS") New Collaboration Care Coordination Revenue Agreement	AFFILIATION Alabama State University New Affiliation Agreement New Contract Fort Hays State University New Affiliation Agreement New Contract Houston Christian University New Affiliation Agreement New Contract Western New Mexico University School of Social Work New Affiliation Agreement New Contract New Contract New Contract New Contract Individualized Skills and Socialization Services ("ISS") Texas Native Health New Contract New Contract New Contract New Contract	AFFILIATION Alabama State University New Affiliation Agreement New Contract 1/2/2025 - 12/31/2030 Fort Hays State University New Affiliation Agreement New Contract 12/9/2024 - 8/31/2028 Houston Christian University New Affiliation Agreement New Contract 12/9/2024 - 11/30/2028 Western New Mexico University School of Social Work New Affiliation Agreement New Contract 12/2/2024 - 8/31/2028 MOU Houston Gateway Academy New MOU for Charter School New Contract 12/11/2024 - 8/31/2025 REVENUE Kimmons Care Inc. Individualized Skills and Socialization Services ("ISS") New Contract 12/30/2024 - 8/31/2025 New Contract 12/30/2024 - 8/31/2025 New Contract 12/30/2024 - 8/31/2025 New Contract 12/30/2024 - 8/31/2025	AFFILIATION Alabama State University New Affiliation Agreement New Contract 1/2/2025 - 12/31/2030 General Revenue (GR) Fort Hays State University New Affiliation Agreement New Contract 12/9/2024 - 8/31/2028 General Revenue (GR) Houston Christian University New Affiliation Agreement New Contract 12/9/2024 - 11/30/2028 General Revenue (GR) Western New Mexico University School of Social Work New Affiliation Agreement New Contract 12/2/2024 - 8/31/2028 General Revenue (GR) MOU Houston Gateway Academy New MOU for Charter School New Contract 12/11/2024 - 8/31/2025 General Revenue (GR) REVENUE Kimmons Care Inc. Individualized Skills and Socialization Services ("ISS") New Contract 12/30/2024 - 8/31/2025 State Private Pay Source

Miarris Executive Contract Summary

Mental Health and IDD	
Contract Continue	
Contract Section	
Contractor* Alabama State University Master of Science in Clinical Contract ID #* NA Presented To* Resource Committee Full Board Date Presented*	Mental Health Counseling Program
1/21/2025	
Parties* (?) The Harris Center and Alabama State University Maste Program	r of Science in Clinical Mental Health Counseling
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 c 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
Funding Information *	
New Contract	
Contract Term Start Date * (?) 12/1/2024 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 12/31/2030
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00
Funding Source* General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of Service	ces Being Provided* (?)
This agreement will allow students enrolled in Alabama Sta in Clinical Mental Health Counseling Program to complete of their degree requirements. The students will utilize the s while adhering to agency policy and procedures.	ate University Master of Science clinical field placements as part
Contract Owner*	
Ninfa Escobar	
	*
Previous History of Contracting with Vendor/Contractor	or"
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* ^(?)
Yes No Unknown	
Community Partnership* (?)	
Specify Name*	
Alabama State University Master of Science in Clinical Mental Health Counseling Program	
Supporting Documentation Upload (?)	
COU_506_16-week_syllabus Spring 2024.pdf	1.24MB
Vendor/Contractor Contact Person	
Name *	
Juanita Barnett, PhD, LPC, NCC	
Address*	
Street Address	
237 Abernathy Hall	
Address Line 2	
City	State / Province / Region
Montgomery	AL
Postal / Zip Code	Country
36106	USA
Phone Number*	
(334) 604-8370	
6	
Email*	
jbarnett@alasu.edu	
Budget Section	

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1108	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* NA	
Budget Manager Campbell, Ricardo	Secondar Campbell,	y Budget Manager Ricardo	
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name Daswani, Bianca	Submissi 12/17/202		
Budget Manager Approval	(s)		•
Approved by Ricardo Campbell	Approval 12/18/202		
Procurement Approval			•
File Upload (?)			
Approved by Sign	Approval	Date	
Contract Owner Approval			•
Approved by Minfa Escobar	Approval 12/18/202		
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			
Approved by* Belinda Stude	Approval 12/19/202		

Harris Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor* Fort Hays State University	
Contract ID #* NA	
Presented To * Resource Committee Full Board	
Date Presented* 10/1/2024	
Parties* (?) The Harris Center for Mental Health & IDD and Fort Hays	State University
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or a Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2024	10/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00
Funding Source*	
General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Latification (December 4) December 45 Complete	as Raine Bravidad* (2)
Justification/Purpose of Contract/Description of Servic	
This agreement will allow students enrolled in Fort Hays Sta clinical field placements as part of their degree requirement	
The students will utilize the skills gained through education	
and procedures.	g to agone, pane,
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contracto	r*
○ Yes ○ No ◎ Unknown	
Vendor/Contractor a Historically Underutilized Busines	s (HUB)* (?)
Yes No Inknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Fort Hays State University	
Supporting Documentation Upload (?)	
	7.3MB
FHSU Psychology MOU_2024.pdf	CONTROL NO CONTROL CON
PSY892VA_VB F24 Syllabus.docx	124.27KB
Vendor/Contractor Contact Person	
Vendon/Contractor Contact r erson	
Name *	
Brooke Mann	
Address*	
Street Address	
600 Park St	
Address Line 2	
City	State / Province / Region
Hays	KS
Postal / Zip Code	Country
67601	USA
Phone Number*	
785-628-4768	
Email*	
bmmann@fhsu.edu	
Budget Section	

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1108	Amount Charged to \$ 0.00	Unit*	Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo		econdary Budget ampbell, Ricardo	Manager
Provide Rate and Rate Descriptions	s if applicable* (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name Daswani, Bianca		ubmission Date 0/29/2024	
Budget Manager Approval	(s)		⊙
Approved by	Aı	oproval Date	
Ricardo Campbell		/8/2024	
Procurement Approval			0
File Upload (?)			
Approved by Sign	A	pproval Date	
Contract Owner Approval			•
Approved by			
Minfa Escobar		pproval Date /11/2024	
Contracts Approval		12 mg	
Approve* Yes No, reject entire submission Return for correction			
Approved by*	Α.	pproval Date*	
Ernest (A. Savoy		pproval Date 1/15/2024	



Miarris Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Houston Christian University	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
Houston Christian University College of Education and	Behavioral Sciences and The Harris Center for MH and
IDD	
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 c	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
12/9/2024	11/30/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00
Funding Source*	
General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Basis Contract	☐ IT/Software License Agreement
 Pooled Contract Renewal of Existing Contract 	Cother Cother
Tellewal of Existing Contract	e outer
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
This agreement will allow students enrolled in Houston Ch Education and Behavioral Sciences to complete clinical m placements as part of their degree requirements. The stud through education while adhering to agency policy and pro	nental health counseling field dents will utilize the skills gained
Contract Owner*	
Ninfa Escobar	
	*
Previous History of Contracting with Vendor/Contract	or
◯ Yes ◯ No ⊚ Unknown	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Houston Christian University College of Education and	
Behavioral Sciences	
Supporting Documentation Upload (?)	
PSYC_6191.pdf	469.89KB
Vendor/Contractor Contact Person	
Name*	
Aleksandar Drobnjakovic	
Address*	
Street Address	
7502 Fondren Rd	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77074	US
Phone Number*	
(281) 649-3000	
Email*	
LIIIdii	
adrobnjakovic@HC.edu	

Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 1108	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* NA
Budget Manager Campbell, Ricardo		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stro	ucture)* (?)		
Requester Name Daswani, Bianca		Submission Date 11/8/2024	
Budget Manager Approval	(s)		⊙ 1
Approved by Ricardo Campbell		Approval Date 11/8/2024	
Procurement Approval			
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			
Approved by Minfa Escobar		Approval Date 11/11/2024	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			
Approved by*		A	
Belinda Stude		Approval Date* 12/12/2024	

SETTINGENERAL Executive Contract Summary

CENTER for Jental Health and IDD	
Contract Section	
Select Header For This Contract*	
Affiliation	~
Contractor*	
Western New Mexico University School of Social Work	
Contract ID #*	
2024-0980	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/21/2025	
Parties* (?)	
Western New Mexico University School of Social Work	and The Harris Center for Mental Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$25 Board Approval (Total NTE Amount is \$250,000.00 o	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application Request for Quote	Request for QualificationTag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
12/2/2024	8/31/2028
f contract is off-cycle, specify the contract term (?)	

Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA BAA/DUA IT/Software License Agreement Lease Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB	Fiscal Year* (?)	Amount* (?)
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 Contract Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name* Vandor/Contractor Contact Person	2025	\$ 0.00
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 Contract Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name* Vandor/Contractor Contact Person	Funding Source*	
Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BADUDA Pooled Contract Renewal of Existing Contract Contract Service/Maintenance Renewal of Existing Contract Renewal of Existing Contract Contract Service/Maintenance Renewal of Existing Contract Renewal of Existing Contract Contract Service/Maintenance Contract Service/Maintenance Contract Renewal of Existing Contract Renewal of Existing Contract Contract Service/Maintenance Contract Service/Maintenance Contract Service/Maintenance Contract Contract Contract Contract Service/Maintenance Contract Contract Contract Contract Contract Contract Contract Service/Maintenance Contract C		~
Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BA/DUA Pooled Contract Renewal of Existing Contract Contract Support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name* Name*	Contract Description / Type* (?)	
Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Lease Renewal of Existing Contract Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*	Personal/Professional Services	Consultant
Affiliation or Preceptor BAA/DUA IT/Software License Agreement Lease Renewal of Existing Contract Contract Support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*	Consumer Driven Contract	New Contract/Agreement
BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*	Memorandum of Understanding	Amendment to Existing Contract
Pooled Contract Renewal of Existing Contract Other How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*		
Renewal of Existing Contract How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*		0 (200) 4 - Medical Committee (100) 4 (100)
How does this contract support Agency/Unit Strategic priorities?* talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person		
talent pipeline, increase engagement Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person	Renewal of Existing Contract	Other
Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contractor* Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (7) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Name*	How does this contract support Agency/Unit Stra	ategic priorities?*
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* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person	talent pipeline, increase engagement	
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* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person		
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* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person	Contract Owner*	
Yes No Unknown Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person	Ninfa Escobar	~
Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf 3.97MB Vendor/Contractor Contact Person	Previous History of Contracting with Vendor/Cor	ntractor*
Yes No Unknown Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person	Yes No Unknown	
Community Partnership* (?) Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person	Vendor/Contractor a Historically Underutilized B	usiness (HUB)* (?)
Yes No Unknown Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person	Yes No Unknown	
Specify Name* Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person	Community Partnership* (?)	
Western New Mexico University School of Social Work Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person Name*	Yes O No Unknown	
Supporting Documentation Upload (?) Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person Name*	Specify Name *	
Upload TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person Name*	Western New Mexico University School of Social W	/ork
TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).pdf Vendor/Contractor Contact Person Name*	Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	Upload	
Name *	TOC Field Manual 2024 2025 rev.5.2024 - Copy (3).	pdf 3.97MB
	Vendor/Contractor Contact Person	
	Name*	
Tronne Lopaiza		
	TVOTITIC Laparza	

Street Address		
1000 West College Avenue		
Address Line 2		
City	State / F	Province / Region
Silver City	NM	
Postal / Zip Code	Country	
88061-4112	US	
Phone Number*		
575 538-6558		
Email*		
Yvonne.Esparza@wnmu.edu		
TVOITIE.LSPAIZA@WITTIU.edu		
Budget Section		<u>C</u>
Budget Units and Amo	unts Charged to each I	Budget Unit
Budget Unit Number*	Amount Charged to Un	
		NA
1108	\$ 0.00	NA
Budget Manager S		
		ndary Budget Manager
Campbell, Ricardo		ndary Budget Manager pbell, Ricardo
Campbell, Ricardo	Cam	
Campbell, Ricardo Provide Rate and Rate Descri	Cam	
Campbell, Ricardo	Cam	
Campbell, Ricardo Provide Rate and Rate Descri	Cam	
Campbell, Ricardo Provide Rate and Rate Descri	Cam otions if applicable * (?)	
Campbell, Ricardo Provide Rate and Rate Descri	Cam otions if applicable * (?)	
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow	Cam otions if applicable * (?)	
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow	camptions if applicable * (?) n Structure) * (?)	
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA	campations if applicable * (?) In Structure) * (?)	pbell, Ricardo
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name	campations if applicable * (?) In Structure) * (?) Subn 11/19	nission Date
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca Budget Manager Appr	campations if applicable * (?) In Structure) * (?) Subn 11/19	nission Date
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca	campations if applicable * (?) In Structure) * (?) Submarrial structure of the structure	nission Date
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca Budget Manager Appr	campations if applicable * (?) In Structure) * (?) Subn 11/19 Dval(s)	nission Date
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca Budget Manager Appr Approved by	campations if applicable * (?) In Structure) * (?) Subn 11/19 Dval(s)	nission Date 9/2024
Campbell, Ricardo Provide Rate and Rate Descri NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca Budget Manager Appr Approved by	campations if applicable * (?) In Structure) * (?) Submation 11/19 Dival(s) Appr 11/19	nission Date 9/2024
Campbell, Ricardo Provide Rate and Rate Descrip NA Project WBS (Work Breakdow NA Requester Name Daswani, Bianca Budget Manager Appr Approved by Ricardo Campbell	campations if applicable * (?) In Structure) * (?) Submation 11/19 Dival(s) Appr 11/19	nission Date 9/2024

Contract Owner Approval Approved by Approval Date 11/25/2024 Contracts Approval Approval Date Belluda Stude Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approved by Approval Date 11/25/2024 Contracts Approval Approval Date 11/25/2024 Approval Date 11/25/2024 Approval Date 11/26/2024 Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Approved by	Approval Date
Approved by Approval Date Ulufa Escalar Approval Approval Date Balinda Scude Approval Date 11/26/2024 Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approved by Approval Date Approved by Approval Date Belinda Stude Approval Date 11/25/2024 Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Sign	
Approval Date Olivefa Escalar Approval Date It/25/2024 Approval Date Belinda Stude Approval Date Bilinda Stude It/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approval Date 11/25/2024 Contracts Approval Approved by Approval Date Belinda Stude Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Contract Owner Approval	
Contracts Approval Approved by Approval Date Belinda Stude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Contracts Approval Approved by Approval Date Balinda Stude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Approved by	
Approved by Approval Date Belinda Stude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approved by Approval Date Bolinda Stude Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	21.0	
Approval Date Belinda Stude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approval Date Belinda Stude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Minfa Escobar	11/25/2024
Approval Date Belinda Scude 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Approval Date 11/26/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Contracts Approval	
Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Approved by	American Dete
Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Q1: 1 C 1	
Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Justification / Purpose of Contract / Description of Services Being Provided (?) This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Deunaa Stuae	11/26/2024
This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	This agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Final Board Report Comments	
Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures. Product/Service Description New Affiliation Agreement Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Justification / Purpose of Contract / Descrip	ption of Services Being Provided (?)
Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Social Work to complete clinical field placement. The students will utilize the skills gained through	nts as part of their degree requirements.
Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	Revised Comments For Board Report* New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Product/Service Description	
New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements.	New Affiliation Agreement will allow students enrolled in Western New Mexico University School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	New Affiliation Agreement	
School of Social Work to complete clinical field placements as part of their degree requirements.	School of Social Work to complete clinical field placements as part of their degree requirements. Exclude this ECS from Board Report?*	Revised Comments For Board Report*	
		School of Social Work to complete clinical field	enrolled in Western New Mexico University d placements as part of their degree
Exclude this ECS from Board Report?*	Yes No	Exclude this ECS from Board Report?*	
○ Yes ◎ No	6 100	○ Yes ◎ No	

Executive Contract Summary

Contract Section	
Contractor* Houston Gateway Academy	
Contract ID #* 2024-0994	
Presented To * Resource Committee Full Board	
Date Presented* 1/21/2025	
Parties* (?) Houston Gateway Academy and The Harris Center for Me	ntal Health and IDD.
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or not 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
Funding Information* New Contract ○ Amendment 	
Contract Term Start Date * (?) 12/11/2024	Contract Term End Date * (?) 8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?) 2025	Amount* (?) \$ 0.00
Funding Source* General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	rices Being Provided* (?)
The purpose of the contract is to collaborate with Housto Behavioral Health services to their students.	n Gateway Academy to provide
Contract Owner*	
Tiffanie Williams-Brooks	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ⑥ Unknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	6
Name*	
Elizabeth McCarthy	
Address*	
Street Address	
7310 Bowie Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77012-2904	US
Phone Number*	
832-649-2700	
Email*	
mccarthye@hgaschools.org	
Budget Section	⊙
Budget Units and Amounts Charged to	

Budget Unit Number*	Amount Charge	ed to Unit*	Expense/GL Code No.*
4323	\$ 0.00		000000
Budget Manager		Secondary Budge	t Manager
Smith, Janai		Shelby, Debbie	
	4		
Provide Rate and Rate Descrip 0.00	otions if applicable * (?)		
	74 :000		
Project WBS (Work Breakdown	n Structure)* (?)		*
0.00			
Requester Name		Submission Date	
Bowser, Mohagony		12/11/2024	
Budget Manager Appro	oval(s)		
Approved by			
Approved by		Approval Date	
Janai Lynnette Smith		12/11/2024	
Procurement Approval			
Trocurement Approvar			
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Appro	val		
		o de la	
Approved by			
Elfano Wittams Brooks, MC1, LSEC S		Approval Date 12/13/2024	
Enginee Greatures Sources, MALESCO		12/13/2024	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission 			
 Return for correction 			
Approved by*			
0		Approval Date*	
Belinda Stude		12/16/2024	



Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor* Texas Native Health	
Contract ID #* NA	
Presented To * Resource Committee Full Board	Y .
Date Presented* 1/21/2025	
Parties* (?) The Harris Center for Mental Health and IDD Texas Native Health	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or reconstructions) Grant Proposal Revenue SOW-Change Order-Amendment#	
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
Funding Information * New Contract Amendment	
Contract Term Start Date * (?) 2/1/2025 If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 8/31/2025
February 2025 through August 2025 with renewal options	
Fiscal Year* (?) 2025	
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 Serv	ices Being Provided* (?)
Texas Native Health will fund an LPHA C to provide count	
American population of Harris County. Standard Care Co.	500000000
included. Texas Native Health will provide The Harris Cer	ter \$74,443 salary plus \$22,556 in
fringe for a total of \$96,999 for the LPHA C position.	
Contract Owner*	
Lance Britt	
	*
Previous History of Contracting with Vendor/Contract	tor"
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes O No O Unknown	
Please provide the HUB status*	
MBE - Minority Owned Business, includes Asian, Black,	
Hispanic and Native American.	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Texas Native Health	
Supporting Documentation Upload (?)	
TNH- Therapist Job Description NEW.pdf	186.58KB
Vendor/Contractor Contact Person	<u> </u>
Name*	
Omer Tamir	
Address*	
Street Address	
1283 Record Crossing Road	
Address Line 2	
City	State / Province / Region
Dallas	TX
Postal / Zip Code	Country
75235-6003	US
	×=
Phone Number*	
214-941-1050	

Email*			
ceo@texasnativehealth.org			
Budget Section		76 lb. 178 02 02	⊙
Budget Units and Amount	s Charged to e	each Budget Ur	nit
Budget Unit Number* 2200	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.*
Budget Manager Smith, Janai		Secondary Budge Shelby, Debbie	t Manager
Provide Rate and Rate Description	ns if applicable * (?)		
Project WBS (Work Breakdown Str	ructure)* (?)		
Requester Name		Submission Date	
Britt, Lance		12/17/2024	
Budget Manager Approva	l(s)		⊙
Approved by		4	
Tanai Lynnette Smith		Approval Date 12/17/2024	
Procurement Approval		I was the desired and the second	⊙ .
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval		and the control of th	
Approved by			
Lauce Britt		Approval Date 12/17/2024	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction			

Approved by*

Belinda Stude

Approval Date* 12/17/2024

Minnes Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contract Section	
Contractor*	
United Behavioral Health - P4V Addendum	
Contract ID #*	
0000	
Presented To*	
Resource Committee Full Board	
Date Presented *	
1/21/2025	
Parties* (?)	al Haalth and IDD
United Behavioral Health and The Harris Center for Menta	ai nealth and 100
Agenda Item Submitted For: * (?)	2,000,00)
 ☐ Information Only (Total NTE Amount is Less than \$250 ☐ Board Approval (Total NTE Amount is \$250,000.00 or respectively) 	
Grant Proposal	300 B 000 B
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2024	8/31/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	
2025	
Funding Source*	
State	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Board approval not required
Justification/Purpose of Contract/Description of Service	es Being Provided* (?)
The contract is incentive based using existing staff, revenu	
Health Home and provides additional dollars for meeting 7-	-day and 30-day follow up.
Contract Owner*	
Stanley Williams	
Statiley Williams	
Previous History of Contracting with Vendor/Contracto	r*
Yes No Unknown	
	*
Please add previous contract dates and what services	were provided "
September 01, 2023 - August 31, 2024	
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
○ Yes ○ No ⑥ Unknown	
Tes No S Chikilowii	
Community Partnership* (?)	
○ Yes ○ No ⑥ Unknown	
Commendation Decommendation Unlead (C)	
Supporting Documentation Upload (?)	
BHPi_2025 Final 10 4 2024 TX The Harris Center for Ment	al Health and 234.93KB
IDD.pdf	
Vendor/Contractor Contact Person	<u> </u>
Vertuel/Contractor Contract refeets	
Name*	
Brittney Gilliland	
*	
Address*	
Street Address	
Contract Administration	
Address Line 2	
PO Box 9472	
PO Box 9472 City	State / Province / Region
City	State / Province / Region MN
City	-500-000-00-176-198 -00000-00-18 -00-00 1 91-6484
City Minneapolis Postal / Zip Code	MN
City Minneapolis Postal / Zip Code 55440-9472	MN Country
City Minneapolis Postal / Zip Code 55440-9472 Phone Number*	MN Country
City Minneapolis Postal / Zip Code 55440-9472	MN Country
City Minneapolis Postal / Zip Code 55440-9472 Phone Number*	MN Country
City Minneapolis Postal / Zip Code 55440-9472 Phone Number* 763.347.3370 Email*	MN Country
City Minneapolis Postal / Zip Code 55440-9472 Phone Number* 763.347.3370	MN Country

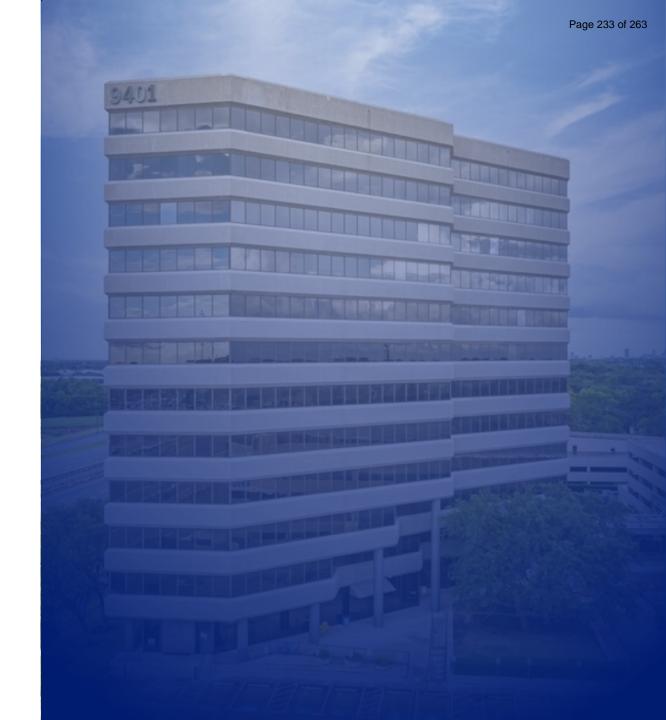
Budget Units and Amounts	Charged to each Budget U	nit
Budget Unit Number* 2690	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 540040
Budget Manager Smith, Janai	Secondary Budge Shelby, Debbie	et Manager
Provide Rate and Rate Descriptions \$0.00	if applicable * (?)	
Project WBS (Work Breakdown Stru \$0.00	icture) * (?)	
Requester Name Shelby, Debbie	Submission Date 12/6/2024	
Budget Manager Approval	(s)	
Approved by	Approval Date	
Tanai Lynnette Smith	12/9/2024	
Contract Owner Approval		⊙
Approved by	Approval Date	
DP. STANLEY WILLIAMS, PHD	12/9/2024	
Contracts Approval		
Approve * Yes No, reject entire submission Return for correction		
Approved by* Belinda Stude	Approval Date* 12/10/2024	

EXHIBIT R-13

Supplier Diversity Report

Q1 FY2025

Presented by: Stanley Adams, CFO, MBA January 21, 2025



Overview

RFP Advertisement – Examples

• Q1 FY2025 HUB Spent Report

RFP Advertisements – Example (Defender Network)

8 | September 5, 2024 | DEFENDER NETWORK

DN Feature

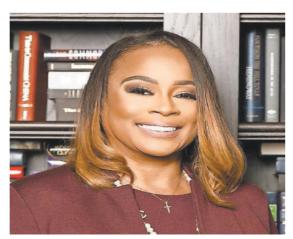
Dr. Monica G. Williams

Takes helm as TWU-Houston President

By Laura Onyeneho

Dr. Monica G. Williams, a prominent Black fundraising executive and educator, has now taken on a new role as Texas Woman's University's (TWU) first president in Houston. Her life's path, marked by personal and professional triumphs, breaks barriers and creates new possibilities for women of color, particularly in higher education.

Growing up in Houston, Dr. Williams didn't initially envision a career in education, let alone leadership. Her early years were uncertain, especially after becoming a mother at a young age. "I started out as a



CLASSIFIED

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



LEGAL NOTICE

In-Person Open House with Virtual Public Meeting I-45 North Houston Highway Improvement Project (NHHIP) US 59/I-69 at Spur 527 to I-45 at Beltway 8 Harris County, Texas

The Texas Department of Transportation (TxDOT) invites you to attend an in-person public meeting to discuss the Interstate (I) 45 North Houston Highway Improvement Project (NHHIP). The Segment 3A Public Meeting is scheduled for Thursday, Sept. 19, 2024, from 5 to 7 p.m. at the Young Women's College Preparatory Academy (YWCPA) Gymnasium, located at 1906 Cleburne St., Houston, TX 77004. The virtual public meeting will be available starting on Thursday, Sept. 19, 2024, by 5 p.m. The virtual public meeting will consist of a pre-recorded video presentation and will include both audio and visual components. To view the virtual public meeting presentation and view project information, visit www.txdot.gov/projects/hearings-meetings.html or https://www.txdot.gov/nhhip/public-engagement/2024-public-meetings.html

The I-45 NHHIP is designed to create additional roadway capacity to manage congestion, enhance safety, and improve mobility. The I-45 NHHIP Segment 3 encompasses the reconstruction of the downtown Houston freeway loop system, including I-45, I-69, I-10, and State Highway (SH) 288. In Segment 3, I-45 will be rerouted from the west side of downtown Houston to run parallel with I-69 and I-10 until it exits the downtown area and continues north.

The I-45 NHHIP public meeting will focus on the proposed design changes for Segment 3A,

RFP Advertisements – Example (Houston Chronicle)

The Harris Center for Mental Health and IDD will be accepting proposals for the

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/ 2tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

LEGAL NOTICES HoustonChronicle.com/Place-Legals

RFP Advertisements - Example (La Informacion)



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter. org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/ portal/?tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

Del 5 al 11 de Septiembre 2024

CLASIFICADOS

ESTIMADOS GRATTS FN REPARACIONES

\$100 off en reparaciones de techo Ilame ya al 832-878-2604 281-748-2798

El mismo día!

año, plan de pagos disponibles. Grúa gratis con trabajo mayor, mejoramo cualquier estimade Ilame ya al 713-956-9444 o al 713-956-9444

Necesitas polarizar los vidrios de tu carro y no sabes con quién?

Llámanos y te ayudamos! Porcentajes del 5%, 10%, 20%, 25%, 35%, 50% Llame al 346-779-3111.

EL EMPLEO QUE NECESITAS ESTÁ AQUÍ Empresa en crecimiento

está en búsqueda de personas proactivas con deseos de superación ofrecemos entrenamientos para los puestos vacantes en eas de telemercadeo telemarketing, cobranzas, atendon a cliente, ventas. Envia tu curriculum a Caminoalexito42@ gmall.com

CELENTES DESCUENTOS PARA HOMBRE V MILIERES EN OFFIJAS HAIR SALON EL MEJOR SERVICIO AQUÍ, VISÍTENOS Cypress Creek Plowy # 249, Houston, TX 77070 LLAMENOS AL 281-469-7310

Plan de pagos disponibles, grúa gratis en trabajos mayores, mejoramos cualquier estimado. Más de 30 años de experiencia. Reparaciones en 1 día. Garantía por un año, llama ya 713-956-9444 y 281-865-1259

TIENDA DE REPOSTERÍA LETTYS CAKES ¡VEN Y PRUEBA LOS PASTELES MÁS DELICIOSOS Y CASEROSI 1717 FREDERICKSBURG RD SAN ANTONIO, TX 78201, 210-837-6315

Además hacemos todo tipo de remodelaciones, llama ya para estimados gratis 713-340-4457 TRABAJO GARANTIZADO!

EFFICIENCY

-2 PERSONAS - COCINA - BAÑO - PARQUEO NW MIAMI: Excelente Ubicación. Todo Céntrico. 786-832-7125

CONSTRUCCIÓN, NIVELACIÓN DE CASAS, REMODELACION
CEMENTO. PISCOS, DRIVEWAY,
PORCHES, TECHOS, CASAS
NUEVAS, ESTRUCTURAS
COMERCIALES. 10 AÑOS DE
EXPERIENCIA. PRESUPUESTO
GRATIS. LLAMA PARA MÁS INFORMACIÓN AL 832-417-7698

Deja que tu maso: . Adiestradores (abierto 24 horas al día, 7 días a la semana)

The Harris Center for Mental Health and IDD will be accepting prope 6168 Apartment Furniture

Specification: may be secured from The Hamis Center website <u>www.thehamisconter.org</u> beginning Theoday, September 10, 2024. The Hamis Center utilizes Bentine For their solicitations <u>Hittps://thehamisconter.bonfriends.orm/</u> Littps://thehamisconter.bonfriends.orm/ contents to this RFP is Wednesday, September 18, 2024. Proposals must be ubmitted by 11:00 a.m., Wednesday, Cotober 2, 2024. Historically Undorstillad Businesses, including Minority-Owned Businesses and Wemsen-Owned Businesses are encouraged to participate. The Hamis Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

¿NECESITA remplazar su unidad de sire acondicionado? Tenemos las majores ofertas del marcado y con el major finaciamiento Todos califican llame hoy! (281) 89-3114.

NOTICE TO PROPOSERS

The Houston Independent School District is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may login to view specifications and submit their responses at the following link https://houstonisd. onwave.net/Login.aspx until 10:00 a.m. (CST) Wednesday, October 9, 2024, for the following supplemental solicitation for the following project:

RFP 25-08-04 Events-Venues, Catering, AVV & Related Products/Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

NOTICE TO PROPOSERS

The Houston Independent School District is soliciting Request for Pro-posals (RFP) via the District's electronic bidding portal. Proposers may log in to view specifications and submit their responses at the following link https://houstonisd.ionwawe.net/Login.aspx until Wednesday, September 25, 2024, 5:00 pm (CST) for the following supplemental solicitation for the following projects:

RFP 24-05-06 Aviation Training Services, Equipment, and Related Goods and Services

Pre-proposal conferences via Microsoft Teams will be held in con-junction with this RFP. Information regarding dates, times, and a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.



RFP Advertisements – Example (Forward Times)

REQUEST FOR PROPOSAL

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations

https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.



RFP Advertisements – Example (WBEA)

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Pharmacy Inventory Services

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Wednesday, May 15, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, May 22, 2024. Proposals must be submitted by 10:00 a.m., Wednesday, June 12, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

HOME CONTACT BID OPPORTUNITIES WBE DIRECTORY



ABOUT WBEA EVENTS WBEA NEWS CORPORATE MEMBERS WBE CERTIFICATION WBEA WBC CORE RESOURCES & INFO CALENDA

The Harris Center for Mental Health and IDD will be accepting proposals for the following:

6168 Apartment Furniture

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Tuesday, September 10, 2024. The Harris Center utilizes Bonfire for their solicitations https://theharriscenter.bonfirehub.com/portal/2 tab=openOpportunities. Deadline for prospective vendors to submit questions to this RFP is Wednesday, September 18, 2024. Proposals must be submitted by 11:00 a.m., Wednesday, October 2, 2024. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

View Project

The Texas A&M University System is seeking proposals from qualified firms who can provide staff augmentation services for a like for like software refresh of the Maestro system (Custom Software Electronic Research Administration System) to A&M System as specified and listed in Section 3 of this RFP. Maestro is an enterprise-wide system that supports researchers and research administrators across the A&M System. Texas A&M University Research Information System (RIS) department is managing the Maestro system.

RFP Response Due Date: 09/10/2024 by 2:00 PM - Central Time

View Project

The Texas A&M University System ("A&M System"), Office of Facilities Planning & Construction("FP&C"), is soliciting statements of qualifications("Qualifications") from firms (also hereafter referred to as "Respondent") who have demonstrated knowledge and experience in providing construction project support personnel and related construction project management services.

Q1 FY2025 HUB Report (1 of 2)

			Local	/endor	
Vendor Name	FY2025 Q1 Spend (\$)	Description	Greater Houston	State of Texas	HUB
Ultra Medical Cleaning	217,430	Janitorial services	x	х	х
Rey De La Reza Architects	118,652	Architecture services	x	х	х
Ultra Staff	59,135	Temporary Staffing	x	х	х
Webhead	58,813	Technology Company	x	х	х
M Strategic Partners, INC	57,524	Design and Construction	x	х	х
Metropolitan Landscape*	57,354	Landscape	x	х	х
Rekruiters	49,950	IT staffing	x	х	х
Right Now Pest	,	Pest Control and Exterminator	x	х	х
LABUSA	46,575	Technology Company	x	х	х
Dura Pier Facilities Services, LTD	28,013	Facility services - construction	x	х	х
Innovation Network	23,810	Networks, storage & cloud migration	x	х	х
The Burnett Companies Consolidated	22,946	Specialist Staffing	x	х	х
The Warring Group	21,000	PR/Media Relations	x	х	х
Universe Technical Translation	20,935	Translation and interpretation services	x	x	х
SHI Government Solutions, INC	18,974	Computer Software &, Hardware	x	х	х
Nightingale Interpreting	15,460	Translation and interpretation services	x	х	х
A-Rocket Moving & Storage	12,422	Moving services	x	х	х
DAAS Inc	7,509	Flooring Contractors	x	x	x
MasterWord Services INC	5,524	Translation and interpretation services	x	х	х
Virtue Construction	4,715	Interior and exterior renovations and repairs	x	x	х
THR3EDESIGN	4,120	Architecture services	x	x	х
Globo Language Solutions	3,606	Translation and interpretation services			х
Modern Psychological & Allied	2,400	Psychological services	x	X	x
City Fire Protection	2,190	Full-service fire proctection company	x	x	х
Crystal Communications Ltd	1,430	Data, IP, and video communications systems integration	x	X	x
Next Level Urgent Care	505	Urgent care/workers' comp	x	X	х
Forward Times	342	African-American Newspaper	x	х	х
Houston Defender	197	African-American Newspaper	x	x	х
Total HUB Spend	\$ 910,850				

^{*} Did not renew HUB certification during FY2023

Q1 FY2025 HUB Report (2 of 2)

- Q1 FY2025 HUB spend = \$910,850
- Q1 FY2025 discretionary spend = **\$6,016,088**
- HUB spend % = **15%**
- Exclusion categories from discretionary spend
 - Intergovernmental contracts
 - Key service contracts with non-profits (Easter Seals)
 - University systems (BCM for residency program)
 - Enterprise software (EHR, ERP)
 - Leases
 - Supported housing
 - Pharmaceuticals

- Utilities
- Physician services
- Trade organizations (National Council, Texas Council)
- Employee reimbursements

Thank you.

EXHIBIT R-14

Financials by Clinic + NPC Q1FYTD FY2025

Presented by: Stan Adams, Chief Financial Officers January 28, 2025



Northwest Community Service Center

FY2025 Q1 Financial Performance

 Revenues
 \$4,489,566

 Expenses
 (\$5,568,349)

 Gross Margin
 (\$1,078,784)

FY2025 Clinical Performance

Annual Patient Visits 13865

Average Monthly Patient V 4622

Average No Show 37.00%

Average Patient Wait Time 29 Minutes Average Third Next Available 1.01 Day Average Patient Satisfaction 85%

Clinic Information		
Address	3737 Dacoma St	
Facility Size	40,000 Sq Ft	
Clinic FTE's	139	

Northwest Community Service Center

Service Description Adult Mental Health

Address
 3737 Dacoma St

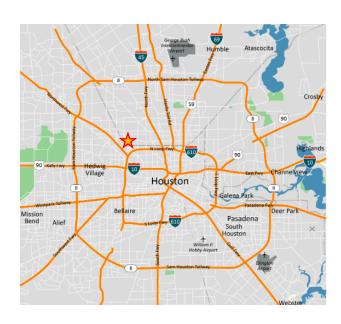
• Patients Served 4,219

• **FTEs** 139

• Facility Size 40,000 sq ft

Q1FYTD 2025 Financial Performance

+ Revenues \$ 4,489,566 - Expenses 5,568,349 = Gross Margin (\$ 1,078,784)





Northeast Community Service Center

FY2025 Q1 Financial Performance

 Revenues
 \$2,965,530

 Expenses
 (\$4,835,527)

 Gross Margin
 (\$1,869,996)

FY2025 Clinical Performance

Annual Patient Visits 9773

Average Monthly Patient V 3258

Average No Show 40.00%

Average Patient Wait Time 31 Minutes

Average Third Next Available 1.25Day

Average Patient Satisfaction 87%

Clinic Information		
Address	7200 N Loop East Fwy	
Facility Size	18,000 Sq Ft	
Clinic FTE's	78	

Northeast Community Service Center

- Service Description Adult Mental Health
- Address 7200 N Loop East Fwy
- Patients Served 2,534
- **FTEs** 78
- **Facility Size** 18,000 sq ft

	Grospe Buth Goldenstein Humble Atascocita
X	(59) Crosby
90 way wy Hedwig Village 8	Houston Galena Park Passons for Deer Park Ger Park Galena Park
Mission Bend Alief	Pasadena South Houston Houston Houston Agent Age
" CANT	Webster

7200, North Loop East Freway

Q1FYTD 2025 Financial Performance

+ Revenues 2,965,530 - Expenses 4,835,527 = Gross Margin (\$ 1,869,996)

Southeast Community Service Center

FY2025 Q1 Financial Performance

 Revenues
 \$6,170,966

 Expenses
 (\$8,450,438)

 Gross Margin
 (\$2,279,472)

FY2025 Clinical Performance

Annual Patient Visits 17063

Average Monthly Patient V 5688

Average No Show 35.00 %

Average Patient Wait Time 20 Minutes
Average Third Next Available 1.42 Day

Average Patient Satisfaction 88%

Clinic Information		
Address	5901 Long Drive	
Facility Size	45,000 Sq Ft	
Clinic FTE's	165	

Southeast Community Service Center

- Service Description AMH & CAS
- Address 5901 Long Dr.
- Patients Served 4,641
- **FTEs** 165
- **Facility Size** 45,000 sq ft

	Grogre Bush 658 htericontinental Humble Atascocita
X	Note the season foundation of the season found
90 km/m Hedwig Village	Houston Galena Park
Mission Bend Alief	Pasadena South Houston William P Hobby Airport
	8 San Houston Talluny (Bingson August) Webster

•			
			P 20
一位发展生态	5901 Long Drive		T VIANT
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same
D. T. T.	BALL		
1	(CD)	Alzheimer's Association	A AL AL A
	The state of the s		
	300		

Q1FYTD 2025 Financial Performance

+ Revenues \$ 6,170,966 - Expenses \$ 8,450,438 = Gross Margin (\$ 2,279,472)

Southwest Community Service Center

FY2025 Q1 Financial Performance

 Revenues
 \$5,702,653

 Expenses
 (\$7,986,109)

 Gross Margin
 (\$2,283,456)

FY2025 Clinical Performance

Annual Patient Visits	19790
Average Monthly Patient V	6597
Average No Show	36.00 %
Average Patient Wait Time	36 Minutes
Average Third Next Available	1.40 Day
Average Patient Satisfaction	87%

Clinic Information	
Address	9401 Southwest Fwy
Facility Size	37,770 Sq Ft
Clinic FTE's	181

Southwest Community Service Center

- Service Description AMH & CAS
- Address 9401 Southwest Fwy
- Patients Served 4,830
- **FTEs** 181
- **Facility Size** 37,770 sq ft (clinic space)

		George B Intercontin Asport	entals	Atascocita	
		North Sam House	59	3 90	Crosby
90) Katyi My	Hedwig Village	Housto	n Galena	Park	
Mission Bend Alief	Be	laire stoop on 510	Pas Sout Houst William P. Hobby Airport		×
				Webs	

Q1FYTD 2025 Financial Performance + Revenues \$ 5,702,653 - Expenses 7,986,109 = Gross Margin (\$ 2,283,456)



Neuro Psychiatric Center

FY2025 Q1 Financial Performance

Revenues \$4,076,086 Expenses (\$5,520,910) Gross Margin (\$1,444,824)

FY2025 Clinical Performance

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

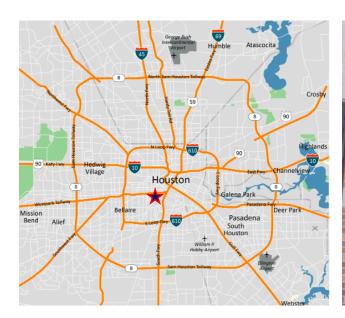
	Clinic Information
Address	1502 Taub Loop
Facility Size	37,308 Sq Ft
Clinic FTE's	153

Neuro-Psychiatric Center (NPC)

- Service Description Psychiatric Emergency
- Address 1502 Taub Loop
- Patients Served 1,555
- **FTEs** 153
- **Facility Size** 37,308 sq ft

Q1FYTD 2025 Financial Performance

+ Revenues	\$	4,076,086
- Expenses		5,520,910
Gross Margin	(\$	1,444,824)







Q1FYTD 2025 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues	17.010	10.100	112.00=	227.22	=
Harris County and Local	45,948	12,468	118,007	307,804	1,476,84
PAP / Samples	781,118	739,261	920,396	787,794	9,20
State General	- 2 227 004	776 704	9,855	2 220 000	15,97
State Grants	2,337,884	776,784	3,553,947	3,239,908	2,139,68
Federal Grants	692,738	4 405 070	-	155,047	
3rd Party Billings	229,239	1,185,979	865,294	738,618	424.20
Total Revenues	402,638	251,038	703,467	473,482	434,38
Expenses					
Salaries	2,997,513	2,523,057	4,733,338	4,535,984	3,969,120
Fringe	848,969	794,843	1,413,258	1,386,487	977,66
Contract Labor	-	1,200	-	53,866	
Travel & Training	38,029	10,987	71,494	17,313	6,30
Contracts and Consultant	4,459	19,886	6,995	16,792	182,833
Supplies	30,949	5,503	17,425	19,629	11,913
Food	1,815	205	1,429	2,352	
Drugs	138,324	43,017	96,734	71,567	13,943
PAP Drugs	781,837	739,261	920,396	787,794	9,20
Pharmacy	3,752	294	9,686	3,169	25,858
Pharmacy Use Fee	310,779	206,544	311,511	227,373	26,730
Equipment (Purch, Rent, Maint)	169,847	354,865	489,370	326,235	136,11
Software (Purch, Rent, Maint)	1,090	-	-	2,000	
Building (Purch, Rent, Maint)	189,239	85,095	260,056	160,458	54,003
Vehicle (Purch, Rent, Maint)	-	-	28,494	-	6,42
Telephone and Utilities	37,951	32,006	63,080	56,969	10,99
Insurance, Legal, Audit	4,345	4,117	12,797	(4,206)	8,23
Dues & Subscriptions	71	45	-	-	37
Other	9,381	14,602	14,376	322,327	81,19
Expense Total	5,568,349	4,835,527	8,450,438	7,986,109	5,520,910
Gross Margin	\$ (1,078,784)	\$ (1,869,996)	\$ (2,279,472)	\$ (2,283,456)	\$ (1,444,824

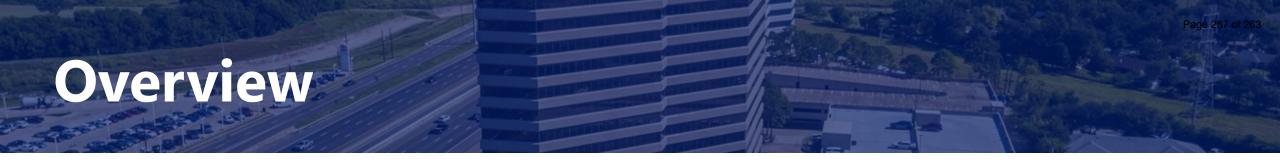
Thank you.

EXHIBIT R-15

Revenue Management Metrics



Presented by: Stan Adams, Chief Financial Officer January 28, 2025

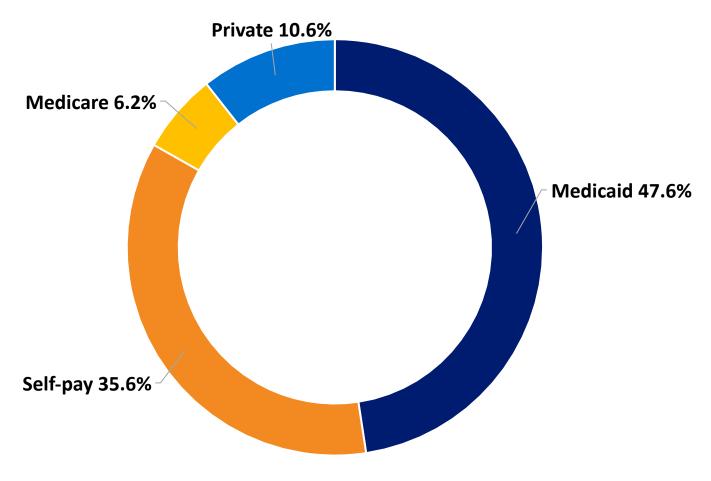


Payor Mix

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



Payor Mix



Note: Payor Mix based on patient visit coverage in Q1 FY2025

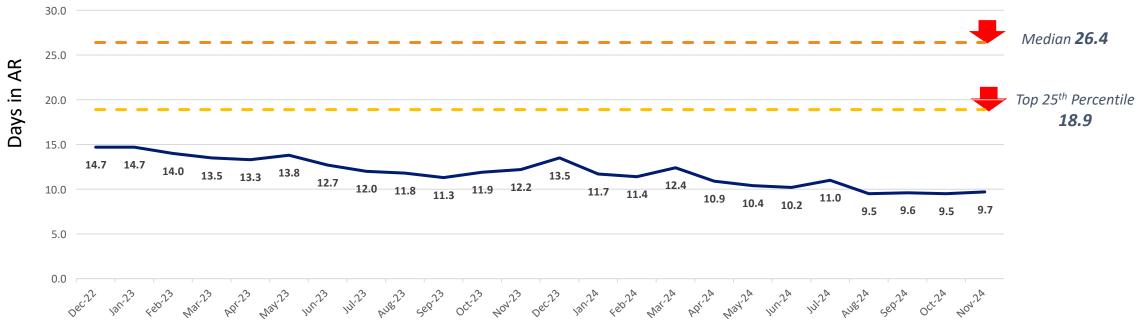




Days in Accounts Receivable



- 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.

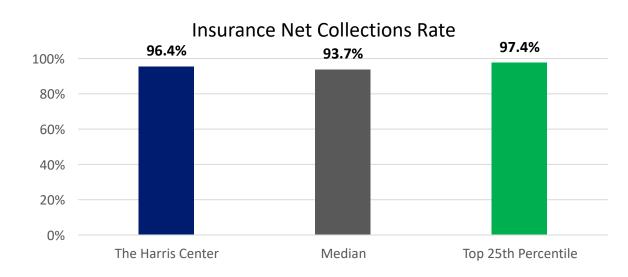


Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (143 service areas)

Claims and Collections



Average Monthly Count of Claims					
FY2025 Q1	FY2024	FY 2023	FY 2022		
32,830	29,151	32,490	32,020		



Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	95%
Managed Medicaid	98%
Traditional Medicare	92%
Managed Medicare	86%
ММР	95%
СНІР	95%
Commercial	90%

* Q1 FY2025

- 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.

Thank you.