



Teleconference Available  
Phone number 1-877-422-8614  
Extension 1982338#

**Full Board Meeting**  
February 24, 2021  
9:30 am-11:30 am Central Time

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
  - A. Approve Minutes of the Board of Trustees Meeting Held on Wednesday, January 27, 2021  
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
  - A. Resource Committee Report and/or Action  
(*G. Womack, Chair*)
    - 1. FY'21 Year-to-Date Budget Report January  
(*EXHIBIT F-2 Sean Kim*)
  - B. Quality Committee Report and/or Action  
(*G. Santos, Chair*)
  - C. Program Committee Report and/or Action  
(*B. Hellums, Chair*)
  - D. Audit Committee Nominations and Member Election  
(*EXHIBIT F-3 S. Zakaria, Chair*)
- VI. CONSIDER AND RECOMMEND ACTION**
  - A. Approve FY'21 Year-to-Date Budget Report-January  
(*EXHIBIT F-4 Sean Kim*)
  - B. Covid-19 Fiscal Impact Report  
(*EXHIBIT F-5 Sean Kim*)
  - C. Check Signing Authorization  
(*Sean Kim*)
  - D. SABA Software Invoice  
(*EXHIBIT F-6 Sean Kim*)
  - E. TexPool Resolution Amending Authorized Representatives  
(*Sean Kim*)
  - F. FY'21- February Contract Renewals \$50k and more  
(*EXHIBIT F-7 Silvia Tiller*)
  - G. FY'21- February Contract Amendments \$50k and more  
(*EXHIBIT F-8 Silvia Tiller*)
  - H. February 2021 Interlocal Agreements  
(*EXHIBIT F-9 Silvia Tiller*)

- I. February 2021 Ratifications Contracts over \$50k  
*(EXHIBIT F-10 Silvia Tiller)*
- J. Change of Recordkeeper and Ratification of the Execution of Recordkeeping Services Agreement between the Harris Center and Lincoln Retirement Services, Company, LLC
- K. Recordkeeping Services for Harris Center Employee Retirement Plans
  - 1. Approval of Trust Agreement and the Custodian Agreement
  - 2. Approval of Lincoln Financial Group Trust Company as Successor Trustee and Custodian of the Plans
  - 3. Approval of Removal of Current Trustees and Custodian of the Plans
  - 4. Approval of Transfer of Certain Assets

## VII. REVIEW AND COMMENT

- A. EPIC Implementation Status Report  
*(EXHIBIT F-11 Mustafa Cochinwala)*
- B. Partnership with Holmusk & UTHealth/HCP  
*(EXHIBIT F-12 Sonali Luniya, PhD VP, Corporate Development)*

## VIII. BOARD CHAIR'S REPORT

### IX. Executive Session

- A. **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to expand Southeast Clinic located at 5901 Long Drive, Houston, TX-Silvia Tiller, Director of Contracts**
- B. **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property for the replacement of Northeast Clinic located at 7200 North Loop East, Houston, TX-Silvia Tiller, Director of Contracts**

### X. Reconvene into Open Session

### XI. Consider and Take Action as a Result of the Executive Session

## XII. INFORMATION

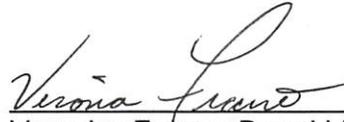
- A. FY'21 New Contracts under \$50k  
*(EXHIBIT F-13)*
- B. FY'21 Contract Renewals under \$50k  
*(EXHIBIT F-14)*
- C. FY'21 Contract Amendments under 50k  
*(EXHIBIT F-15)*
- D. Affiliation Agreements, Grants, MOU's And Revenues  
*(EXHIBIT F-16)*
- E. Revenue Management Metrics

(EXHIBIT F-17)

F. Facilities Capital Project Update  
(EXHIBIT F-18)

G. Abbreviation List  
(EXHIBIT F-19)

**XIII. ADJOURN**



---

Veronica Franco, Board Liaison  
Shaukat Zakaria, Chair, Board of Trustees  
The Harris Center for Mental Health and IDD



# EXHIBIT F-1

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

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

---

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

---

**PLACE OF MEETING:** Conference Room 104  
9401 Southwest Freeway  
Houston, Texas 77074

**TYPE OF MEETING:** Regular

**DATE:** January 27, 2021

**TRUSTEES  
IN ATTENDANCE:** Mr. Shaukat Zakaria, Chairperson  
Dr. George Santos, Vice Chairperson  
Dr. Lois Moore, Vice Chairperson  
Mr. Gerald Womack  
Judge Bonnie Hellums  
Dr. Robin Gearing  
Mr. Jim Lykes  
Sheriff Ed Gonzalez, Ex Officio  
Mr. Taseer Badar

**TRUSTEES ABSENT:** Mr. Wesley Hunt

**1. Declaration of Quorum**

Mr. Shaukat Zakaria, Chair, called the meeting to order at 9:35 a.m. noting that a quorum of the Board was in attendance.

**2. Public Comments**

Mr. Shaukat Zakaria announced the floor is open for public comments. There were no public comments made.

**3. Approval of Minutes**

**MOTION BY: SANTOS**

**SECOND: HELLUMS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Wednesday, November 18, 2020 as presented under Exhibit F-1, are approved.

4. **Chief Executive Officer's Report** was provided by CEO Wayne Young  
Mr. Young provided a Chief Executive Officer report to the Board.
5. **Committee Reports and Action were presented by the respective chairs:**
  - A. Resource Committee Report and/or Action- G. Womack, Chair
    - i. FY'21 Year-to-Date Budget Report- November and December (Sean Kim)
  - B. Quality Committee Report and/or Action- G. Santos, Chair
  - C. Program Committee Report and/or Action- B. Hellums, Chair
  - D. Audit Committee Report and/or Action- L. Moore, Chair
  - E. Governance Committee Report and/or Action- S. Zakaria, Chair
6. **Review and Comment**
  - A. EPIC Implementation Status Report  
Scorecard was presented to the Executive Steering Committee. Superuser will go through EPIC training and will have the Harris Health team assistance when needed. A dedicated 24 hour EPIC assistant will be on call. Wayne has noted that Mustafa and his team has created a 24 hour dedicated IT assistant for physicians. Mr. Zakaria asked when will the jail move to EPIC. Mustafa said we do not have a timeline at this time.
  - B. Proposed Committee and Board Meetings-Calendar 2021  
Mr. Zakaria stated that Governance Committee meetings might change. Mr. Zakaria has appointed Dr. Gearing to the Resource Committee. Mr. Zakaria discussed having a board retreat and the full board has agreed February 20<sup>th</sup> 9a-1p for the 1<sup>st</sup> board retreat. The second board retreat is June 7<sup>th</sup> 9a-1p.
7. **Consider and Recommend Action**
  - A. External Financial Audit Report  
Celina Cereceres and Ailene Compe-Makalintal from Whitely Penn presented the External Financial Audit Report to the Full Board members.

**MOTION BY: MOORE**

**SECOND: WOMACK**

**With unanimous affirmative votes**

**BE IT RESOLVED** the External Financial Audit Report, approved by the majority.

B. NeuroPsychiatric Center Renovation

**MOTION BY: WOMACK**

**SECOND: MOORE**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Aptean Contract is approved.

**8. Consent Agenda: Consider and Take Action on All Items Below**

- A. Approve FY’20 Year-to-Date Budget Report- November and December (Sean Kim)
- B. Covid-19 Fiscal Impact Report (Sean Kim)
- C. FY’21- January New Contracts \$50k and more (Silvia Tiller)
- D. FY’21-January Contract Renewals \$50k and more (Silvia Tiller)
- E. FY’21- January Contract Amendments \$50k and more (Silvia Tiller)
- F. January 2021 Interlocal Agreements (Silvia Tiller)
- G. January 2021 Ratifications Contract over \$50k (Silvia Tiller)
- H. Transfer January 2021 Enhanced FMAP funds to COVID-19 eFMAP Reserve (Sean Kim)
- I. Authorization to Purchase and Due Diligence for Enterprise Security Technology (Mustafa Cochinwala)

**MOTION BY: SANTOS**

**SECOND: WOMACK**

**With unanimous affirmative votes**

**BE IT RESOLVED** All items listed above have been approved, by the majority.

**8. Board Chair’s Report**

**9. Executive Session-**

At 11:11 a.m. Chair S. Zakaria announced the Board would enter into Executive Session for the following reasons:

- Pursuant to §551.071 of the Texas Government Code-Consultation with General Counsel regarding contemplated litigation-Notice of Medical Liability Claim on behalf of Henry G. Oviedo, Patricia E. Oviedo and Henry Jacob Oviedo. *Kendra Thomas, General Counsel and Paul Lamp, Karczewski/Bradshaw/Spalding*

- Pursuant to §551.071 of the Texas Government Code- Consultation with General Counsel regarding contemplated litigation-Civil Action No. 4:20-CV-00142, *Margaret Mitchell v. Community Health Choice Texas, Inc., et. al*
- Pursuant to §551.071 of the Texas Government Code- Consultation with General Counsel to seek the advice of its attorney on a contractual matter related to Recordkeeping services for the Employee Retirement plans in which the duty of the General Counsel under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. –Kendra Thomas, General Counsel, Ben Bates, Leafhouse, Scott Rule, Chief Business Officer & Wayne Young, Chief Executive Officer
- In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to expand Southeast Clinic located at 5901 Long Drive, Houston, TX-*Silvia Tiller, Director of Contracts*
- In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property for the replacement of Northeast Clinic located at 7200 North Loop East, Houston, TX-*Silvia Tiller, Director of Contracts*

**10. Reconvene into Open Session and Take Action**

At 12:16 p.m., the Board of Trustees reconvened into open session.

**11. Consider and Take Action as a Result of the Executive Session**

**Notice of Medical Liability Claim on behalf of Henry G. Oviedo, Patricia E. Oviedo and Henry Jacob Oviedo.**

Mr. Womack moved to approve the settlement terms as discussed in executive session regarding the Jacob Oviedo matter and that we authorize the CEO to enter into a settlement agreement on behalf of the Harris Center in accordance with those terms.

**MOTION BY: WOMACK**

**SECOND BY: MOORE**

**With unanimous affirmative votes**

**Contractual matter related to Recordkeeping services for the Employee Retirement plans.**

Mr. Womack moved to approve the award of the Recordkeeping Services contract for the 403(b), 457(b) and 401(a) retirement plans to Lincoln Retirement Contractual matter related to Recordkeeping services subject to the issuance to the Harris Center of a written opinion of Leafhouse Financial Advisors, LLC, acting in its fiduciary capacity with respect to the Plan and the reasonableness of the fees; and subject to the changes to the agreement as the CEO, with legal advice of legal counsel and advise of the independent fiduciary, Leafhouse Financial Advisors, LLC, with respect to the Plans.

**MOTION BY: WOMACK**  
**With unanimous affirmative votes**

**SECOND BY: MOORE**

**12. Adjournment- 1:46 p.m.**

Respectfully submitted,

---

Veronica Franco, Board Liaison  
**Shaukat Zakaria, Secretary, Board of Trustees**  
*The HARRIS CENTER for*  
**Mental Health and IDD**

# EXHIBIT F-2



## The Harris Center for Mental Health and IDD

Financial Report  
For the Fifth Month and Year to Date Ended January 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on February 16, 2021

## The Harris Center for Mental Health & IDD

February 16, 2021

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

The monthly financial report for January 31, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

The Authority's accounting records for general operations are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial statement submitted herewith has not been audited by an independent auditor.



---

Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD  
Financial Summary  
For the Fifth Month and Year to Date Ended January 31, 2021**

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,449	\$ 20,924	\$ 526
Expenditures	24,085	23,783	(302)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,636)</u>	<u>\$ (2,860)</u>	<u>\$ 224</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 13,801</u>	<u>\$ (1,011)</u>	<u>\$ 14,812</u>

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenue and Expenses - Actual to Budget**  
**For the Fifth Month and Year to Date Ended January 31, 2021**

	Month Ended January 31, 2021				Five Months Ended January 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable	or (Unfavorable)			Favorable	or (Unfavorable)
		\$	%			\$	%	
<b>Total Revenues:</b>								
Harris County and Local	4,987,333	4,315,503	671,830	c 16%	25,037,472	21,520,355	\$ 3,517,117	16%
PAP / Samples	1,328,592	1,583,323	(254,731)	d -16%	6,431,909	7,916,615	(1,484,706)	-19%
Interest	12,038	41,666	(29,628)	e -71%	78,479	208,330	(129,851)	-62%
State General	9,583,988	9,642,310	(58,322)	-1%	48,025,571	48,211,541	(185,970)	0%
State Grants	1,182,636	891,782	290,854	f 33%	4,003,897	4,487,658	(483,761)	-11%
Federal Grants	1,295,754	1,063,105	232,649	22%	10,706,621	5,315,522	5,391,099	101%
3rd party billings	3,059,033	3,385,932	(326,899)	-10%	15,825,111	16,628,188	(803,077)	-5%
<b>Total Revenue</b>	<b>21,449,374</b>	<b>20,923,621</b>	<b>525,753</b>	<b>g 3%</b>	<b>110,109,060</b>	<b>104,288,209</b>	<b>5,820,851</b>	<b>6%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	15,117,473	15,920,552	803,079	5%	78,944,764	79,636,487	691,723	1%
Travel	60,895	190,266	129,371	68%	234,186	726,830	492,644	68%
Contracts and Consultants	1,563,468	1,811,162	247,694	14%	7,997,132	9,025,228	1,028,096	11%
HCPC Contract	2,351,560	2,369,794	18,234	1%	11,860,951	11,848,970	(11,981)	0%
Supplies and Drugs	1,625,056	1,906,722	281,666	15%	7,934,391	9,522,059	1,587,668	17%
Equipment (Purch, Rent, Maint)	2,199,678	380,103	(1,819,575)	i -479%	4,649,860	1,895,503	(2,754,357)	-145%
Building (Purch, Rent, Maint)	465,412	283,183	(182,229)	j -64%	8,786,092	1,414,847	(7,371,245)	-521%
Vehicle (Purch, Rent, Maint)	5,433	28,249	22,816	81%	57,760	141,245	83,485	59%
Telephone and Utilities	176,661	222,981	46,320	21%	958,217	1,114,876	156,659	14%
Insurance, Legal, Audit	145,058	137,853	(7,205)	-5%	812,230	688,973	(123,257)	-18%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	343,644	464,740	121,096	26%	2,042,410	2,346,016	303,606	13%
Claims Denials	56,618	67,531	10,913	16%	295,603	337,655	42,052	12%
Reserve for Bad Debt	(25,873)	0	25,873		(118,845)	-	118,845	
<b>Total Expenses</b>	<b>24,085,083</b>	<b>23,783,136</b>	<b>(301,947)</b>	<b>h -1%</b>	<b>125,007,175</b>	<b>119,287,286</b>	<b>(5,719,889)</b>	<b>-5%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(2,635,709) a	(2,859,515)	223,806		(14,898,115)	(14,999,077)	100,962	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	1,999,176	-	1,999,176		2,896,416	-	2,896,416	
Use of fund balance - COVID-19	-	-	-		1,786,540	-	1,786,540	
Fund Balance DSRIP	630,078	630,080	(2)		3,150,390	3,150,396	(6)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		10,837,441	10,837,430	11	
DSRIP Transition	1,809,411	-	1,809,411		9,047,057	-	9,047,057	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ 3,970,440	\$ (61,949)	\$ 4,032,389		\$ 13,801,159 b	\$ (1,011,251)	\$ 14,812,410	

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For The Month Ended January 31, 2021**

Month Ended January 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 6,322,768	\$ 5,935,684	5,195	\$ 4,808	\$ -	\$ -
State General Revenue	9,566,035	9,624,357	17,953	17,953	-	-
State Grants	1,182,636	891,782	-	-	-	-
Federal Grants	1,295,754	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,895	1,708,089	-	-
3rd party billings	2,955,986	3,288,788	103,047	97,144	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	21,323,179	20,803,716	4,103,090	1,827,994	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	13,828,393	14,510,959	1,289,080	1,409,593	-	-
Travel	59,104	178,456	1,791	11,810	-	-
Contracts and Consultant	1,430,842	1,693,624	132,626	117,538	-	-
HCPD Contract	2,351,560	2,369,794	0	0	-	-
Supplies and Drugs	1,605,277	1,881,960	19,779	24,762	-	-
Equipment (Purch, Rent, Maint)	291,242	298,097	62,282	82,006	1,846,154	-
Building (Rent, Maint)	199,021	124,935	113,369	158,248	153,022	-
Vehicle (Purch, Rent, Maint)	4,744	16,539	689	11,710	-	-
Telephone and Utilities	165,864	180,752	10,797	42,229	-	-
Insurance, Legal, Audit	118,535	107,709	26,523	30,144	-	-
Note Payments	(18,181)	(23,703)	18,181	23,703	-	-
Other	340,205	464,245	3,439	495	-	-
Claims Denials	56,618	67,531	0	0	-	-
Reserve for Bad Debt	(25,873)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	20,407,351	21,870,898	1,678,556	1,912,238	1,999,176	-
Excess of Revenues over (under)						
Expenditures before Other Sources	915,828	(1,067,182)	2,424,534	(84,244)	(1,999,176)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	1,999,176	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	630,078	630,080	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,545,906	\$ (437,102)	\$ 2,424,534	\$ (84,244)	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For the Year to Date Ended January 31, 2021**

Five Months Ended January 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 31,528,400	\$ 29,621,260	19,460	24,040	\$ -	\$ -
State General Revenue	47,935,806	48,121,776	89,765	89,765	-	-
State Grants	4,003,897	4,487,658	-	-	-	-
Federal Grants	10,706,621	5,315,522	-	-	-	-
Federal Revenue - DSRIP	-	-	19,884,498	8,540,444	-	-
3rd party billings	15,313,753	16,143,165	511,358	485,023	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	109,488,477	103,689,381	20,505,081	9,139,272	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	72,632,272	73,999,952	6,312,492	5,636,535	-	-
Travel	228,776	679,855	5,410	46,975	-	-
Contracts and Consultant	7,618,443	8,555,076	378,689	470,152	-	-
HCPC Contract	11,860,951	11,848,970	-	-	-	-
Supplies and Drugs	7,863,820	9,415,694	70,571	106,365	-	-
Equipment (Purch, Rent, Maint)	1,820,090	1,589,079	338,950	306,424	2,490,820	-
Building (Rent, Maint)	7,751,653	781,476	628,843	633,371	405,596	-
Vehicle (Purch, Rent, Maint)	42,521	94,405	15,239	46,840	-	-
Telephone and Utilities	884,757	945,960	73,460	168,916	-	-
Insurance, Legal, Audit	666,666	568,435	145,564	120,538	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	1,967,353	2,250,704	75,057	95,312	-	-
Claims Denials	288,434	335,675	7,169	1,980	-	-
Reserve for Bad Debt	(118,845)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	113,506,891	111,065,281	8,603,868	8,185,832	2,896,416	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(4,018,414)	(7,375,900)	11,901,213	953,440	(2,896,416)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	2,896,416	-
Use of fund balance - COVID-19	1,786,540	-	-	-	-	-
Fund Balance DSRIP	3,150,390	3,150,396	-	-	-	-
Insurance Proceeds	981,430	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,899,946	\$ (4,225,504)	\$ 11,901,213	\$ 953,440	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparative Balance Sheet**  
**As of January 31, 2021**

	Ending Balance		Increase/(Decrease) January	
	December 31, 2020	January 31, 2021		
<b>Assets</b>				
Cash and Cash Equivalents	\$ 140,031,391	124,390,546	\$ (15,640,845)	<b>a</b>
Inventory - includes RX	259,512	255,836	(3,676)	<b>b</b>
Prepaid Expenses	104,696	6,080,537	5,975,841	<b>c</b>
Deposits	3,290	3,290	-	
A/R Medicaid, Medicare, 3rd Party	10,840,108	10,174,422	(665,686)	
Less Bad Debt Reserve	(3,252,980)	(3,291,402)	(38,422)	
A/R Other	16,032,679	20,218,347	4,185,668	<b>d</b>
A/R DSRIP	19,884,585	18,494,036	(1,390,549)	<b>e</b>
Total Current Assets	<u>183,903,281</u>	<u>176,325,612</u>	<u>(7,577,669)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,863,609	-	
Furniture and Fixtures	9,878,194	9,878,194	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	5,220,610	7,219,785	1,999,175	
Total Property, Plant & Equipment	<u>68,369,550</u>	<u>70,368,725</u>	<u>1,999,175</u>	
TOTAL ASSETS	<u>\$ 252,272,832</u>	<u>246,694,337</u>	<u>\$ (5,578,494)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 47,774,372	35,706,551	\$ (12,067,821)	<b>f</b>
Accrued Payroll and Accounts Payables	19,647,121	22,248,793	2,601,671	<b>g</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>67,421,493</u>	<u>57,955,344</u>	<u>(9,466,150)</u>	
State Escheatment Payable	34,815	36,396	1,581	
Total Non Current Liabilities	<u>34,815</u>	<u>36,396</u>	<u>1,581</u>	
TOTAL LIABILITIES	<u>67,456,308</u>	<u>57,991,740</u>	<u>(9,464,569)</u>	
General Fund Balance	18,418,823	18,419,191	368	
Nonspendable				
Investment in Inventories	259,512	255,836	(3,676)	
Investment In Fixed Assets	68,369,550	70,368,725	1,999,175	
Assigned:				
Current Capital Projects	29,524,941	27,585,472	(1,939,469)	<b>i</b>
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	354,809	354,809	-	
Waiver 1115	46,099,769	45,469,691	(630,078)	
COVID-19 eFMAP Reserve	3,738,205	4,227,518	489,313	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>174,985,805</u>	<u>174,901,438</u>	<u>(84,367)</u>	
Year to Date Excess Revenues over (under) Expenditures	9,830,719	13,801,159	3,970,440	
TOTAL FUND BALANCE	<u>184,816,524</u>	<u>188,702,597</u>	<u>3,886,073</u>	<b>h</b>
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 252,272,832</u>	<u>246,694,337</u>	<u>\$ (5,578,496)</u>	<b>h</b>

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Reports  
For Month and Year to Date Ended January 31, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of January 2021, the fifth month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$2,635,709.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$13,801,159 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, insurance proceeds and DSRIP transition are considered.
- c. **Harris County and Local** is favorable to budget by \$671,830 primarily due to revenue from jail re-entry program and SB292 carryover.
- d. **PAP/Samples** is unfavorable to budget by \$254,731 as the bulk PAP inventory stock is depleting.
- e. **Interest** is unfavorable to budget by \$29,628 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
- f. **State Grants** is favorable to budget by \$290,854 primarily due to timing of ECI revenues.

## I. Comparison of Revenue and Expenses – Actual to Budget (continued)

- g. **Total Revenue**, therefore, is favorable to budget by \$525,753.
- h. **Total Expenses** are unfavorable to budget by \$301,947.
- i. **Equipment** is unfavorable to budget by \$1,819,575 primarily from expenses related to the South Loop East facility and payments for software.
- j. **Building** is unfavorable to budget by \$182,229 due to expenses related to the build out of the South Loop East facility.

## II. Comparative Balance Sheet

- a. **Cash and Cash Equivalents** The agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents decreased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Cash - General Fund Bank Of America	\$ 1,094,788	\$ 1,331,572	\$ 236,784
Cash - General Fund Chase	19,350,699	17,691,475	(1,659,224)
Cash - BOA ACH Vendor	552,152	404,504	(147,648)
Cash - FSA - Discovery	248,915	166,191	(82,724)
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,412	1,001,480	68
Investments - Texpool Self Insurance	2,288,548	2,288,702	154
Investments - Texpool Prime	39,789,678	39,793,708	4,030
Investments - Texas Class	75,695,899	61,703,613	(13,992,286)
<b>Total Cash and Cash Equivalents</b>	<b>\$ 140,031,391</b>	<b>\$ 124,390,545</b>	<b>\$ (15,640,846)</b>

II. Comparative Balance Sheet (continued)

- b. **Inventory** normally does not significantly change from month to month. The balance is normally only updated annually at the time of the year end physical inventory. PAP/Drug Samples are not included in inventory, as this inventory does not belong to the Center. Inventory consists of the following:

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	18,750	18,750	-
Supplies Used	(5,855)	(9,531)	(3,676)
Inventory - Drugs	235,479	235,479	-
Total Inventory	<u>\$ 259,512</u>	<u>\$ 255,836</u>	<u>\$ (3,676)</u>

- c. **Prepaid Expenses** increased because of HCPC activity.

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** increased in January.

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Villas At Bayou Park	\$ 48,033	\$ 48,033	-
Pear Grove	19,814	\$ 19,814	-
Pasadena Cottages	78,604	\$ 76,386	(2,218)
Employee	1,850	\$ 1,850	-
Acres Homes Garden	59,756	\$ 59,756	-
General Accounts Receivable	613,413	\$ 1,536,212	922,799
Building Rents	12,500	\$ 12,500	-
Harris County Juvenile Probation	335,766	\$ 574,078	238,312
Harris County Community Supervision & Correct	600,151	\$ 611,690	11,539
Harris County Sheriff Dept.	2,327,069	\$ 3,096,696	769,627
ICFMR	159,923	\$ 172,595	12,672
ECI Administrative Claiming	179,294	\$ 217,375	38,081
TCOOMMI -Special Needs	711,487	\$ 739,840	28,353
TDCJ - Parole	82,000	\$ 82,000	-
TDCJ - Substance Abuse	71,400	\$ 71,400	-
TCOOMMI- Juvenile	271,771	\$ 213,019	(58,752)
Jail Diversion	1,409,840	\$ 2,004,295	594,455
ECI	228,176	\$ 907,245	679,069
ECI Respite	37,971	\$ 47,871	9,900
ECI SNAP	(3,334)	\$ (3,334)	-
HUD - Safe Havens	371,737	\$ 371,737	-
PATH - Mental Health Block	210,099	\$ 224,250	14,151
MH Block Grant	4,208,645	\$ 4,465,462	256,817
MH Block Grant - Coordinated Specialty Care	119,840	\$ 128,346	8,506

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** (continued)

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Title XX Social Services	\$ 77,389	\$ 822,257	744,868
TANFF to Title XX Block Grant	102,814	\$ 99,778	(3,036)
DSHS SAPT Block Grant - SA/OSR	22,629	\$ 31,788	9,159
Enhanced Community Coordinator	2,254,660	\$ 2,395,577	140,917
DSHS Mental Health First Aid	41,589	\$ 31,181	(10,408)
HHSC ZEST - Zero Suicide	48,929	\$ 48,465	(464)
HCC Open Door	235,516	\$ 235,516	-
HCS	22,416	\$ 22,416	-
TX Home Living Waiver	(97,707)	\$ (123,180)	(25,473)
Federal DSHS Disaster Assistance	1,027,238	\$ 813,887	(213,351)
Helpline Contracts	78,312	\$ 79,880	1,568
City of Houston - CCSI	25,268	\$ 50,537	25,269
City of Houston - DMD	10,332	\$ 10,332	
City of Houston - 911 CCD Amended	27,489	\$ 20,797	(6,692)
DARS - Autism	-	\$ -	-
	<u>\$ 16,032,679</u>	<u>\$ 20,218,347</u>	<u>\$ 4,185,668</u>

- e. **A/R DSRIP** decreased as the Center adjusted for DSRIP funding owed to the Center.
- f. **Unearned Income** decreased due to spending down unearned grant funds.
- g. **Accrued Payroll and Accounts Payable** increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **Fund Balance** increased as a result of operations.
- i. **Current Capital Projects** decreased as a result of funding various Board approved capital projects for fiscal year 2021.
- j. **Days of Operation in Reserve for Total Agency** is 167 days and for **Core Business** is 101 days versus 171 and 110 days for the prior month, respectively.

### III. Investment Portfolio

- a. Total investments as of December 31, 2020 is \$104,787,502 of which 100% is in government pools (Texas Class 59% and Texpool 41%).
- b. Investments this month yielded interest income of \$12,038.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
INVESTMENT PORTFOLIO  
January 31, 2021

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpoo/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpoo/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
<b>GOVERNMENT POOLS</b>												
TEXAS CLASS - GF G/L 120700		75,695,899	-	(14,000,000)	7,714		61,703,613		58.88%		0.1316%	
TEXPOOL ISF G/L 120610		2,288,548	-	-	154		2,288,702		5.31%		0.0793%	
TEXPOOL GF G/L 120600		1,001,412	-	-	67		1,001,479		2.32%		0.0793%	
TEXPOOL PRIME G/L 120620		39,789,678	-	-	4,030		39,793,708		92.36%		0.1192%	
Subtotal Texpool		43,079,638	-	-	4,251		43,083,889		41.12%			
<b>Subtotal Government Pools</b>		<b>118,775,537</b>	<b>-</b>	<b>(14,000,000)</b>	<b>11,965</b>		<b>104,787,502</b>		<b>100.00%</b>			
<b>TOTAL INVESTMENTS</b>		<b>\$ 118,775,537</b>	<b>\$ -</b>	<b>\$ (14,000,000)</b>	<b>\$ 11,965</b>	<b>\$ -</b>	<b>\$ 104,787,502</b>		<b>100.00%</b>			

Total Investment Interest G/L 409000 & 409005  
Depository Bank Interest G/L 409000  
Total Interest

11,965  
73  
\$ 12,038

3 Month Weighted Average Maturity (Days) 1.00  
3 Month Weighted Average Yield 0.1312%  
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) 0.0795%

# EXHIBIT F-3



Transforming Lives

The Harris Center Board of Trustees 2021	
<b>Resource Committee</b>	Gerald Womack (Chair) George Santos Shaukat Zakaria Taseer Badar Jim Lykes Robin Gearing
<b>Quality Committee</b>	George Santos (Chair) Jim Lykes Lois Moore Robin Gearing Shaukat Zakaria
<b>Program Committee</b>	Bonnie Hellums (Chair) Jim Lykes Lois Moore Robin Gearing
<b>Audit Committee</b>	Lois Moore (Chair) Bonnie Hellums George Santos Gerald Womack Wesley Hunt
<b>Governance Committee</b>	Jim Lykes (Chair) Gerald Womack Shaukat Zakaria
<b>Full Board</b>	Shaukat Zakaria (Chair) Bonnie Hellums George Santos Gerald Womack Jim Lykes Lois Moore Robin Gearing Taseer Badar Wesley Hunt Sheriff Ed Gonzalez

# EXHIBIT F-4



## The Harris Center for Mental Health and IDD

Financial Report  
For the Fifth Month and Year to Date Ended January 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on February 16, 2021

## The Harris Center for Mental Health & IDD

February 16, 2021

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

The monthly financial report for January 31, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

The Authority's accounting records for general operations are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial statement submitted herewith has not been audited by an independent auditor.



---

Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD  
Financial Summary  
For the Fifth Month and Year to Date Ended January 31, 2021**

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,449	\$ 20,924	\$ 526
Expenditures	24,085	23,783	(302)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,636)</u>	<u>\$ (2,860)</u>	<u>\$ 224</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 13,801</u>	<u>\$ (1,011)</u>	<u>\$ 14,812</u>

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenue and Expenses - Actual to Budget**  
**For the Fifth Month and Year to Date Ended January 31, 2021**

	Month Ended January 31, 2021				Five Months Ended January 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%			\$	%	
<b>Total Revenues:</b>								
Harris County and Local	4,987,333	4,315,503	671,830	c 16%	25,037,472	21,520,355	\$ 3,517,117	16%
PAP / Samples	1,328,592	1,583,323	(254,731)	d -16%	6,431,909	7,916,615	(1,484,706)	-19%
Interest	12,038	41,666	(29,628)	e -71%	78,479	208,330	(129,851)	-62%
State General	9,583,988	9,642,310	(58,322)	-1%	48,025,571	48,211,541	(185,970)	0%
State Grants	1,182,636	891,782	290,854	f 33%	4,003,897	4,487,658	(483,761)	-11%
Federal Grants	1,295,754	1,063,105	232,649	22%	10,706,621	5,315,522	5,391,099	101%
3rd party billings	3,059,033	3,385,932	(326,899)	-10%	15,825,111	16,628,188	(803,077)	-5%
<b>Total Revenue</b>	<b>21,449,374</b>	<b>20,923,621</b>	<b>525,753</b>	<b>g 3%</b>	<b>110,109,060</b>	<b>104,288,209</b>	<b>5,820,851</b>	<b>6%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	15,117,473	15,920,552	803,079	5%	78,944,764	79,636,487	691,723	1%
Travel	60,895	190,266	129,371	68%	234,186	726,830	492,644	68%
Contracts and Consultants	1,563,468	1,811,162	247,694	14%	7,997,132	9,025,228	1,028,096	11%
HCPC Contract	2,351,560	2,369,794	18,234	1%	11,860,951	11,848,970	(11,981)	0%
Supplies and Drugs	1,625,056	1,906,722	281,666	15%	7,934,391	9,522,059	1,587,668	17%
Equipment (Purch, Rent, Maint)	2,199,678	380,103	(1,819,575)	i -479%	4,649,860	1,895,503	(2,754,357)	-145%
Building (Purch, Rent, Maint)	465,412	283,183	(182,229)	j -64%	8,786,092	1,414,847	(7,371,245)	-521%
Vehicle (Purch, Rent, Maint)	5,433	28,249	22,816	81%	57,760	141,245	83,485	59%
Telephone and Utilities	176,661	222,981	46,320	21%	958,217	1,114,876	156,659	14%
Insurance, Legal, Audit	145,058	137,853	(7,205)	-5%	812,230	688,973	(123,257)	-18%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	343,644	464,740	121,096	26%	2,042,410	2,346,016	303,606	13%
Claims Denials	56,618	67,531	10,913	16%	295,603	337,655	42,052	12%
Reserve for Bad Debt	(25,873)	0	25,873		(118,845)	-	118,845	
<b>Total Expenses</b>	<b>24,085,083</b>	<b>23,783,136</b>	<b>(301,947)</b>	<b>h -1%</b>	<b>125,007,175</b>	<b>119,287,286</b>	<b>(5,719,889)</b>	<b>-5%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(2,635,709) a	(2,859,515)	223,806		(14,898,115)	(14,999,077)	100,962	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	1,999,176	-	1,999,176		2,896,416	-	2,896,416	
Use of fund balance - COVID-19	-	-	-		1,786,540	-	1,786,540	
Fund Balance DSRIP	630,078	630,080	(2)		3,150,390	3,150,396	(6)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		10,837,441	10,837,430	11	
DSRIP Transition	1,809,411	-	1,809,411		9,047,057	-	9,047,057	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ 3,970,440	\$ (61,949)	\$ 4,032,389		\$ 13,801,159 b	\$ (1,011,251)	\$ 14,812,410	

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For The Month Ended January 31, 2021**

Month Ended January 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 6,322,768	\$ 5,935,684	5,195	\$ 4,808	\$ -	\$ -
State General Revenue	9,566,035	9,624,357	17,953	17,953	-	-
State Grants	1,182,636	891,782	-	-	-	-
Federal Grants	1,295,754	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,895	1,708,089	-	-
3rd party billings	2,955,986	3,288,788	103,047	97,144	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	21,323,179	20,803,716	4,103,090	1,827,994	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	13,828,393	14,510,959	1,289,080	1,409,593	-	-
Travel	59,104	178,456	1,791	11,810	-	-
Contracts and Consultant	1,430,842	1,693,624	132,626	117,538	-	-
HCPC Contract	2,351,560	2,369,794	0	0	-	-
Supplies and Drugs	1,605,277	1,881,960	19,779	24,762	-	-
Equipment (Purch, Rent, Maint)	291,242	298,097	62,282	82,006	1,846,154	-
Building (Rent, Maint)	199,021	124,935	113,369	158,248	153,022	-
Vehicle (Purch, Rent, Maint)	4,744	16,539	689	11,710	-	-
Telephone and Utilities	165,864	180,752	10,797	42,229	-	-
Insurance, Legal, Audit	118,535	107,709	26,523	30,144	-	-
Note Payments	(18,181)	(23,703)	18,181	23,703	-	-
Other	340,205	464,245	3,439	495	-	-
Claims Denials	56,618	67,531	0	0	-	-
Reserve for Bad Debt	(25,873)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	20,407,351	21,870,898	1,678,556	1,912,238	1,999,176	-
Excess of Revenues over (under)						
Expenditures before Other Sources	915,828	(1,067,182)	2,424,534	(84,244)	(1,999,176)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	1,999,176	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	630,078	630,080	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,545,906	\$ (437,102)	\$ 2,424,534	\$ (84,244)	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparison of Revenues and Expenses- Core Business and DSRIP**  
**Management Use Only (Non-GAAP)**  
**For the Year to Date Ended January 31, 2021**

Five Months Ended January 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
<b>Total Revenues:</b>						
Local	\$ 31,528,400	\$ 29,621,260	19,460	24,040	\$ -	\$ -
State General Revenue	47,935,806	48,121,776	89,765	89,765	-	-
State Grants	4,003,897	4,487,658	-	-	-	-
Federal Grants	10,706,621	5,315,522	-	-	-	-
Federal Revenue - DSRIP	-	-	19,884,498	8,540,444	-	-
3rd party billings	15,313,753	16,143,165	511,358	485,023	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	109,488,477	103,689,381	20,505,081	9,139,272	-	-
<b>Total Expenses:</b>						
Salaries and Fringe	72,632,272	73,999,952	6,312,492	5,636,535	-	-
Travel	228,776	679,855	5,410	46,975	-	-
Contracts and Consultant	7,618,443	8,555,076	378,689	470,152	-	-
HCPC Contract	11,860,951	11,848,970	-	-	-	-
Supplies and Drugs	7,863,820	9,415,694	70,571	106,365	-	-
Equipment (Purch, Rent, Maint)	1,820,090	1,589,079	338,950	306,424	2,490,820	-
Building (Rent, Maint)	7,751,653	781,476	628,843	633,371	405,596	-
Vehicle (Purch, Rent, Maint)	42,521	94,405	15,239	46,840	-	-
Telephone and Utilities	884,757	945,960	73,460	168,916	-	-
Insurance, Legal, Audit	666,666	568,435	145,564	120,538	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	1,967,353	2,250,704	75,057	95,312	-	-
Claims Denials	288,434	335,675	7,169	1,980	-	-
Reserve for Bad Debt	(118,845)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	113,506,891	111,065,281	8,603,868	8,185,832	2,896,416	-
Excess of Revenues over (under)						
Expenditures before Other Sources	(4,018,414)	(7,375,900)	11,901,213	953,440	(2,896,416)	-
<b>Funds from other sources:</b>						
Use of fund balance - CapEx	-	-	-	-	2,896,416	-
Use of fund balance - COVID-19	1,786,540	-	-	-	-	-
Fund Balance DSRIP	3,150,390	3,150,396	-	-	-	-
Insurance Proceeds	981,430	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ 1,899,946	\$ (4,225,504)	\$ 11,901,213	\$ 953,440	\$ -	\$ -
	=====	=====	=====	=====	=====	=====

**The Harris Center for Mental Health and IDD**  
**Comparative Balance Sheet**  
**As of January 31, 2021**

	Ending Balance		Increase/(Decrease) January	
	December 31, 2020	January 31, 2021		
<b>Assets</b>				
Cash and Cash Equivalents	\$ 140,031,391	124,390,546	\$ (15,640,845)	<b>a</b>
Inventory - includes RX	259,512	255,836	(3,676)	<b>b</b>
Prepaid Expenses	104,696	6,080,537	5,975,841	<b>c</b>
Deposits	3,290	3,290	-	
A/R Medicaid, Medicare, 3rd Party	10,840,108	10,174,422	(665,686)	
Less Bad Debt Reserve	(3,252,980)	(3,291,402)	(38,422)	
A/R Other	16,032,679	20,218,347	4,185,668	<b>d</b>
A/R DSRIP	19,884,585	18,494,036	(1,390,549)	<b>e</b>
Total Current Assets	<u>183,903,281</u>	<u>176,325,612</u>	<u>(7,577,669)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,863,609	20,863,609	-	
Furniture and Fixtures	9,878,194	9,878,194	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	5,220,610	7,219,785	1,999,175	
Total Property, Plant & Equipment	<u>68,369,550</u>	<u>70,368,725</u>	<u>1,999,175</u>	
TOTAL ASSETS	<u>\$ 252,272,832</u>	<u>246,694,337</u>	<u>\$ (5,578,494)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 47,774,372	35,706,551	\$ (12,067,821)	<b>f</b>
Accrued Payroll and Accounts Payables	19,647,121	22,248,793	2,601,671	<b>g</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>67,421,493</u>	<u>57,955,344</u>	<u>(9,466,150)</u>	
State Escheatment Payable	34,815	36,396	1,581	
Total Non Current Liabilities	<u>34,815</u>	<u>36,396</u>	<u>1,581</u>	
TOTAL LIABILITIES	<u>67,456,308</u>	<u>57,991,740</u>	<u>(9,464,569)</u>	
General Fund Balance	18,418,823	18,419,191	368	
Nonspendable				
Investment in Inventories	259,512	255,836	(3,676)	
Investment In Fixed Assets	68,369,550	70,368,725	1,999,175	
Assigned:				
Current Capital Projects	29,524,941	27,585,472	(1,939,469)	<b>i</b>
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Debt Repayment	-	-	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	354,809	354,809	-	
Waiver 1115	46,099,769	45,469,691	(630,078)	
COVID-19 eFMAP Reserve	3,738,205	4,227,518	489,313	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>174,985,805</u>	<u>174,901,438</u>	<u>(84,367)</u>	
Year to Date Excess Revenues over (under) Expenditures	9,830,719	13,801,159	3,970,440	
TOTAL FUND BALANCE	<u>184,816,524</u>	<u>188,702,597</u>	<u>3,886,073</u>	<b>h</b>
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 252,272,832</u>	<u>246,694,337</u>	<u>\$ (5,578,496)</u>	<b>h</b>

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Reports  
For Month and Year to Date Ended January 31, 2021

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of January 2021, the fifth month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$2,635,709.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$13,801,159 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, insurance proceeds and DSRIP transition are considered.
- c. **Harris County and Local** is favorable to budget by \$671,830 primarily due to revenue from jail re-entry program and SB292 carryover.
- d. **PAP/Samples** is unfavorable to budget by \$254,731 as the bulk PAP inventory stock is depleting.
- e. **Interest** is unfavorable to budget by \$29,628 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
- f. **State Grants** is favorable to budget by \$290,854 primarily due to timing of ECI revenues.

I. Comparison of Revenue and Expenses – Actual to Budget (continued)

- g. **Total Revenue**, therefore, is favorable to budget by \$525,753.
- h. **Total Expenses** are unfavorable to budget by \$301,947.
- i. **Equipment** is unfavorable to budget by \$1,819,575 primarily from expenses related to the South Loop East facility and payments for software.
- j. **Building** is unfavorable to budget by \$182,229 due to expenses related to the build out of the South Loop East facility.

II. Comparative Balance Sheet

- a. **Cash and Cash Equivalents** The agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents decreased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Cash - General Fund Bank Of America	\$ 1,094,788	\$ 1,331,572	\$ 236,784
Cash - General Fund Chase	19,350,699	17,691,475	(1,659,224)
Cash - BOA ACH Vendor	552,152	404,504	(147,648)
Cash - FSA - Discovery	248,915	166,191	(82,724)
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,412	1,001,480	68
Investments - Texpool Self Insurance	2,288,548	2,288,702	154
Investments - Texpool Prime	39,789,678	39,793,708	4,030
Investments - Texas Class	75,695,899	61,703,613	(13,992,286)
<b>Total Cash and Cash Equivalents</b>	<b>\$ 140,031,391</b>	<b>\$ 124,390,545</b>	<b>\$ (15,640,846)</b>

## II. Comparative Balance Sheet (continued)

- b. **Inventory** normally does not significantly change from month to month. The balance is normally only updated annually at the time of the year end physical inventory. PAP/Drug Samples are not included in inventory, as this inventory does not belong to the Center. Inventory consists of the following:

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	18,750	18,750	-
Supplies Used	(5,855)	(9,531)	(3,676)
Inventory - Drugs	235,479	235,479	-
Total Inventory	<u>\$ 259,512</u>	<u>\$ 255,836</u>	<u>\$ (3,676)</u>

- c. **Prepaid Expenses** increased because of HCPC activity.

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** increased in January.

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Villas At Bayou Park	\$ 48,033	\$ 48,033	-
Pear Grove	19,814	\$ 19,814	-
Pasadena Cottages	78,604	\$ 76,386	(2,218)
Employee	1,850	\$ 1,850	-
Acres Homes Garden	59,756	\$ 59,756	-
General Accounts Receivable	613,413	\$ 1,536,212	922,799
Building Rents	12,500	\$ 12,500	-
Harris County Juvenile Probation	335,766	\$ 574,078	238,312
Harris County Community Supervision & Correct	600,151	\$ 611,690	11,539
Harris County Sheriff Dept.	2,327,069	\$ 3,096,696	769,627
ICFMR	159,923	\$ 172,595	12,672
ECI Administrative Claiming	179,294	\$ 217,375	38,081
TCOOMMI -Special Needs	711,487	\$ 739,840	28,353
TDCJ - Parole	82,000	\$ 82,000	-
TDCJ - Substance Abuse	71,400	\$ 71,400	-
TCOOMMI- Juvenile	271,771	\$ 213,019	(58,752)
Jail Diversion	1,409,840	\$ 2,004,295	594,455
ECI	228,176	\$ 907,245	679,069
ECI Respite	37,971	\$ 47,871	9,900
ECI SNAP	(3,334)	\$ (3,334)	-
HUD - Safe Havens	371,737	\$ 371,737	-
PATH - Mental Health Block	210,099	\$ 224,250	14,151
MH Block Grant	4,208,645	\$ 4,465,462	256,817
MH Block Grant - Coordinated Specialty Care	119,840	\$ 128,346	8,506

## II. Comparative Balance Sheet (continued)

d. **Account Receivable Other** (continued)

	Ending Balance		Increase/(Decrease)
	December 31, 2020	January 31, 2021	January
Title XX Social Services	\$ 77,389	\$ 822,257	744,868
TANFF to Title XX Block Grant	102,814	\$ 99,778	(3,036)
DSHS SAPT Block Grant - SA/OSR	22,629	\$ 31,788	9,159
Enhanced Community Coordinator	2,254,660	\$ 2,395,577	140,917
DSHS Mental Health First Aid	41,589	\$ 31,181	(10,408)
HHSC ZEST - Zero Suicide	48,929	\$ 48,465	(464)
HCC Open Door	235,516	\$ 235,516	-
HCS	22,416	\$ 22,416	-
TX Home Living Waiver	(97,707)	\$ (123,180)	(25,473)
Federal DSHS Disaster Assistance	1,027,238	\$ 813,887	(213,351)
Helpline Contracts	78,312	\$ 79,880	1,568
City of Houston - CCSI	25,268	\$ 50,537	25,269
City of Houston - DMD	10,332	\$ 10,332	
City of Houston - 911 CCD Amended	27,489	\$ 20,797	(6,692)
DARS - Autism	-	\$ -	-
	<u>\$ 16,032,679</u>	<u>\$ 20,218,347</u>	<u>\$ 4,185,668</u>

- e. **A/R DSRIP** decreased as the Center adjusted for DSRIP funding owed to the Center.
- f. **Unearned Income** decreased due to spending down unearned grant funds.
- g. **Accrued Payroll and Accounts Payable** increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **Fund Balance** increased as a result of operations.
- i. **Current Capital Projects** decreased as a result of funding various Board approved capital projects for fiscal year 2021.
- j. **Days of Operation in Reserve for Total Agency** is 167 days and for **Core Business** is 101 days versus 171 and 110 days for the prior month, respectively.

### III. Investment Portfolio

- a. Total investments as of December 31, 2020 is \$104,787,502 of which 100% is in government pools (Texas Class 59% and Texpool 41%).
- b. Investments this month yielded interest income of \$12,038.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD  
INVESTMENT PORTFOLIO  
January 31, 2021

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpoo/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpoo/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
<b>GOVERNMENT POOLS</b>												
TEXAS CLASS - GF G/L 120700		75,695,899	-	(14,000,000)	7,714		61,703,613		58.88%		0.1316%	
TEXPOOL ISF G/L 120610		2,288,548	-	-	154		2,288,702		5.31%		0.0793%	
TEXPOOL GF G/L 120600		1,001,412	-	-	67		1,001,479		2.32%		0.0793%	
TEXPOOL PRIME G/L 120620		39,789,678	-	-	4,030		39,793,708		92.36%		0.1192%	
Subtotal Texpool		43,079,638	-	-	4,251		43,083,889		41.12%			
<b>Subtotal Government Pools</b>		<b>118,775,537</b>	<b>-</b>	<b>(14,000,000)</b>	<b>11,965</b>		<b>104,787,502</b>		<b>100.00%</b>			
<b>TOTAL INVESTMENTS</b>		<b>\$ 118,775,537</b>	<b>\$ -</b>	<b>\$ (14,000,000)</b>	<b>\$ 11,965</b>	<b>\$ -</b>	<b>\$ 104,787,502</b>		<b>100.00%</b>			

Total Investment Interest G/L 409000 & 409005  
Depository Bank Interest G/L 409000  
Total Interest

11,965  
73  
\$ 12,038

3 Month Weighted Average Maturity (Days) 1.00  
3 Month Weighted Average Yield 0.1312%  
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) 0.0795%

# EXHIBIT F-5



# Highlights from HHSC COVID-19 Fiscal Impact Report

Update for the Resource Committee

February 16, 2021

**Sean Kim**

Chief Financial & Administrative Officer

# January 2021 vs. FY2019 Monthly Average



## Overview

- HHSC developed the COVID-19 Fiscal Impact Report to assess statewide financial impact of the pandemic
- Reports are due monthly for the duration of the pandemic
- Compares recent month Revenues/Expenses to FY2019 monthly average Revenues/Expenses
- Reports will inform decisions on the allocation of potential funding to offset costs/revenue losses

## Revenue/Expense Categories with Material Variances

Revenue/Expense Category	FY2019 Ave Monthly	January 2021	Jan 2021 Variance	March to Jan Variance	Details
Employer Paid Time Off (EPTO)	\$ 0	\$ 17,388	(\$ 17,388)	(\$ 294,341)	• COVID-19 positive employees in High-Risk Units
Equipment	\$ 463,795	\$ 724,969	(\$ 261,174)	(\$ 1,123,461)	• Increased IT expenses in FY2021
Supplies	\$ 2,108,104	\$ 1,581,070	\$ 527,034	\$ 2,681,785	• Lower PPE prices, reduction in office supplies
3 <sup>rd</sup> Party Billing Revenue	\$ 3,226,189	\$ 3,059,033	(\$ 167,156)	(\$ 1,619,715)	• Reduced consumer encounters
			<b>SUB-TOTAL (\$ 355,731)</b>		
			Continuous Care Performance Awards – Sep 2020 (\$ 1,786,540)		
			<b>TOTAL (\$ 2,142,271)</b>		

## Looking Forward

- EPTO has generally trended downward from peak in July 2020
- Equipment/software expenses are expected to stabilize throughout FY2021 other than Epic equipment upgrade (FY2021 Capital)
- PPE purchases will continue in order to maintain adequate reserve of masks, gloves, etc.

# EXHIBIT F-6



February 16, 2021

**Request for Board Approval  
Payment of SABA Software Invoice #40032**

**Background:** SABA Software, Inc. is the Agency's learning management system and provider of cloud-based education and development courses for staff. The SABA platform includes employee training courses such as Center Mission, Office Safety and Ergonomics, Sexual Harassment, Cyber Security, Consumer Rights, Diversity and Employment Law, and many more.

The contract term related to this subscription service is 09/01/2019 – 08/31/2020, the FY2020 Contract ID is 6993, and the related FY2020 PO number is CT139662.

**Issues:** Due to timing issues such as late receipt of the invoice from the vendor along with internal delays, the Agency was not able to pay the \$53,994.60 invoice prior to FY2020 close. Therefore, the invoice payment will come from FY2021 funds and requires Board approval to pay from requisition as the FY2020 PO is now closed out.

<p><b>Request Summary:</b> Board authorization to pay Invoice #40032 in the amount of \$53,994.60 to SABA Software, Inc. for FY2020 cloud package subscription annual licensing fees.</p>
---

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer  
The Harris Center for Mental Health and IDD

# EXHIBIT F-7

# RENEWALS OVER 50k

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 \$50,000 AND MORE

		CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS						
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2020 NTE AMOUNT	FY2021 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<i>CROSS FISCAL YEAR CONTRACT RENEWALS</i>								
ADMINISTRATION								
1	Diamond Dugs, Inc. dba Diamond Pharmacy Services	No	Drug Dispensing Services	\$195,000.00	\$195,000.00	02/01/21- 01/31/22	County Funds	Tag-On to Harris County Job No. 16/0272 Drug dispensing services to consumers in the TCOOMMI program and for the New Start Program.
CRISIS SERVICES								
FORENSICS								
2	Dr. Amber Burks		Tele-Psychiatry Services	\$139,200.00	\$208,000.00	04/01/21- 03/31/22	County Funds	Tele-Psychiatry Services to children and adolescent juveniles within the placement facilities (Katy Leadership, Youth Village and BBRC).

**EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether or not the contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022. In the event of non-renewal, please provide the reason.

**A. FY 2020/2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7247	
New Database ID#:	7247	
Contractor Name:	Diamond Drugs, Inc. dba Diamond Pharmacy Services Tag-On to Harris County Job No. 16/0272	
Service (brief description):	Drug dispensing services to consumers in the TCOOMMI program and for the New Start program.	
Contract NTE ( your current budget):	\$195,000.00 (Funding through 1/31/21) \$125,000.00-6303 (New Start) \$70,000.00-6401 (DDRP-CSCD)	
Responsible Staff Person:	Mona Jiles/Daryl Orsak	
Rate(s)/Rate(s) Description:	Varies	
Unit(s) Served:	6303 and 6401	
G/L Code(s):	547001	
FY20 Purchase Order Number:	CT140656	

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY20/FY21? (Y) \_\_\_\_ (N) X.
2. Were Services delivered as specified in the contract? (Y) X (N) \_\_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/FY2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the1 Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2020/FY2021:

Please provide the NTE for FY21/FY22 195,000.  
 FY21/FY22 Rate(s) \_\_\_\_\_ UNIT 6303 GL CODE 547001 and  
 UNIT 6401 GL CODE 547001.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21		
FY22		
FY23		

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X
3. Is the payment deadline different than net (30)? If so, please provide the due date \_\_\_\_\_ [i.e. net 45, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract Daryl Orsak and Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract Daryl Orsak.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

 (Signature). REQUIRED

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether or not the contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/FY2022. In the event of non-renewal, please provide the reason.

**A. FY 2020/2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7697
New Database ID#:	N/A
Contractor Name:	Dr. Amber Burks
Service (brief description):	Tele-Psychiatry Services to children and adolescent juveniles within the placement facilities (Katy Leadership, Youth Village and BBRC)
Contract NTE ( your current budget):	\$139,200.00
Responsible Staff Person:	Mona Jiles/Betty Adams
Rate(s)/Rate(s) Description:	200 per hour for a minimum of twenty (20) scheduled hours per week, including afterhours.
Unit(s) Served:	6703
G/L Code(s):	540503
FY20 Purchase Order Number:	CT140144

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY20/FY21? (Y)\_\_\_ (N) X\_\_.
2. Were Services delivered as specified in the contract? (Y) X\_\_ (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X\_\_ (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X\_\_ (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X\_\_ (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X\_\_ (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X\_\_ (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X\_\_ (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/FY2022 with this Contractor? (Y) X\_\_ (N) \_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2020/FY2021:

Please provide the NTE for FY21/FY22 \$208,000.00.

FY21/FY22 Rate(s) \_\_\_\_\_ UNIT 6703 GL CODE 540503 and  
UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_.

Off-Cycle Breakdown	Funding Period if Applicable	Contract Amount
FY21		
FY22		
FY23		

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/FY 2022 Not to Exceed Amount for Master Pooled Contracts: N/A.

E. CONTRACT FUNDING SOURCE: County [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]

F. CONTRACT CONTENT CHANGES:

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X
3. Is the payment deadline different than net (30)? If so, please provide the due date \_\_\_\_\_ [i.e. net 45, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract Betty F. Adams and Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract Sheenia Williams-Wesley.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

Sheenia Williams-Wesley (Signature). REQUIRED  
bpa

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

Betty F. Adams / Monalisa Jiles 11/29/21 (Signature). REQUIRED

2a

# EXHIBIT F-8

# **AMENDMENTS OVER 50k**

	FY20 AMENDMENTS	*CROSS FISCAL YEAR AMENDMENTS	*MULTI-YEAR AMENDMENTS							
	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION									
1	McKesson Corporation	No	Medical Supplies and Equipment	\$260,000.00	\$2,500.00	\$262,500.00	09/01/20- 08/31/21	GR	Tag-On	To amend funds to cover medical surgical supplies for the Agency through 08/31/21 billing cycle.

Contract Section **Contractor \***

MCKESSON MEDICAL SUPPLIES AND EQUIPMENT

**Contract ID # \***

7137

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

The Harris Center and McKesson Medical Supplies and Equipment

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 260,000.00

**Increase Not to Exceed \***

\$ 2,500.00

**Revised Total Not to Exceed (NTE) \***

\$ 262,500.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 262,500.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

Funds to cover Medical surgical supplies for the Agency thru 8/31/2021 billing cycle.

Contract Owner\*

Deborah Sweat

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

15+ years.

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

Yes  No  Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

SARAH BRADY-ZUJIC, Account Manager

Address\*

Street Address

9954 Maryland Drive, Suite 4400

Address Line 2

City

Richmond

Postal / Zip Code

23233

State / Province / Region

VA

Country

United States

Phone Number\*

713-337-4677; 800-767-6339, opt. 16

la

Email\*

sarah.zujic@mckesson.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 2,500.00	547002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	

Provide Rate and Rate Descriptions if applicable\* (?)

Various

Project WBS (Work Breakdown Structure\* (?)

N/A

Requester Name

ARCENEUX, LINDA M.

Submission Date

1/4/2021

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

1/4/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*D. Sweet*

Approval Date

1/4/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Belin*

Approval Date\*

1/6/2021

# EXHIBIT F-9

# **INTERLOCAL AGREEMENTS**

CONTRACTORS		HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY21 CONTRACTS</b>							
<b>INTERLOCALS</b>							
1	Harris County	No	Discharge Planning Services for Inmates	Revenue Renewal/Interlocal \$1,130,298.00	03/01/20- 02/28/21	County Funds	Discharge Planning Services for Inmates Housed in Harris County Detention Facilities Operated by Sheriff's Office
2	Harris County Juvenile Probation Department	No	TRIAD Forensic Unit	Revenue Renewal/Interlocal \$1,038,975.00	03/01/21- 02/28/22	County Funds	Pending Harris County Approval. Increase in NTE from \$1,006,129.00 to \$1,038,975.00
3	Harris County Juvenile Probation Department	No	TRIAD Prevention Program	Revenue Renewal/Interlocal \$397,655.00	03/01/21- 02/28/22	County Funds	Pending Harris County Approval. Increase in NTE from \$392,374.00 to \$397,655.00
4	Texas Workforce Commission	No	Software Access	New Interlocal \$3,000.00	02/01/21- 01/31/22	GR	Access wage information to determine client eligibility.

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 contract details information is provided below for your information but should not be revised on this document. Please evaluate the contractor's performance, and advise whether or not the contract should be renewed. If the contract is recommended for renewal provide the FY21/22 information where requested starting with Section "B".

**A. FY 2020/2021 CONTRACT INFORMATION**

Contract ID#:	6552
New Database ID#:	N/A
Interlocal Agreement:	Yes
Contractor Name/Party:	Harris County
Contract Term:	March 1, 2020 – February 28, 2021
Service (brief description):	Discharge Planning Services for Inmates Housed in Harris County Detention Facilities Operated by Sheriff's Office.
Responsible Staff Person:	Mona Jiles/Sean McElroy
Rate(s)/Rate(s) Description:	N/A
Date Presented To:	January Resource 1/19/2021

**B. EVALUATION OF FY20/21 PERFORMANCE**

Contractor has made all payment(s) to Agency in accordance with the terms of the Contract?

YES  NO .

If not, please provide an explanation in the comments section below.

Comments/Other Concerns

**IS THIS SERVICE REQUIRED FOR FY 2021/2022? Renewal Term: 03/01/21 -02/28/22.**

YES  NO .

**If NO, provide a reason for non-renewal, sign and return the form to the Contracts Services via email or internal routing envelopes.**

**C. COMPLETE THIS SECTION IF CONTRACT IS BEING RENEWED.**

**1. Renewal information for FY21/22. Should this contract be renewed with the rates and units as shown above for FY21/22?**

YES X NO \_\_\_\_\_.

**2. FY FY22 "Not to Exceed Amount:" 1,130,298.00.**

**If NO, please complete the following for FY 21/22:**

**1. Period of contact if other than one full year (Agency fiscal year): FY2021/2022.  
Contract begins on \_\_\_\_\_ and will end on \_\_\_\_\_.**

**2. Should changes be made to contract terms or conditions?**

YES \_\_\_\_\_ NO \_\_\_\_\_. If, so what are the requested changes?

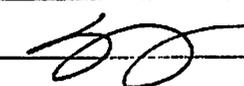
**3. Will the scope of services change or remain the same?**

YES \_\_\_\_\_ NO \_\_\_\_\_. If, so what are the changes?

**REQUIRED APPROVALS:**

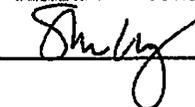
*(Staff Responsible for this contract in FY2021-2022)*

Date: 12.30-2020

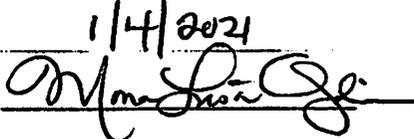
Signature:  Sean McElroy, M.Ed., LPC-S

*(The signature of the Budget Manager verifies that the financial information is correct.)*  
**Division Budget Manager:**

Date: 12/30/2020

Signature:  Sheenia Williams-Wesley

**Director, Division Vice President or Chief as applicable:**

Date: 1/4/2021  
Signature: 

la

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether the contract should be renewed or not. If the contract is recommended for renewal, please provide the FY21/22 information where requested where requested starting with Section "B".

**A. FY 2020/2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7170
New Database ID#:	N/A
Contractor Name:	Harris County Juvenile Probation Department
Interlocal Agreement:	Yes
Service Description:	TRIAD Forensic Unit
Responsible Staff Person:	Betty Adams/Mona Jiles
Current Not To Exceed Amount:	\$1,006,129.00
Rate(s)/Rate(s) Description:	N/A
Date Presented To Board:	

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Payment to The HARRIS CENTER according to the terms of the Contract?  
(Y) X (N) \_\_\_\_.
2. If not, please provide an explanation in the comments section below.

**Comments/Other Concerns**

FY2021/2022 NTE amount is pending Harris County approval

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y) X (N) \_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D and E.]

D. RENEWAL INFORMATION FOR FY2021/2022:

Please provide the FY21/22 Not To Exceed Amount.  
\$1,038,975.00

List all applicable rates. Attach additional pages if necessary. [Please verify with Budget Manager].

E. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract: Betty F. Adams/Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract: Sheenia Williams-Wesley.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

Date: 1/26/2021

Signature:  . REQUIRED

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

Date: 1/26/2021

Signature:  . REQUIRED

NOTE 1: INCOMPLETE OR INCORRECT EVALUATION FORMS

Please contact Sheenia Williams-Wesley (7269) or Monalisa Jiles (3361) if you have any questions. Incomplete or incorrect evaluations will be returned and may cause delay in contract start date.

NOTE 2: RETURNING FORMS

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether the contract should be renewed or not. If the contract is recommended for renewal, please provide the FY21/22 information where requested where requested starting with Section "B".

**A. A. FY 2020/2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7168
New Database ID#:	N/A
Contractor Name:	Harris County Juvenile Probation Department
Interlocal Agreement:	Yes
Service Description:	TRIAD Prevention Program
Responsible Staff Person:	Betty Adams/Mona Jiles
Current Not Too Exceed Amount:	\$392,374.00
Rate(s)/Rate(s) Description:	N/A
Date Presented To Board:	

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Payment to The HARRIS CENTER according to the terms of the Contract?  
(Y)  (X)  (N) .
2. If not, please provide an explanation in the comments section below.

**Comments/Other Concerns**

FY2021/2022 NTE amount is pending Harris County approval

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y)  (X)  (N) .
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D and E.]

D. RENEWAL INFORMATION FOR FY2021/2022:

Please provide the FY21/22 Not To Exceed Amount.  
\$397,655.00

List all applicable rates. Attach additional pages if necessary. [Please verify with Budget Manager].

E. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract: Betty F. Adams/Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract: Sheenia Williams-Wesley.

APPROVALS:

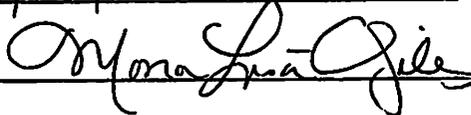
Budget Manager: Sheenia Williams-Wesley (Printed Name)

Date: 1/26/2021

Signature:  REQUIRED

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

Date: 1/26/2021

Signature:  REQUIRED

NOTE 1: INCOMPLETE OR INCORRECT EVALUATION FORMS

Please contact Sheenia Williams-Wesley (7269) or Monalisa Jiles (3361) if you have any questions. Incomplete or incorrect evaluations will be returned and may cause delay in contract start date.

NOTE 2: RETURNING FORMS

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.



# Executive Contract Summary

## Contract Section

**Contractor \***

Texas Workforce Commission

**Contract ID # \***

2021-0042

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Texas Workforce Commission and The Harris Center for Mental Health and IDD

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

2/1/2021

**Contract Term End Date \* (?)**

1/31/2022

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

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 3,000.00

**Funding Source \***

General Revenue (GR)

4

**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\* (?)**

Access wage information to determine client eligibility.

**Contract Owner\***

Michael Downey

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

02-01-2020 to 01-31-2021

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

- Yes
- No
- Unknown

**Please provide an explanation\***

Monthly access

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Christopher Murphy, CTCD

**Address\***

Street Address

Contract Administration Department

Address Line 2

1117 Trinity Street, Room 342T

City

Austin

State / Province / Region

TX

Postal / Zip Code

78701

Country

USA

**Phone Number\***

512-936-6402

**Email\***

christopher.murphy@twc.state.tx.us

**Budget Section**

Ha

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2299	\$ 3,000.00	574000
<b>Budget Manager</b> SHELBY, DEBBIE C		<b>Secondary Budget Manager</b> LOERA, ANGELICA D

Provide Rate and Rate Descriptions if applicable \* (?)  
0.00

Project WBS (Work Breakdown Structure \* (?)  
0.00

Requester Name: SHELBY, DEBBIE C  
Submission Date: 12/15/2020

#### Budget Manager Approval(s)

Approved by: *Debbie Chambers Shelby*  
Approval Date: 12/15/2020

#### Procurement Approval

Approved by: *Sharon Brauner*  
Approval Date: 12/22/2020

#### Contract Owner Approval

Approved by: *Mike Downey*  
Approval Date: 1/4/2021

#### Contracts Approval

Approve \*  
 Yes  
 No, reject entire submission  
 Return for correction

Approved by \*  
*Shaskyia Behm*  
Approval Date \*  
1/6/2021

# EXHIBIT F-10

# **RATIFICATIONS**

## **CONTRACTS OVER 50k**

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY21 CONTRACTS</b>									
	<b>RATIFICATIONS</b>									
1	Raven Mechanical, LP	No	Facility Specialty Services: Plumbing; HVAC	\$61,753.00	\$10,000.00	\$71,753.00	09/01/20- 08/31/21	FM21.1126.22	RFP	08/31/21 and increase dollar amount to complete work at 6160 South Loop East Location.
2	Raven Mechanical, LP	No	Facility Specialty Services: Plumbing; HVAC	\$71,753.00	\$20,752.00	\$92,505.00	09/01/20- 08/31/21	FM21.1126.22	Competitive Proposal	Replacement of domestic hot water storage tank at 6160 South Loop east Location. Tank is leaking and cannot be repaired. Replacing with larger (350 gallon) tank.
3	Todd and Troy Electrical Contractors dba TNT Electrical Contractors	No	Electrical Services	\$66,887.00	\$27,171.60	\$94,058.60	09/01/20- 08/31/21	FM21.1126.22	RFP	Electrical work required to obtain the Occupancy Permit and complete the job at 6160 South Loop East Location, additional invoices added to complete the work total \$27,171.60.
4	Todd and Troy Electrical Contractors dba TNT Electrical Contractors	No	Electrical Services	\$94,058.60	\$10,000.00	\$104,058.60	09/01/20- 08/31/21	FM21.1126.22	RFP	To amend funds for anticipated work during roof replacement.

Contract Section **Contractor \***

Raven Mechanical

**Contract ID # \***

6874

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Raven Mechanical LP and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 61,753.00

**Increase Not to Exceed \***

\$ 10,000.00

**Revised Total Not to Exceed (NTE) \***

\$ 71,753.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 71,753.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

extend contract through 08/31/2021 and increase dollar amount to complete work at 6160 S. Loop East

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

09/01/2012 to present - plumbing and HVAC

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

Yes  No  Unknown

Please provide an explanation\*

does not meet requirements

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Raven Mechanical / Dustin Kelly

Address\*

Street Address

1618 Buschong Street

Address Line 2

City

Houston

Postal / Zip Code

77039

State / Province / Region

TX

Country

United States

1a

Phone Number\*

2819871618

Email\*

dustin@ravenmechanical.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 10,000.00	556000

Budget Manager  
BROWN, ERICA S.

Secondary Budget Manager  
CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable\* (?)

10,000.00 being added for pending requests

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

HARPER, SARAH A

Submission Date

1/15/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

1/15/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

1/19/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Betu*

Approval Date\*

1/20/2021



# Executive Contract Summary

## Contract Section

**Contractor \***

Raven Mechanical

**Contract ID # \***

6874

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Raven Mechanical and The Harris Center for MH and IDD

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 71,753.00

**Increase Not to Exceed \***

\$ 20,752.00

**Revised Total Not to Exceed (NTE) \***

\$ 92,505.00

2

Fiscal Year\* (?) 2021 Amount\* (?) \$ 92,505.00

Funding Source\* General Revenue (GR)

Contract Description / Type\* (?)

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

Justification/Purpose of Contract/Description of Services Being Provided\* (?) Replacement of domestic hot water storage tank @ 6160 South Loop East. Tank is leaking and cannot be repaired. Replacing with larger (350 gallon) tank.

Contract Owner\* Todd McCorquodale

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

Please add previous contract dates and what services were provided\* 9/1/2012-present - Plumbing and HVAC services

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

Please provide an explanation\* Is not a HUB

Community Partnership\* (?) Yes No Unknown

Supporting Documentation Upload (?) Raven Hot Water Tank Quote.pdf 445.48KB Letsos Hot Water Tank Quote.pdf 131.27KB

Vendor/Contractor Contact Person

Name\* Dustin Kelly

Address\* Street Address 1618 Buschong Street Address Line 2

City Houston State / Province / Region TX Postal / Zip Code 77039-1207 Country US

2a

Phone Number\*

281-987-1618

Email\*

dustin@ravenmechanical.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 20,752.00	556000

Budget Manager  
BROWN, ERICA S.

Secondary Budget Manager  
CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable\* (?)

See attached quote with addition for 350 gallon tank

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

CANTU-ESPINOZA, LISA A.

Submission Date

1/20/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

1/21/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquedale*

Approval Date

1/21/2021

Contracts Approval

Approve\*

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

2c

Approved by\*

*Shadejia Betu*

Approval Date\*

1/22/2021



# Executive Contract Summary

## Contract Section



**Contractor \***

Todd and Troy Electrical Contractors DBA TNT Electrical Contractors

**Contract ID # \***

6871

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

TNT Electrical Contractors and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 66,887.00

**Increase Not to Exceed \***

\$ 27,171.60

**Revised Total Not to Exceed (NTE) \***

\$ 94,058.60

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 94,058.60

Funding Source \*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

Electrical work required to obtain the Occupancy Permit and complete the job at 6160 S Loop East, additional invoices added to complete the work totaling \$27,171.60

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

Please add previous contract dates and what services were provided\*

09/01/2012 to present / electrical services

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

- TNT 6160 south loop east city of houston occupancy 12012020.doc 56KB
- TNT 6160 south loop east freeway extras 12242020.doc 44KB

Vendor/Contractor Contact Person

Name\*

TNT Electrical Contractors / Troy Smith

Address\*

Street Address

4124 Dayco Street, Ste.E

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092-4450

Country

United States

Phone Number\*

7136868586

30

Email\*

troy@tntelectric.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 27,171.60	556000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

see attached quotes for \$27,171.60 to be added to contract

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

HARPER, SARAH A

Submission Date

1/5/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

1/5/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

1/5/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Betu*

Approval Date\*

1/5/2021



# Executive Contract Summary

## Contract Section



**Contractor \***

Todd and Troy Electrical Contractors DBA TNT Electrical Contractors

**Contract ID # \***

6871

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

TNT Electrical Contractors and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 94,058.60

**Increase Not to Exceed \***

\$ 10,000.00

**Revised Total Not to Exceed (NTE) \***

\$ 104,058.60

4

Fiscal Year\* (?)

2021

Amount\* (?)

\$ 104,058.60

Funding Source \*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

add funds for anticipated work during roof replacement

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided\*

09/01/2012 to present - electrical work

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

- Yes
- No
- Unknown

Please provide an explanation\*

does not meet requirements

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

TNT Electrical Contractors / Troy Smith

Address\*

Street Address

4124 Dayco Street, Ste.E

Address Line 2

City

Houston

Postal / Zip Code

77092-4450

State / Province / Region

TX

Country

United States

Phone Number\*

7136868586

Ha

Email\*

troy@tntelectric.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 10,000.00	556000
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

10,000.00 added for roof replacement related work

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

HARPER, SARAH A

Submission Date

1/15/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

1/15/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

1/19/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behu*

Approval Date\*

1/20/2021

4b

# EXHIBIT F-11

Transforming Lives



# Epic EHR Implementation Project

Board Update – Feb. 2021



Presented By: Mustafa Cochinwala, Chief Information Officer  
and Jennifer Martin, Director of IT EHR

# Project Scorecard

	Current	Change from Previous	Comments
Overall			Patient duplicate rate is 10%.
Project Scope			
Schedule/Milestone Dates			Team is on track to meet milestones, but need to complete all items on schedule.
Budget			
Resources			
Leadership/Sponsors			
Third Party Contracts (Test System Standup)			
Operational Readiness			

Excellent - 5	Satisfactory - 4	Watch - 3	Serious - 2	Critical - 1	Improved	Declined
					↑	↓

# Milestones/Schedule

Legend: (#) = Payment Milestones; Phases = Contractual Milestones

Not Started	In Progress	Completed
-------------	-------------	-----------

Milestones	Original Planned Start Date	Original Forecast Completion Date	Status
Third Party Contracts – contract amend only	05/28/19	03/01/21	In Progress
Strategic Meeting	03/03/21	03/03/21	Not Started
Pre-Kick off Readiness Items	03/01/20	05/15/20	Completed: 05/15/20
Project Kick off – The Harris Center (1)	04/02/20	04/02/20	Completed: 04/02/20
Phase 0: Pre-Work	03/23/20	06/12/20	Completed: 06/12/20
Analysis Complete (2)	06/12/20	06/12/20	Completed: 06/12/20
Phase 1: WFWT & Configuration	06/15/20	<del>11/27/20 01/08/21</del>	Completed: 01/15/21
Third Party Contracts – needed for testing	05/28/19	<del>06/12/20 10/30/20 11/06/20 12/11/20 01/08/21</del>	Completed: 01/15/21
Build Bucket 4 Completion	09/18/20	09/18/20	Completed: 09/25/20
Phase 2: User & System Readiness	08/24/20	04/02/21	In Progress
Training Materials Complete (3)	11/06/20	<del>11/06/20 11/25/20 12/15/20</del>	Completed: 12/15/20 HIM moved to 02/08/21
Testing Complete (4)	02/05/21	02/05/21	Not Started
Phase 3: Training	03/08/21	04/09/21	Not Started
First Day of Training (5)	03/08/21	03/08/21	Not Started
Phase 4: Go-Live	04/10/21	04/30/21	Not Started
Go-Live (6)	04/10/21	04/10/21	Not Started
Phase 5: Post-Live Optimization	05/03/21	07/23/21	Not Started
Project Close Out	08/06/21	08/06/21	Not Started

# What's Next?

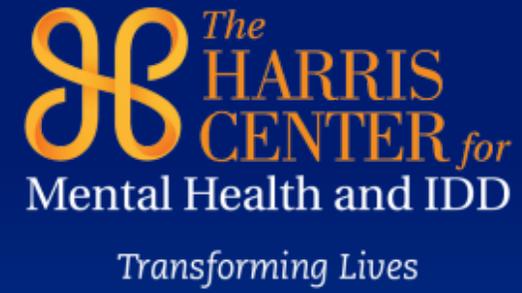
## Project Timeline

### February

- 2/01: Begin pilot TDR
- 2/03: 60 Day GLRA
- 2/05: Complete all testing
- 2/08: Begin TDR
- 2/08 – 2/26: CT200
- 2/15: Full-scale conversion testing
- 2/16: Complete training registration
- Participate in readiness events

### March

- 3/01: Super User training
- 3/03: 30 Day GLRA
- 3/08: End user training begins
- 3/10: PRD conversions
- 3/19: Build freeze
- 3/22: No-Go/Go decision
- 3/26: Appointment conversion
- Participate in readiness events



**Thank You**

# EXHIBIT F-12



# Holmusk - Solving the Behavioral Health Evidence Gap

## Holmusk, The Harris Center and UT Health/HCPC Partnership

January 2021

# Contents

1. Company Mission
2. About Us
3. Data Partnership Overview

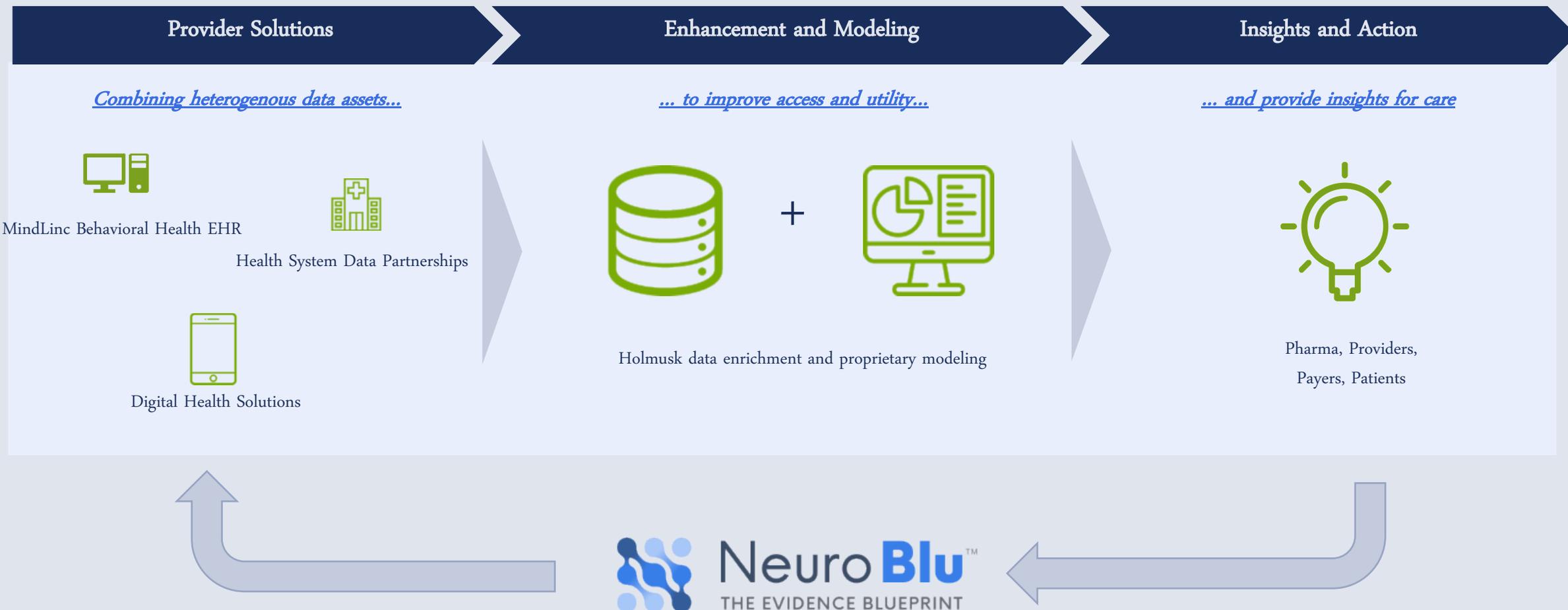


# 1. Company Mission

# Our mission

*We are building the largest  
Real-World Evidence platform to solve the behavioral health evidence  
gap **in order to ...***

# ...Generate evidence to transform mental health care



# ... **To enable** improvement in behavioral healthcare

**Collaboration Objective:** Mutually beneficial partnership to:



Improve Quality of Care

Through Holmusk's digital solutions and provider data partnerships



Improve Clinical Operations

Through Holmusk's custom analytics



Advance Research

Through Holmusk's RWE data solution NeuroBlu™

Building with the spirit of climbing Mount Everest



## 2. About Us

# Holmusk leadership team

Management Team



**Nawal Roy**

Founder & CEO

Nawal is Founder and CEO of Holmusk. Prior to Holmusk, Nawal founded and led HelloPay (a Rocket Internet Venture), and spent time serving global clients at McKinsey and Credit Suisse.



**Dr. Yau Teng Yan**

Chief Digital Therapeutics Officer

Dr. Yau Teng Yan (MBBS, M.Med, FRCR) is a medical doctor with 8 years of professional experience in Singapore. He focuses on developing Digital Solutions to transform care.



**Sai Subramanian**

Chief Technology Officer

Subra is a Computer Engineer from NUS. As our Chief Technology Officer, he brings his expertise to developing tools and solutions at scale for Holmusk and our clients.



**Joydeep Sarkar**

Chief Analytics Officer

As a trained biomedical researcher, Joydeep brings a wealth of experience in pioneering predictive tools for clinical trials, translational research, clinical decision support and smart devices.



**Tony Tramontin**

Chief of Strategic Partnerships

Tony brings over two decades of scientific and leadership experience to Holmusk, having served as Chief Scientific Officer at Axcella Health and as a partner in McKinsey's Life Sciences practice.

Board



**Michael Weintraub**

Arqus Advisory  
Board Chairman

Michael is an experienced healthcare venture capitalist. He was Co-Founder and Chief Executive Officer of Humedica, a pioneer and leader in the field of population health management and big data.



**Vijay Barathan**

Optum Ventures  
Board Director

Vijay is a medical doctor turned investment banker and VC. He has managed investments across life sciences, with a focus on digital health and data.



**Charles Boorady**

Health Catalyst Capital  
Board Director

Charles has over 25 years of experience with healthcare investments, having spent time as a leading healthcare equity analyst at Credit Suisse, Goldman, and Citi.

# Holmusk in numbers

 **Founded in 2015**

 **A diverse, global team**

**90+ Team Members**

**18+ Nationalities**

**48% Female 52% Male**



Key  Headquarters  Existing  Planned

 **World's Largest Behavioral Health Clinical Database**

 **550k+**  
Patients



**25**  
EHR sites

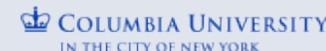


**50 million+**  
rows of data

 **Flagship Product**



 **15+ Global Partners**



 **15 Awards**



## 3. Data Partnership Overview

# Proposal for The Harris Center

Reduce hospitalizations, improve patient outcomes and better allocate resources by gathering and analyzing patient data



## Maximize outpatient treatment & prevent avoidable hospitalizations

- Create a longitudinal record for each patient by uniquely connecting patient records from UT Health/HPCPC and The Harris Center data systems
- Possibly display longitudinal record to The Harris Center clinicians for clinical decisions



## Custom Analytics Projects

- Individual problem statements based on The Harris Center's priorities
- Mutually beneficial problem statements defined collectively between UT Health/HPCPC and The Harris Center



## Improve clinical operations

- Gain real-time access to your own EHR & Practice Management data
- Supplement this access with custom analytics for clinical, administrative and operational improvements

# Examples of Custom Analytics Projects

Individually or collectively defined problem statements



## The Harris Center

- Identify patients who are at growing risk of hospitalization by analyzing patient trajectories and outpatient treatment over time responses to medications
- Identify level of care for patients to mitigate risk of readmission
- Possibly personalize care delivery by assessing and evaluating Social Determinants of Health with EHR data and apply predictive analytics to optimize outcomes across patient groups



## UT Health / HCPC

- Identify patients who are at risk of violent behavior behavior during their stay
- Identify patients who are at risk of post-discharge suicide/self harm

# Proposal for The Harris Center

## cont

Holmusk provides **data engineering, data science and data analysis capabilities**. Timelines defined for each Custom Analytics Project.



### IT Resources from The Harris Center

- Light workload.
- Mostly related to initial setup and access to database.
- Supporting role on an on-going basis



### Timelines

- Initial record linking for longitudinal record will take 3-6 months
- Customized timelines for each Custom Analytics Project

# Patient Consents

Patient consent needed at deployment of algorithms from Custom Analytics Projects



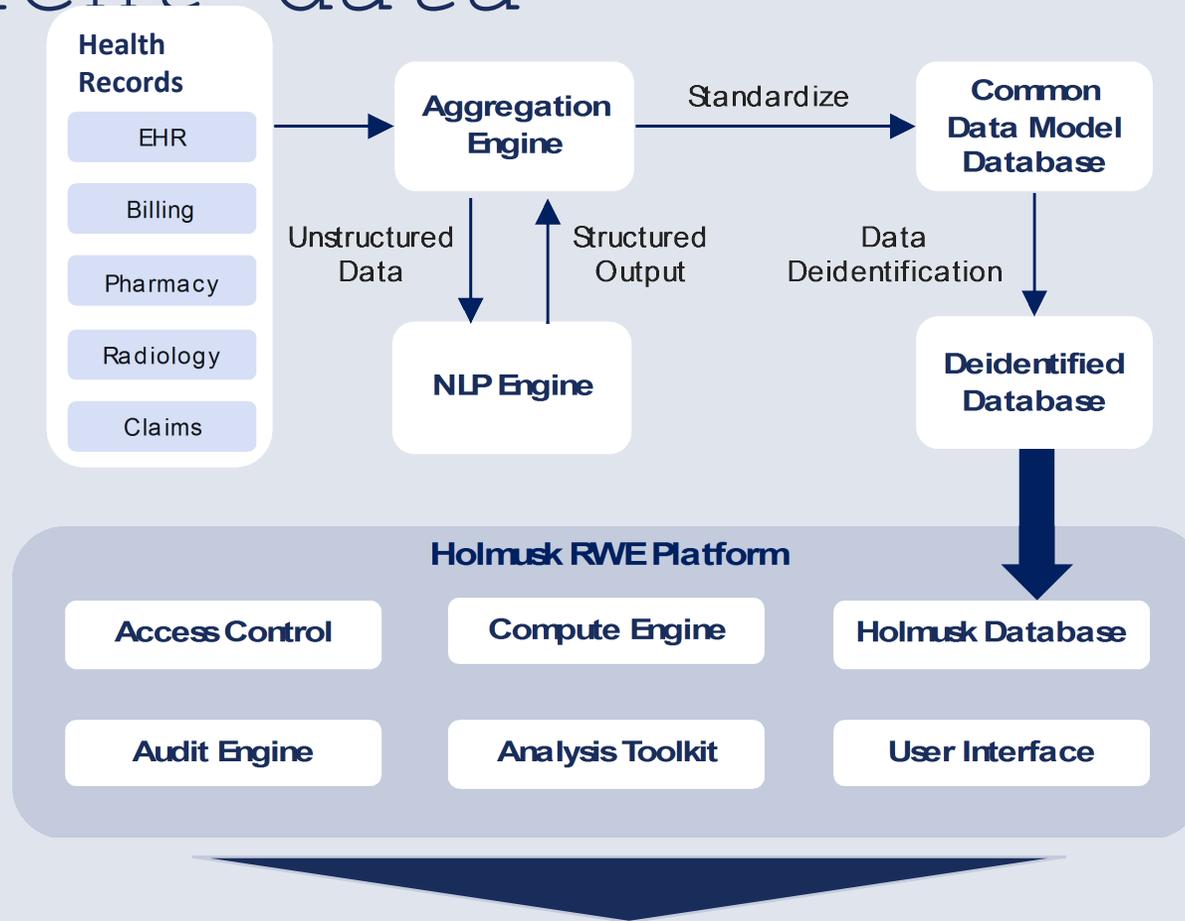
## Patient Consent

- Patient education is key.
- Longitudinal record created with de-identified record ONLY. No consent needed
- Patient consent needed when algorithms from Custom Analytics Projects are deployed in your EHR workflow which could be several months after we start.

# Ensuring deidentification of patient data



Collaborating Provider



## Data De-identification Operations

- HIPAA compliant Holmusk proprietary tool



## Data Security

- HITRUST Level 1 Compliant



## Data Privacy

- HIPAA Privacy Rule Safe Harbor Method to exclude PHI
- Longitudinal record encrypted key based on DOB, Age, Gender and SSN.



# IRB Requirements

Holmusk will work with The Harris Center on IRB approval if needed based on the problem statement definition



## IRB Approval

- Problem statement dependent.
- Some projects are exempted, some warrant them.
- IRB approval can be quick if project is low potential patient risk.
  
- Linking patient record most likely will not need IRB approval
- Developing predictive analysis from EHR with patient reported outcomes (if collected regularly already) is unlikely to need IRB review
- Data collected for research outside of regular practice requires IRB approval and patient consent

# Summary

We value your partnership and look forward to your participation in our journey to move mental health care forward together !



**Operationalize the partnerships with The Harris Center, UT Health/HPCPC and Holmusk**



**Longitudinal record between UT Health/HPCPC and The Harris Center**

- Part of the basic platform infrastructure
- No additional cost to UT Health/HPCPC or to The Harris Center
- Possibly display longitudinal record to the clinicians



**Custom Analytics Projects**

- Dedicated 1 data scientist for minimal 12 months at no cost
- Examples: Risk of hospitalization, Level of care to avoid readmission



**1 complimentary license to our NeuroBlu™ platform**

- To perform your own research analyses for publications

# Questions ?



# EXHIBIT F-13

# **NEW CONTRACTS UNDER 50k**

FY21 NEW CONTRACTS		*CROSS FISCAL YEAR CONTRACTS	*MULTI-YEAR CONTRACTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ADMINISTRATION</b>								
1	A to Z Sign Company, LLC	No	Sign Replacement Services	\$9,066.00	01/25/21- 08/31/21	FM21-1126.22	RFQ	Facilities request for replacement of the Freeway Sign, feeder, paint poles and upgrade lighting for The Harris Center 6160 location was received on Tuesday, January 12,2021. Two (2) vendor quotes were received: 1. A to Z Signs- \$9,066.00 (65% down payment) 2. Accent Sign & Awning Co. - \$14,050.00 (\$7,025.00 down payment) Facilities Services recommendation is to move forward with the vendor with the lowest price: A to Z Signs.
2	Atlas-Gulf Coast, Inc. dba Atlas Foundation Repair	No	Repair Services	\$8,650.00	03/01/21- 08/31/21	GR	RFQ	Facilities request for Westbury's Foundation repair- 5707 Warm Springs was received on Tuesday, January 12 ,2021. Two (2) vendor quotes were received: 1. Atlas Foundation Repair- \$9,050.00 (deposit paid \$400.00- balance \$8,650.00) 2. Olshan- \$53,137.00 Facility Services recommendation is to move forward with the vendor with the lowest price (Atlas Foundation). Foundation repair at 5707 Warm Springs scheduled for March 18th and 19th.
3	Knowledge Key Associates dba Training Camp	No	Training Camp Services	\$7,990.00	01/19/21- 08/31/21	GR	Sole Source	CISSP Boot Camp for IT Staff
4	Pixel Studio Productions, LLC	No	Educational and Professional Video Services	\$4,350.00	01/11/21- 08/31/21	State Grant		The Ed Emmett Jail Diversion Center provides an innovative solution to divert persons with mental illness before they are booked into the Harris County Jail. To help highlight the purpose and intent of the program, and its accomplishments, this video can help inform external stakeholders of the overall successes of the program. We would like an educational and professional video produced to showcase the program and to gain visibility across the nation.
<b>CRISIS SERVICES</b>								
<b>FORENSICS</b>								
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
5	Brieunna Lafleur	No	Community First Choice and Respite Services	\$8,000.00	01/12/21- 08/31/21	State Grant		To provide CFC and Respite Services for our TxHmL individual.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
6	PsiEngine Data Systems, LLC	No	Software/Licensing Agreement (PsyncWriter Software)		\$2,000.00	02/28/21- 08/31/21	State Funds	N/A	Licensing Service Agreement to provide Agency with 100 reports (purchased through PsyncWriter Group Software), which should provide one year of Full (IQ included) DID evaluations. We have an opportunity to ease report writing for Agency's DID Providers, which will reduce the time between the date of the DID intake to case referral for services, as well as the time it takes for individuals/families to have a personal copy of the eligibility report. Use of report writing software, which pulls information from electronic forms completed by consumer and psychometric data from the intake to compile a report and save the DID Provider writing time. This benefits THC by decreasing report production time from the date of the DID intake, which will decrease wait time to access desired services. Services include: 1.Configuration/Customization 2. Installation on Server 3. Access given to DID Providers. Setup access through tablet for consumer in lobby.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH SERVICES								
	PROGRAM MANAGEMENT								
	<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>								
	ADMINISTRATION								
7	Health Mart Atlas	No	Pharmacy Services		\$6,480.00	02/01/21- 01/31/22	State	Competitive Bid/RFQ	A request from Angie Babin, Pharmacy Director was received for PSAO-Pharmacy Services Administrative Organization/PBM Contracting Services. PBMs build networks of pharmacies to provide consumers convenient access to prescriptions at discounted rates. PBMs also monitor prescription safety across all of network pharmacies. This service is for RX's dispensed to patients with third party RX coverage/Medicaid/Medicare Part D. To go live in April 2021 post Epic conversion. The Agency needs to select a vendor now to have PBM contracts in place in time for Epic Go-Live. Three (3) vendor quotes were provided. Reasons why provider was selected are cost, size of PBM network and Medicare Part D status preferred in 2020. The recommendation is to move forward with Health Mart Atlas. FY21: \$3,780.00 FY22: \$2,700.00 Total NTE: \$6,480.00
8	Instamed/JP Morgan Chase	No	EPIC Credit Card Payment Processing System		\$24,586.20	01/22/21- 01/21/22	GR EHR21.1158.01	Sole Source	A Payment Process through EPIC

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
9	Letsos Company Mechanical Contractors	No	Removing and Reinstalling HVAC Services		\$7,710.36	01/02/21- 06/30/21	FM20.1126.09 changed to FM21.1126.19	RFQ	Capital Project FM20.1126.09 was put on hold due to COVID-19 and all quotes and prices had been given when the company was still under contract with the agency. Due to COVID-19 causing the project to be put on hold, it was rolled over to FY21 Capital Projects as FM21.1126.19. Letsos will be removing the old gas heaters and reinstalling electric / electric a/c split systems. Quote is for \$7,010.36 with contingency of \$700.00 for a total cost of \$7,710.36
10	Todd and Troy Electrical Contractors dba TNT Electrical Contractors	No	Furnace Replacement Services		\$43,521.50	01/02/21- 06/30/21	FM20.1126.09 changed to FM21.1126.19	RFQ	Capital Pro+A30:J32ject FM20.1126.09 to replace the gas furnace at the Pasadena Cottages was put on hold due to COVID-19. TNT shall provide all necessary electrical work to replace and upgrade furnaces. Quotes were received while Agency had a contract with T-N-T and the capital project was rolled over to FM21.1126.19. Due to COVID-19, the project was put on hold and is just now able to be completed. Cottage A cost is \$18,560.00, Cottage B cost is \$21,005.00 and contingency is \$3,956.50 for a total cost of \$43,521.50.

Contract Section **Contractor \***

A to Z Sign Company, LLC

**Contract ID # \***

2021-0055

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

A to Z Sign Company, LLC and The Harris Center for MH and IDD

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

1/25/2021

**Contract Term End Date \* (?)**

8/31/2021

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

n/a

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 9,066.00

**Funding Source \***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

Replacement of signage at 6160 South Loop East feeder, paint poles and upgrade lighting

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Please provide an explanation\***

Not a HUB

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

A to Z Sign Company.pdf	562.48KB
A to Z Sign Estimate.pdf	105.68KB
A to Z Sign exp 11_9_2021.pdf	42.79KB
A to Z Sign Proof.jpg	592.33KB



**Vendor/Contractor Contact Person**

**Name\***

Jose Ortiz

**Address\***

Street Address

3135 Golfcrest Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77087-2302

State / Province / Region

TX

Country

US

**Phone Number\***

832-863-2648

la

Email\*

atozsigns21@hotmail.com

## Budget Section

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 9,066.00	556000
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable\* (?)

See attached quote

Project WBS (Work Breakdown Structure\* (?)

FM21.1126.22

Requester Name

CANTU-ESPINOZA, LISA A.

Submission Date

1/21/2021

## Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

1/21/2021

## Procurement Approval

Approved by

*Sharon Brauner*

Approval Date

1/21/2021

## Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

1/21/2021

## Contracts Approval

Approve\*

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

1b

Approved by\*

*Shashya Belu*

Approval Date\*

1/25/2021



**Due Diligence for 6160 South Loop East Freeway Sign Replacement  
Project# PUR-FY21-0145**

Facilities request for replacement of the Freeway Sign for The Harris Center 6160 location was received on Tuesday, January 12, 2021.

Two (2) vendor quotes were received:

- 1. **A to Z Signs-** \$9,066.00 (65% down payment)
- 2. **Accent Sign & Awning Co. -** \$14,050.00 (\$7,025.00 down payment)

Facility Services recommendation is to move forward with the vendor with the lowest price.

**A to Z Signs**

Total NTE: (Not to Exceed) \$9,066.00

The Funding Source is Unit# 1126, GL Account# 556000 / Project FM21-1126.22

This purchase will made in accordance with Board of Trustees resolution, execution of authority dated August 26, 2020 allowing the Chief Executive Officer acquisition of real property, furnishing and equipment for improvements for property located at 6160 South Loop East, Houston, Texas 77087.

Submitted By:

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

Recommended By:

Nina M. Cook, MBA, CTPM  
Director of Purchasing

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

ld

Contract Section **Contractor \***

Atlas - Gulf Coast, Inc dba Atlas Foundation Repair

**Contract ID # \***

2021-0054

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Atlas Foundation Repair and the Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

3/1/2021

**Contract Term End Date \* (?)**

8/31/2021

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

short term agreement for roofing at 1860 location

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 8,650.00

**Funding Source \***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

Foundation repair at 5707 Warm Springs scheduled for March 18th and 19th

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Please provide an explanation\***

done not meet requirements

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Atlas Foundation.pdf	124.55KB
Atlas Foundation exp 9_19_2021.pdf	412.43KB
Atlas Foundation Quote for 5707 Warm Springs.pdf	1.09MB

**Vendor/Contractor Contact Person**

**Name\***

Atlas Foundation Repair / Kristin Sorenson

**Address\***

Street Address

8945 Solon Road

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064-1213

Country

US

**Phone Number\***

7136414844

**Email\***

ksorenson@atlasfoundation.net

**Budget Section**

2a

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1860	\$ 8,650.00	557001

**Budget Manager**  
BROWN, ERICA S.

**Secondary Budget Manager**  
CAMPBELL, RICARDO

**Provide Rate and Rate Descriptions if applicable\* (?)**

see attached quote

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

n/a

**Requester Name**  
HARPER, SARAH A

**Submission Date**  
1/15/2021

### Budget Manager Approval(s)

Approved by

*Erica Brown*

**Approval Date**  
1/15/2021

### Procurement Approval

Approved by

*Sharon Brauner*

**Approval Date**  
1/15/2021

### Contract Owner Approval

Approved by

*Todd McCorquodale*

**Approval Date**  
1/19/2021

### Contracts Approval

**Approve\***

- Yes  
 No, reject entire submission  
 Return for correction

**Approved by\***

*Shaskyia Behm*

**Approval Date\***  
1/20/2021



**Due Diligence for Westbury Foundation Repair  
Project# PUR-FY21-0146**

Facilities request for Westbury's Foundation repair - 5707 Warm Springs was received on Tuesday, January 12, 2021.

Two (2) vendor quotes were received:

- 1. **Atlas Foundation Repair-** \$9,050.00 (deposit paid \$400.00-balance \$8,650.00)
- 2. **Olshan -** \$53,137.00

Facility Services recommendation is to move forward with the vendor with the lowest price.

**Atlas Foundation**

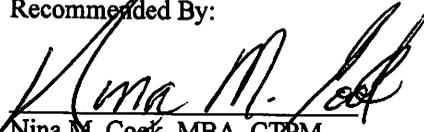
Total NTE: (Not to Exceed) \$8,650.00

The Funding Source is Unit# 1860, GL Account# 557001

Submitted By:

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

Recommended By:

  
 Nina M. Cook, MBA, CTPM  
 Director of Purchasing

  
 Sean Kim, MBA, CPA  
 Chief Financial and Administrative Officer

2c



# Executive Contract Summary

## Contract Section



**Contractor \***

TRAINING CAMP

**Contract ID # \***

2021-0057

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

TRAINING CAMP  
THC

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract
- Amendment

**Contract Term Start Date \* (?)**

1/19/2021

**Contract Term End Date \* (?)**

8/31/2021

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

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 7,990.00

**Funding Source \***

General Revenue (GR)

3

**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\* (?)**

CISSP BOOT CAMP FOR IT STAFF

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

CT140098  
 CISSP BOOT CAMP FOR IT STAFF  
 SERVICE WAS NOT PROVIDED IN FY20 AS SCHEDULED  
 DUE TO COVID

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

FY21\_Training Camp FY 2021 Quote TCSQ112602\_.pdf 60.11KB

**Vendor/Contractor Contact Person**

**Name\***

TRAINING CAMP/Michael McGerry

**Address\***

Street Address

Six Neshaminy Interplex, Suite 101

Address Line 2

City

TREVOSE

State / Province / Region

PA

Postal / Zip Code

19053

Country

USA

**Phone Number\***

(267)704-1214

**Email\***

mmcgerry@trainingcamp.com

**Budget Section**

3a

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 7,990.00	549005
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
CAMPBELL, RICARDO		BROWN, ERICA S.

## Provide Rate and Rate Descriptions if applicable \* (?)

2 (ISC)<sup>2</sup> - Official CISSP Boot Camp (6 Days) \$3,995.00  
\$7,990.00

- Official (ISC)<sup>2</sup> Courseware
- Official (ISC)<sup>2</sup> Practice Exam
- Training Camp's Exam Prep Study Guide
- Official (ISC)<sup>2</sup> Exam Review Sessions
- Training Camp's Proprietary Practice Test Questions
- (ISC)<sup>2</sup> CISSP Exam Support
- (ISC)<sup>2</sup> CISSP Exam Voucher
- CPE/CEU Post Class Package
- Exam Pass Guarantee

## Attendees

Brandon Brown 1/25 CISSP Virtual - payment due ASAP  
Tri Nguyen- CISSP class date TBA

## Project WBS (Work Breakdown Structure) \* (?)

N/A

Requester Name	Submission Date
BOSWELL, SHAWNTR R	1/19/2021

Budget Manager Approval(s) 

## Approved by

*Ricardo Campbell*

## Approval Date

1/19/2021

Procurement Approval 

## Approved by

*Sharon Brauner*

## Approval Date

1/19/2021

Contract Owner Approval 

## Approved by

*Mustafa Cochinwala*

## Approval Date

1/19/2021

## Contracts Approval

**Approve \***

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

**Approved by \***

*Shaskyia Belm*

**Approval Date \***

1/22/2021



# Executive Contract Summary

## Contract Section



**Contractor \***

Pixel Studios and The Harris Center

**Contract ID # \***

2021-0051

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Pixel Studios and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- 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 \* (?)**

1/11/2021

**Contract Term End Date \* (?)**

8/31/2021

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

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 4,350.00

**Funding Source \***

State Grant

4

**Contract Description / Type\* (?)**

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

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

The Ed Emmett Jail Diversion Center provides an innovative solution to divert persons with mental illness before they are booked into the Harris County Jail. To help highlight the purpose and intent of the program, and its accomplishments, this video can help inform external stakeholders of the overall successes of the program. We would like an educational and professional video produced to showcase the program and to gain visibility across the nation.

**Contract Owner\***

Scott Rule

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

9/1/2019 - 8/31/2020

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Pixel Studios Proposal - 1.11.2021.pdf

96.34KB

**Vendor/Contractor Contact Person**

**Name\***

Andrea Castillo

**Address\***

Street Address

2403 Sunset Blvd

Address Line 2

City

Houston

Postal / Zip Code

77005-1431

State / Province / Region

TX

Country

US

**Phone Number\***

832-767-1543

**Email\***

info@pixelstudioproductions.com

**Budget Section**

4a

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 4,350.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
RAMIREZ, PRISCILLA M		OSHMANN, JODEL

**Provide Rate and Rate Descriptions if applicable\* (?)**

Quote was developed by their executive director. Video will include B roll footage of the new Jail Diversion center, along with two interviews featuring Wayne Young and Keena Pace. Cost includes two videographers on-site, four hours of videography coverage, up to eight edited videos, and videos available via DropBox.

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

1. Schedule a date/time for the interviews with Wayne and Keena to talk about the Jail Diversion program
2. Schedule a date/time to shoot the video footage of the facilities
3. Pixel studio personnel will edit and submit the footage for our reviewal
4. Our internal Communications team will review the final product, recommend for approval/revisions. Once final approval is received, we will then distribute the final video to stakeholders via social media, website, etc.

Requester Name	Submission Date
BOREN, KAREN	1/11/2021

**Budget Manager Approval(s)**

Approved by	Approval Date
<i>Priscilla M. Ramirez</i>	1/12/2021

**Procurement Approval**

Approved by	Approval Date
Sign	

**Contract Owner Approval**

Approved by	Approval Date
<i>Scott D. Rule</i>	1/12/2021

**Contracts Approval**

4b

**Approve \***

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

**Approved by \***

*Shaskeyia Belui*

**Approval Date \***

1/12/2021

HC

Contract Section **Contractor\***

Brieunna Lafleur

**Contract ID #\***

2021-0052

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

2/16/2021

**Parties\* (?)**

Brieunna Lafleur, The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date\* (?)**

1/12/2021

**Contract Term End Date\* (?)**

8/31/2021

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

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 8,000.00

**Funding Source\***

State Grant

**Contract Description / Type\* (?)**

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

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

Contractee has agreed to provide CFC and Respite services to our TxHmL individual

**Contract Owner\***

Robert Stakem

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Brieunna Lafleur

**Address\***

Street Address

3903 Erby Street

Address Line 2

City

Houston

Postal / Zip Code

77087

State / Province / Region

TX

Country

US

**Phone Number\***

7134133213

**Email\***

patrina.anthony@theharriscenter.org

**Budget Section**

Budget Units and Amounts Charged to each Budget Unit

5a

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
3585	\$ 4,000.00	543005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
3585	\$ 4,000.00	543009
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	

**Provide Rate and Rate Descriptions if applicable \* (?)**

\$9.00 per hour for individual with LON 1 & 5  
 \$10.00 per hour for individuals with LON 8 & 6

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

n/a

<b>Requester Name</b>	<b>Submission Date</b>
ANTHONY, PATRINA R	1/11/2021

**Budget Manager Approval(s)** ^

<b>Approved by</b>	<b>Approval Date</b>
<i>Mamie Adams-Austin</i>	1/11/2021

**Procurement Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
Sign	

**Contract Owner Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
<i>robert stakem</i>	1/12/2021

**Contracts Approval**

**Approve \***

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

<b>Approved by *</b>	<b>Approval Date *</b>
<i>Shaskyia Belu</i>	1/12/2021

5b



## Executive Contract Summary

### Contract Section ^

**Contractor \***

The PsycWriter Group - PsycWriter

**Contract ID # \***

2021-0058

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

The PsycWriter Group - PsycWriter and The Harris Center for Mental Health and IDD

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other Licensing Agreement

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

2/28/2021

**Contract Term End Date \* (?)**

8/31/2021

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

N/A

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 2,000.00

**Funding Source \***

State

6

**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 Licensing Service Agreement

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

Licensing service agreement to provide us with 100 reports(purchased in the with the software), which should cover about one year of Full (IQ included)DID evaluations. We have an opportunity to ease report writing for our DID Providers, which will reduce the time between the date of the DID intake to case referral for services, a swell as the time it takes for individuals/families to have a personal copy of the eligibility report. Use of report writing software,which pulls information from electronic forms completed by consumer and psychometric data from the intake to compile a report and save the DID Provider writing time. This benefits THV by decreasing report production time from the date of the DID intake,which will decrease wait time to access desired services Services include.1.Configuration/Customization 2. Installation on Server 3. Access given to DID Providers.Setup access through tablet for consumer in lobby

**Contract Owner\***

Robert Stakem

**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\***

The PsycWriter Group - PsycWriter

**Supporting Documentation Upload (?)**

Psychological Report Generator & Writing Software Disability, 15.01KB  
 Neuropsych, Psychosocial History & Intake.htm

**Vendor/Contractor Contact Person** ^

**Name\***

Steven Raisan

**Address\***

Street Address  
 75 Cypress Grove Lane  
 Address Line 2

City  
 Ormond Beach  
 State / Province / Region  
 Florida  
 Postal / Zip Code  
 32174  
 Country  
 United States

*lca*

Phone Number\*

386 451 5936

Email\*

steve@psycwriter.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 2,000.00	551003

Budget Manager

ADAMS-AUSTIN, MAMIE L

Secondary Budget Manager

STAKEM, ROBERT P

Provide Rate and Rate Descriptions if applicable\* (?)

2000 Units Purchased =100 Report Productions; the cost of which was \$2000 (one time purchase),which includes purchase of the Psycwriter application,customization, and technical support for 12 months.

Project WBS (Work Breakdown Structure\* (?)

n/a

Requester Name

CHILDS, MARGO S

Submission Date

1/15/2021

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Approval Date

1/15/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*robert stakem*

Approval Date

1/19/2021

Contracts Approval

Approve\*

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

Lab

Approved by\*

*Shaskyia Belin*

Approval Date\*

1/20/2021

60c



# Executive Contract Summary

## Contract Section

**Contractor\***

Health Mart Atlas

**Contract ID #\***

New

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/19/2021

**Parties\* (?)**

Health Mart Atlas and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- 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\* (?)**

2/1/2021

**Contract Term End Date\* (?)**

1/31/2022

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

1 year

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 3,780.00

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 2,700.00

7

**Funding Source \***

State

**Contract Description / Type \* (?)**

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

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

To establish contracts with PBM (Pharmacy Benefit Managers) to provide RX billing for patients with an RX benefit, Medicaid or Medicare Part D.

**Contract Owner \***

Angela Babin

**Previous History of Contracting with Vendor/Contractor \***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Amy Weber

**Address \***

Street Address

6530 West Campus Oval

Address Line 2

Suite 250

City

New Albany

State / Province / Region

OH

Postal / Zip Code

43054-8726

Country

US

**Phone Number \***

(800)824-1763

**Email \***

amyL.Weber@McKesson.com

**Budget Section**

Budget Units and Amounts Charged to each Budget Unit

7a

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1135	\$ 6,480.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

**Provide Rate and Rate Descriptions if applicable\* (?)**  
\$135 per pharmacy per month

**Project WBS (Work Breakdown Structure\* (?)**  
\$135 per pharmacy per month

<b>Requester Name</b>	<b>Submission Date</b>
BABIN, ANGELA W	12/29/2020

**Budget Manager Approval(s)** ^

<b>Approved by</b>	<b>Approval Date</b>
<i>Ricardo Campbell</i>	12/29/2020

**Procurement Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
<i>Sharon Brauner</i>	1/4/2021

**Contract Owner Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
<i>ANGELA BABIN</i>	1/4/2021

**Contracts Approval**

- Approve\***
- Yes
  - No, reject entire submission
  - Return for correction

<b>Approved by*</b>	<b>Approval Date*</b>
<i>Belinda Stude</i>	1/6/2021

7b



**Due Diligence PSAO-Pharmacy Services Administrative Organization - PUR-FY20-0139**

A request from Angie Babin, Pharmacy Director was received for PSAO-Pharmacy Services Administrative Organization/PBM Contracting Services. **PBMs** build **networks** of pharmacies to provide consumers convenient access to prescriptions at discounted rates. **PBMs** also monitor prescription safety across all of the network pharmacies. This service is for RX's dispensed to patients with third party RX coverage/Medicaid/Medicare Part D. To go live in April 2021 post Epic conversion. The Agency needs to select a vendor now to have PBM contracts in place in time for Epic Go-Live. Three (3) vendor quotes were provided.

Health Mart Atlas (McKesson parent company) –\$135.00/per month/per pharmacy  
PPOK–\$125.00/per month/per pharmacy /Audit Support \$25.00/per month per Pharmacy  
Arete – \$249.00/per month/per pharmacy /Audit Support \$100.00/per month per Pharmacy

Discussions were held and options were reviewed regarding the PSAO to provide PBM Contracting Services. Reasons why provider was selected are cost, size of PBM network and Medicare Part D status preferred in 2020. The recommendation is to move forward with:

**Health Mart Atlas**

The contract period is for an initial period of performance at the sole discretion of The HARRIS CENTER. The contract shall commence with a tentative award date, and shall remain in effect unless terminated, canceled or extended, as otherwise provided herein, based upon satisfactory performance and service, with an initial period through 8/31/21, with a contract not to exceed (NTE) amount as follows:

FY21: \$3,780.00  
FY22: \$2,700.00  
Total NTE: \$6,480.00

Funding Source: Unit 1135-542000

**Submitted By:**

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

**Recommended By:**

Sean Kim, MBA, CPA  
Chief Financial and Administrative  
Officer

7c



## Executive Contract Summary

### Contract Section ^

**Contractor \***

INSTAMED/JP MORGAN CHASE

**Contract ID # \***

2021-0067

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

INSTAMED/JP MORGAN CHASE  
THC

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

1/22/2021

**Contract Term End Date \* (?)**

1/21/2022

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

12 mo

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 24,586.20

**Funding Source \***

General Revenue (GR)

8

**Contract Description / Type\* (?)**

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

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

EHR21.1158.01  
PAYMENT PROCESS THROUGH EPIC

**Contract Owner\***

Mustafa Cochinwala

**Previous History of Contracting with Vendor/Contractor\***

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

2021_01_19_08_56_45.pdf	237.92KB
Harris Center - InstaMed Terms and Conditions (Signature) - 02042020.docx	102.4KB
Harris Center Annual Cost Estimates 1.20.21.xlsx	29.88KB
The Harris Center for Mental Health and IDD Order Form 1.7.21.pdf	3.09MB

**Vendor/Contractor Contact Person**

**Name\***

INSTAMED, JP MORGAN CHASE/CALVIN SMITH

**Address\***

Street Address

1880 John F Kennedy Boulevard

Address Line 2

City

Philadelphia

State / Province / Region

PA

Postal / Zip Code

19103

Country

US

**Phone Number\***

215-360-0816

**Email\***

CALVIN.SMITH@INSTAMED.COM

**Budget Section**

*sa*

### Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1158	\$ 7,107.00	900010

<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO
--	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1158	\$ 16,099.20	900022

<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO
--	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1158	\$ 1,380.00	900020

<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO
--	--

**Provide Rate and Rate Descriptions if applicable \* (?)**

Fixed Cost:

Devices - Ingenico Lane 3000  
 Units: 23  
 Cost: \$309.00  
 One Time Payment \$7,107.00

Premier Support  
 Monthly: \$150.00  
 Annually: \$1,800

Device Encryption Fee  
 Units: 23  
 Monthly Fee @\$5.00:  
 Annual Fee: \$1,380

Annual Cost Estimates:  
 Swipe/Insert (100%) 2.59% \$13,986.00  
 Keyed (80%) 2.89% \$0.00  
 AMEX 2.99% \$0.00  
 Epic EPP Transaction Fee \$0.05 \$313.20  
 Total: \$14,299.20  
 Rate: 2.65%

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

EHR21.1158.01

<b>Requester Name</b> BOSWELL, SHAWNTI R	<b>Submission Date</b> 1/22/2021
---	-------------------------------------

**Budget Manager Approval(s)**



8b

Approved by

*Erica Brown*

Approval Date

1/22/2021

Procurement Approval



Approved by

*Sharon Brauner*

Approval Date

2/1/2021

Contract Owner Approval



Approved by

*Mustafa Cochunwala*

Approval Date

2/1/2021

Contracts Approval

Approve \*

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

Approved by \*

*Shaskyia Behn*

Approval Date \*

2/1/2021

8c



**BOARD AUTHORIZATION TO PURCHASE and DUE DILIGENCE  
EPIC PAYMENT PROCESSING**

A request from Information Technology (IT) to purchase hardware, software and support for EPIC Payment Processing was received in January 2021. This is an FY21 budgeted project. This purchase will allow consumers to pay from home, at the clinic kiosks or they can continue to call in and make a payment over the phone.

The vendor, Instamed, is a J.P. Morgan Chase subsidiary who currently manages our credit card payments and machines.

**Contract:**

- **Vendor – Instamed**
- **Amount - \$ 24,586.20**
- **Funding Source – 1147 – IT Infrastructure Project**
- **NTE - \$ 24,586.20**

The will be an off cycle contract anticipated to begin upon award of contract until January 2022. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended.

The Fiscal Year 2021 budget is \$24,586.20, subject to the appropriation and availability of funds. The funding source is IT Infrastructure Project (1147).

\_\_\_\_\_  
Frances Otto, CTCD  
Buyer II

\_\_\_\_\_  
Nina Cook, MBA, CTPM  
Director of Purchasing

\_\_\_\_\_  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Office



## Executive Contract Summary

### Contract Section

**Contractor \***

Letsos Company Mechanical Contractor

**Contract ID # \***

2021-0044

**Presented To \***

- Resource Committee
- Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Letsos Company and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- 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 \* (?)**

1/2/2021

**Contract Term End Date \* (?)**

6/30/2021

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

short term agreement for project at Pasadena Cottages

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 7,710.36

**Funding Source \***

General Revenue (GR)

9

**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\* (?)**

Capital Project FM20.1126.09 was put on hold due to COVID-19 and all quotes and prices had been given when the company was still under contract with the agency. Due to COVID-19 causing the project to be put on hold, it was rolled over to FY21 Capital Projects as FM21.1126.19. Letsos will be removing the old gas heaters and reinstalling electric / electric a/c split systems. Quote is for \$7010.36 with contingency of \$700.00 for a total cost of \$7710.36

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

2012 to present - HVAC and plumbing services

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Pasadena Furnaces - Letsos quote.pdf 838.29KB

**Vendor/Contractor Contact Person**

**Name\***

Letsos Company Mechanical Contractors / Alan Armstrong

**Address\***

Street Address

PO Box 36927

Address Line 2

City

Houston

Postal / Zip Code

77236

State / Province / Region

TX

Country

USA

**Phone Number\***

7137833200

**Email\***

aarmstrong@letsos.com

**Budget Section**

ga

### Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
1126	\$ 7,710.36	900040

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
BROWN, ERICA S.	CAMPBELL, RICARDO

**Provide Rate and Rate Descriptions if applicable \* (?)**

see attached quote

Quote is for \$7010.36 with contingency of \$700.00 for a total cost of \$7710.36

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

FM20.1126.09 changed to FM21.1126.19

<b>Requester Name</b>	<b>Submission Date</b>
HARPER, SARAH A	12/22/2020

**Budget Manager Approval(s)**

Approved by

	<b>Approval Date</b>
	12/22/2020

**Procurement Approval**

Approved by

	<b>Approval Date</b>
	12/31/2020

**Contract Owner Approval**

Approved by

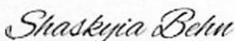
	<b>Approval Date</b>
	1/4/2021

**Contracts Approval**

**Approve \***

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

Approved by \*

	<b>Approval Date *</b>
	1/6/2021

9b

Contract Section **Contractor \***

Todd and Troy Electrical Contractors DBA TNT Electrical Contractors

**Contract ID # \***

2021-0043

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

TNT Electrical Contractors and The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

1/2/2021

**Contract Term End Date \* (?)**

6/30/2021

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

short term agreement for project at Pasadena Cottages

**Fiscal Year \* (?)**

2021

**Amount \* (?)**

\$ 43,521.50

**Funding Source \***

General Revenue (GR)

**Contract Description / Type\* (?)**

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

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

Capital Project FM20.1126.09 to replace the gas furnace at the Pasadena Cottages was put on hold due to COVID-19. TNT is being contracted with to provide all of the necessary electrical work needed to make the replacement/upgrade happen. The quotes were received while we had a contract with the companies, and the capital project was rolled over to FM21.1126.19. Due to COVID-19, the project was put on hold and is just now able to be completed. Cottage A cost is \$18560.00, Cottage B cost is \$21005.00 and contingency is \$3956.50 for a total cost of \$43521.50.

**Contract Owner\***

Todd McCorquodale

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

2012 to present - electrical services

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

- Yes
- No
- Unknown

**Please provide an explanation\***

does not meet criteria

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Pasadena Furnace - TNT.pdf 171.58KB

**Vendor/Contractor Contact Person**

**Name\***

TNT Electrical Contractors / Troy Smith

**Address\***

Street Address

4124 Dayco Street, Ste.E

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092-4450

Country

United States

**Phone Number\***

7136868586

*90a*

Email \*

troy@tntelectric.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 43,421.50	900040
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable \* (?)

see attached quote

Cottage A cost is \$18560.00, Cottage B cost is \$21005.00 and contingency is \$3956.50 for a total cost of \$43521.50.

Project WBS (Work Breakdown Structure \* (?)

FM20.1126.09 rolled over to FM21.1126.19

Requester Name	Submission Date
HARPER, SARAH A	12/22/2020

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/22/2020

Procurement Approval

Approved by

*Sharon Brauner*

Approval Date

12/31/2020

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

1/4/2021

Contracts Approval

Approve \*

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

1100

Approved by\*

*Shaskyia Belin*

Approval Date\*

1/6/2021

10c

# EXHIBIT F-14

# RENEWALS UNDER 50k

SNAPSHOT SUMMARY  
 CONTRACT RENEWALS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2020 NTE AMOUNT	FY2021 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>CRISIS SERVICES</b>								
1	Assa Abloy Entrance Systems	No	Maintenance of NPC Automatic Doors	\$2,079.00	\$2,079.00	03/01/21- 02/28/22	GR		
2	Crothall Facilities Management, Inc.	No	Preventative Maintenance Services for medical equipment at NPC.	\$2,800.00	\$3,080.00	01/01/21- 12/31/21	GR		

**EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether or not the contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/2022. In the event of non-renewal, please provide the reason.

**A. FY 2020/2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

<b>Contract ID#:</b>	<b>N/A</b>
<b>New Database ID#:</b>	<b>7106</b>
<b>Contractor Name:</b>	<b>Assa Abloy Entrance Systems</b>
<b>Service (brief description):</b>	<b>Maintenance of NPC Automatic Doors.</b>
<b>Contract NTE ( your current budget):</b>	<b>\$2,079.00</b>
<b>Responsible Staff Person:</b>	<b>Evelyn Locklin</b>
<b>Rate(s)/Rate(s) Description:</b>	<b>N/A</b>
<b>Unit(s) Served:</b>	<b>9206</b>
<b>G/L Code(s):</b>	<b>557001</b>
<b>FY20 Purchase Order Number:</b>	<b>CT140081</b>

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY20/21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON: \_\_\_\_\_

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

11

**D. RENEWAL INFORMATION FOR FY2021/2022:**

Please provide the NTE for FY21/22 \$2,079.00.

FY21/22 Rate(s) NA UNIT 9206 GL CODE 557001.

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/2022 Not to Exceed Amount for Master Pooled Contracts: \_\_\_\_\_.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X
3. Is the payment deadline different than net (30)? If so, please provide the due date \_\_\_\_\_ [i.e. net 45, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

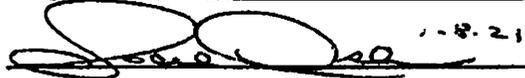
**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract Kim Kormmayer.

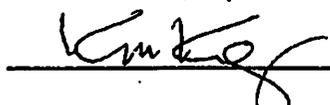
Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract Jodel Oshman.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

 (Signature). REQUIRED

Contract Owner/Department Head: Kim Kormmayer (Printed Name)

 (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO [shaskyia.behn@theharriscenter.org](mailto:shaskyia.behn@theharriscenter.org) and [contactservices@theharriscenter.org](mailto:contactservices@theharriscenter.org). Call Extension 7230 with any questions.

**EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS PROCESS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether or not the contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2021/2022. In the event of non-renewal, please provide the reason.

**A. FY 2020/2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	N/A
New Database ID#:	6678
Contractor Name:	<b>Crothall Facilities Management, Inc.</b>
Service (brief description):	<b>Preventative Maintenance Services for Medical Equipment at NPC.</b>
Contract NTE ( your current budget):	<b>\$2,800.00</b>
Responsible Staff Person:	<b>Evelyn Locklin</b>
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	<b>9206, 9209</b>
G/L Code(s):	<b>553000</b>
FY20 Purchase Order Number:	<b>CT139861</b>

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Have there been any significant performance deficiencies within FY20/21? (Y) \_\_\_ (N) X.
2. Were Services delivered as specified in the contract? (Y) X (N) \_\_\_.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) X (N) \_\_\_.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) X (N) \_\_\_.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) X (N) \_\_\_.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) X (N) \_\_\_.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) X (N) \_\_\_.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) X (N) \_\_\_.

IF ANY RESPONSE IS NO, PLEASE PROVIDE THE REASON. ATTACH AN ADDITIONAL PAGE IF NECESSARY.

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y) X (N) \_\_\_.
2. REASON: NA

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

**D. RENEWAL INFORMATION FOR FY2021/2022:**

Please provide the NTE for FY21/22 3,080.00.

FY21/22 Rate(s) \_\_\_\_\_ UNIT 9206/9209 GL CODE 553000.

List all applicable Units/GL codes. Attach additional pages if necessary. [Please verify with Budget Manager].

FY 2021/2022 Not to Exceed Amount for Master Pooled Contracts: NA.

**E. CONTRACT FUNDING SOURCE: GR [GR/STATE/FEDERAL/GRANT/PRIVATE/COUNTY]**

**F. CONTRACT CONTENT CHANGES:**

1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) \_\_\_\_\_ or (N) X
2. Will the scope of the Services change? (Y) \_\_\_\_\_ or (N) X
3. Is the payment deadline different than net (30)? If so, please provide the due date \_\_\_\_\_ [i.e. net 45, net 10].
4. Are there any changes in the Performance Targets change? (Y) \_\_\_\_\_ or (N) X
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) \_\_\_\_\_ or (N) X

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**G. RESPONSIBLE PARTY:**

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract Kim Kornmayer.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract Jodel Oshman.

**APPROVALS:**

Budget Manager: Jodel Oshman (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner/Department Head: Kim Kornmayer (Printed Name)

[Signature] (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

# EXHIBIT F-15

# **AMENDMENTS UNDER 50k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$50,000

FY20 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS			*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION										
CRISIS SERVICES										
FORENSICS										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES										
1 Tanitra Brown	No	Community First Choice/Day Habilitation/Community Support/ In-Home Respite Services	\$13,500.00	\$21,700.00	\$35,200.00	09/01/20- 08/31/21	State Grant		To amend contract to increase funds to match amount of hours granted on annual IPC.	

Contract Section **Contractor \***

Tanitra Brown

**Contract ID # \***

6930

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Tanitra Brown, The Harris Center

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

9/1/2020

**Contract Term End Date \* (?)**

8/31/2021

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

**Current Contract Amount \***

\$ 13,500.00

**Increase Not to Exceed \***

\$ 21,700.00

**Revised Total Not to Exceed (NTE) \***

\$ 35,200.00

Fiscal Year\* (?)

Amount\* (?)

2021

\$ 35,200.00

Funding Source\*

State Grant

Contract Description / Type\* (?)

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

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

Contract requires an increase of monies to match amount of hours granted on annual IPC

Contract Owner\*

Robert Stakem

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided\*

9/1/2020 - Current

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Tanitra Brown

Address\*

Street Address

4008 Idaho Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77021-4820

Country

US

Phone Number\*

3463759016

Email\*

patrina.anthony@theharriscenter.org

la

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 4,700.00	543005
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
ADAMS-AUSTIN, MAMIE L		STAKEM, ROBERT P

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 17,000.00	543009
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
ADAMS-AUSTIN, MAMIE L		STAKEM, ROBERT P

**Provide Rate and Rate Descriptions if applicable\* (?)**

\$9.00 per hours for individuals with LON 1 & 5  
 \$10.00 per hour for individuals with LON 8 & 6

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

n/a

<b>Requester Name</b>	<b>Submission Date</b>
ANTHONY, PATRINA R	1/11/2021

**Budget Manager Approval(s)**

<b>Approved by</b>	<b>Approval Date</b>
<i>Mamie Adams-Austin</i>	1/11/2021

**Contract Owner Approval**

<b>Approved by</b>	<b>Approval Date</b>
<i>robert stakem</i>	1/11/2021

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
<i>Shaskyia Belu</i>	1/11/2021

1b

# EXHIBIT F-16

# **INTERLOCAL AGREEMENTS**

CONTRACTORS		HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY21 CONTRACTS</b>							
<b>INTERLOCALS</b>							
1	Harris County	No	Discharge Planning Services for Inmates	Revenue Renewal/Interlocal \$1,130,298.00	03/01/20- 02/28/21	County Funds	Discharge Planning Services for Inmates Housed in Harris County Detention Facilities Operated by Sheriff's Office
2	Harris County Juvenile Probation Department	No	TRIAD Forensic Unit	Revenue Renewal/Interlocal \$1,038,975.00	03/01/21- 02/28/22	County Funds	Pending Harris County Approval. Increase in NTE from \$1,006,129.00 to \$1,038,975.00
3	Harris County Juvenile Probation Department	No	TRIAD Prevention Program	Revenue Renewal/Interlocal \$397,655.00	03/01/21- 02/28/22	County Funds	Pending Harris County Approval. Increase in NTE from \$392,374.00 to \$397,655.00
4	Texas Workforce Commission	No	Software Access	New Interlocal \$3,000.00	02/01/21- 01/31/22	GR	Access wage information to determine client eligibility.

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 contract details information is provided below for your information but should not be revised on this document. Please evaluate the contractor's performance, and advise whether or not the contract should be renewed. If the contract is recommended for renewal provide the FY21/22 information where requested starting with Section "B".

**A. FY 2020/2021 CONTRACT INFORMATION**

Contract ID#:	6552
New Database ID#:	N/A
Interlocal Agreement:	Yes
Contractor Name/Party:	Harris County
Contract Term:	March 1, 2020 – February 28, 2021
Service (brief description):	Discharge Planning Services for Inmates Housed in Harris County Detention Facilities Operated by Sheriff's Office.
Responsible Staff Person:	Mona Jiles/Sean McElroy
Rate(s)/Rate(s) Description:	N/A
Date Presented To:	January Resource 1/19/2021

**B. EVALUATION OF FY20/21 PERFORMANCE**

Contractor has made all payment(s) to Agency in accordance with the terms of the Contract?

YES  NO .

If not, please provide an explanation in the comments section below.

Comments/Other Concerns

**IS THIS SERVICE REQUIRED FOR FY 2021/2022? Renewal Term: 03/01/21 -02/28/22.**

YES  NO .

**If NO, provide a reason for non-renewal, sign and return the form to the Contracts Services via email or internal routing envelopes.**

**C. COMPLETE THIS SECTION IF CONTRACT IS BEING RENEWED.**

**1. Renewal information for FY21/22. Should this contract be renewed with the rates and units as shown above for FY21/22?**

YES X NO \_\_\_\_\_.

**2. FY FY22 "Not to Exceed Amount:" 1,130,298.00.**

**If NO, please complete the following for FY 21/22:**

**1. Period of contact if other than one full year (Agency fiscal year): FY2021/2022.  
Contract begins on \_\_\_\_\_ and will end on \_\_\_\_\_.**

**2. Should changes be made to contract terms or conditions?**

YES \_\_\_\_\_ NO \_\_\_\_\_. If, so what are the requested changes?

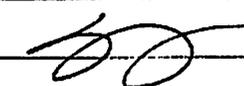
**3. Will the scope of services change or remain the same?**

YES \_\_\_\_\_ NO \_\_\_\_\_. If, so what are the changes?

**REQUIRED APPROVALS:**

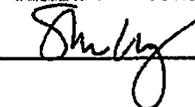
*(Staff Responsible for this contract in FY2021-2022)*

Date: 12.30-2020

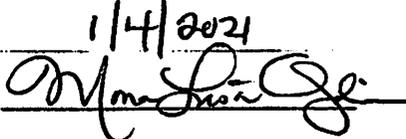
Signature:  Sean McElroy, M.Ed., LPC-S

*(The signature of the Budget Manager verifies that the financial information is correct.)*  
**Division Budget Manager:**

Date: 12/30/2020

Signature:  Sheenia Williams-Wesley

**Director, Division Vice President or Chief as applicable:**

Date: 1/4/2021  
Signature: 

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether the contract should be renewed or not. If the contract is recommended for renewal, please provide the FY21/22 information where requested where requested starting with Section "B".

**A. FY 2020/2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7170
New Database ID#:	N/A
Contractor Name:	Harris County Juvenile Probation Department
Interlocal Agreement:	Yes
Service Description:	TRIAD Forensic Unit
Responsible Staff Person:	Betty Adams/Mona Jiles
Current Not To Exceed Amount:	\$1,006,129.00
Rate(s)/Rate(s) Description:	N/A
Date Presented To Board:	

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Payment to The HARRIS CENTER according to the terms of the Contract?  
(Y) X (N) \_\_\_\_\_.
2. If not, please provide an explanation in the comments section below.

**Comments/Other Concerns**

FY2021/2022 NTE amount is pending Harris County approval

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y) X (N) \_\_\_\_\_.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D and E.]

D. RENEWAL INFORMATION FOR FY2021/2022:

Please provide the FY21/22 Not To Exceed Amount.  
\$1,038,975.00

List all applicable rates. Attach additional pages if necessary. [Please verify with Budget Manager].

E. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract: Betty F. Adams/Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract: Sheenia Williams-Wesley.

APPROVALS:

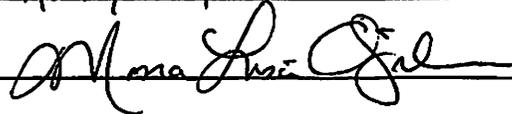
Budget Manager: Sheenia Williams-Wesley (Printed Name)

Date: 1/26/2021

Signature:  . REQUIRED

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

Date: 1/26/2021

Signature:  . REQUIRED

NOTE 1: INCOMPLETE OR INCORRECT EVALUATION FORMS

Please contact Sheenia Williams-Wesley (7269) or Monalisa Jiles (3361) if you have any questions. Incomplete or incorrect evaluations will be returned and may cause delay in contract start date.

NOTE 2: RETURNING FORMS

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

**CONTRACTOR REVENUE EVALUATION AND RENEWAL FORM  
FY 2021/2022 CONTRACTS**

The current FY20/21 information is provided below. Please evaluate the contractor's performance, and advise whether the contract should be renewed or not. If the contract is recommended for renewal, please provide the FY21/22 information where requested where requested starting with Section "B".

**A. A. FY 2020/2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION**

Contract ID#:	7168
New Database ID#:	N/A
Contractor Name:	Harris County Juvenile Probation Department
Interlocal Agreement:	Yes
Service Description:	TRIAD Prevention Program
Responsible Staff Person:	Betty Adams/Mona Jiles
Current Not Too Exceed Amount:	\$392,374.00
Rate(s)/Rate(s) Description:	N/A
Date Presented To Board:	

**B. EVALUATION OF FY20/21 PERFORMANCE:**

1. Payment to The HARRIS CENTER according to the terms of the Contract?  
(Y)  (X)  (N) .
2. If not, please provide an explanation in the comments section below.

**Comments/Other Concerns**

FY2021/2022 NTE amount is pending Harris County approval

**C. RENEWAL DETERMINATION:**

1. Is the contract being renewed for FY2021/2022 with this Contractor? (Y)  (X)  (N) .
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D and E.]

D. RENEWAL INFORMATION FOR FY2021/2022:

Please provide the FY21/22 Not To Exceed Amount.  
\$397,655.00

List all applicable rates. Attach additional pages if necessary. [Please verify with Budget Manager].

E. RESPONSIBLE PARTY:

Please state the name of the Contract Owner and/or Department Chief/VP/Director for this contract: Betty F. Adams/Monalisa Jiles.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract: Sheenia Williams-Wesley.

APPROVALS:

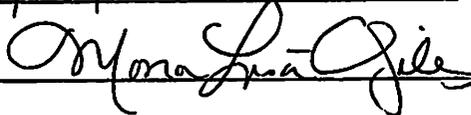
Budget Manager: Sheenia Williams-Wesley (Printed Name)

Date: 1/26/2021

Signature:  REQUIRED

Contract Owner/Department Head: Monalisa Jiles (Printed Name)

Date: 1/26/2021

Signature:  REQUIRED

NOTE 1: INCOMPLETE OR INCORRECT EVALUATION FORMS

Please contact Sheenia Williams-Wesley (7269) or Monalisa Jiles (3361) if you have any questions. Incomplete or incorrect evaluations will be returned and may cause delay in contract start date.

NOTE 2: RETURNING FORMS

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskyia.behn@theharriscenter.org and contactservices@theharriscenter.org. Call Extension 7230 with any questions.

Contract Section **Contractor \***

Texas Workforce Commission

**Contract ID # \***

2021-0042

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

2/16/2021

**Parties \* (?)**

Texas Workforce Commission and The Harris Center for Mental Health and IDD

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

- Information Only (Total NTE Amount is Less than \$50,000.00)  
 Board Approval (Total NTE Amount is \$50,000.00+)  
 Grant Proposal  
 Revenue  
 Other

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

**Contract Term Start Date \* (?)**

2/1/2021

**Contract Term End Date \* (?)**

1/31/2022

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

**Fiscal Year \* (?)**

2021

**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

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

Access wage information to determine client eligibility.

**Contract Owner\***

Michael Downey

**Previous History of Contracting with Vendor/Contractor\***

- Yes
- No
- Unknown

**Please add previous contract dates and what services were provided\***

02-01-2020 to 01-31-2021

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

- Yes
- No
- Unknown

**Please provide an explanation\***

Monthly access

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Christopher Murphy, CTCD

**Address\***

Street Address

Contract Administration Department

Address Line 2

1117 Trinity Street, Room 342T

City

Austin

State / Province / Region

TX

Postal / Zip Code

78701

Country

USA

**Phone Number\***

512-936-6402

**Email\***

christopher.murphy@twc.state.tx.us

**Budget Section**

Ha

## Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2299	\$ 3,000.00	574000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
SHELBY, DEBBIE C		LOERA, ANGELICA D

Provide Rate and Rate Descriptions if applicable\* (?)

0.00

Project WBS (Work Breakdown Structure\* (?)

0.00

Requester Name

SHELBY, DEBBIE C

Submission Date

12/15/2020

Budget Manager Approval(s) 

Approved by

*Debbie Chambers Shelby*

Approval Date

12/15/2020

Procurement Approval 

Approved by

*Sharon Brauner*

Approval Date

12/22/2020

Contract Owner Approval 

Approved by

*Mike Downey*

Approval Date

1/4/2021

## Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behm*

Approval Date\*

1/6/2021

# EXHIBIT F-17



# Revenue Management Metrics

February 16, 2021

**Sean Kim**

Chief Financial & Administrative Officer

**Eva Honeycutt**

Director of Revenue Management

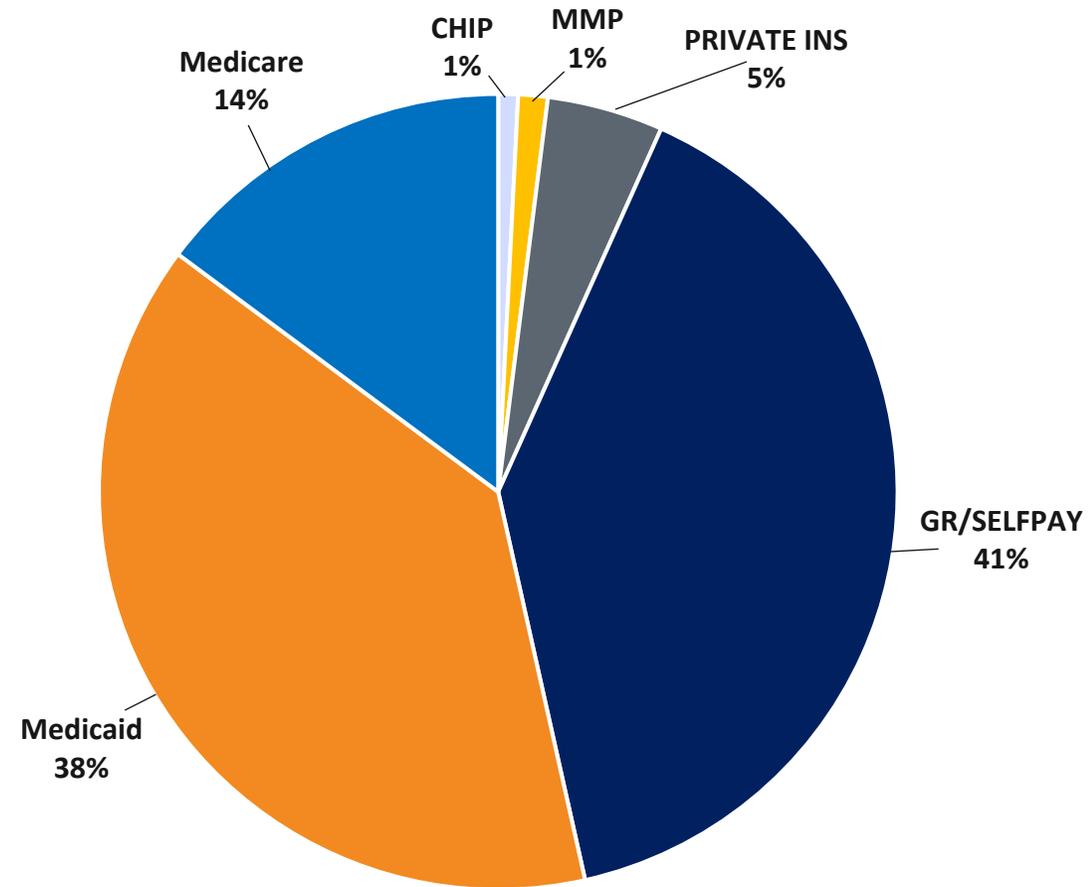
# Overview

---



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

# Payor Mix



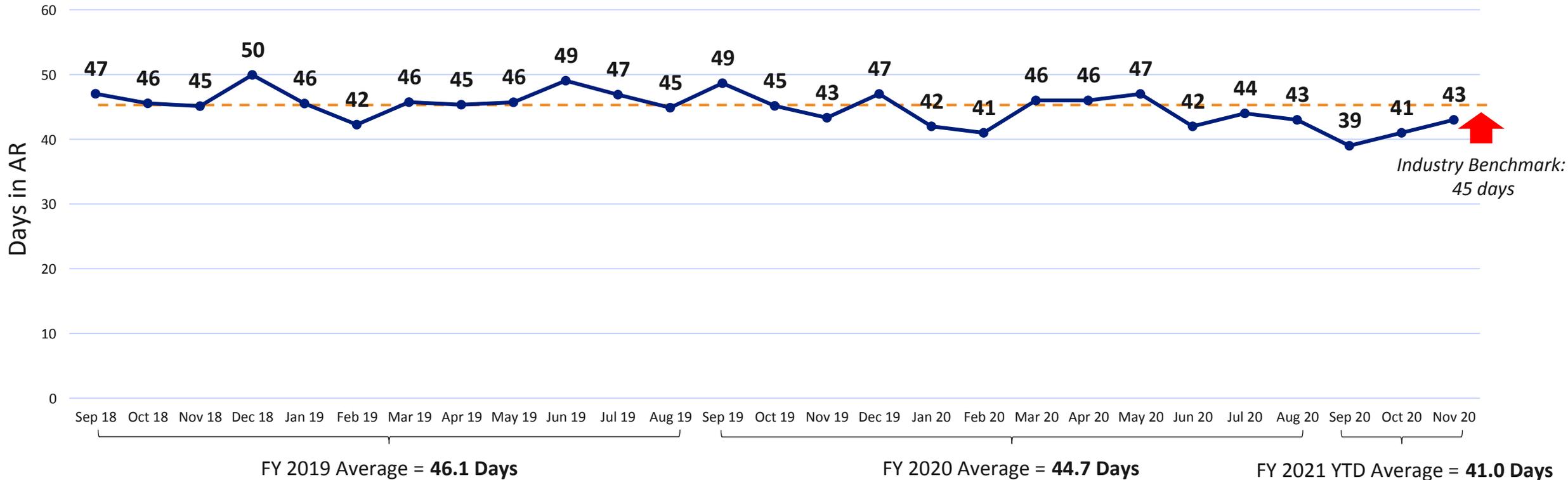
*Note: Payor mix is based on priority billing for clients with open assignments*

# Revenue Cycle Performance Metrics

# Days in Accounts Receivable



- Days in A/R is an industry standard for measuring the effectiveness of an organization’s collection efforts
- Formula: Days in A/R = (3<sup>rd</sup> Party Payor A/R + Client A/R) ÷ Average Net Daily Revenue



**FY 2021 YTD Average Days in AR = 41 days which is favorable compared to the industry benchmark**

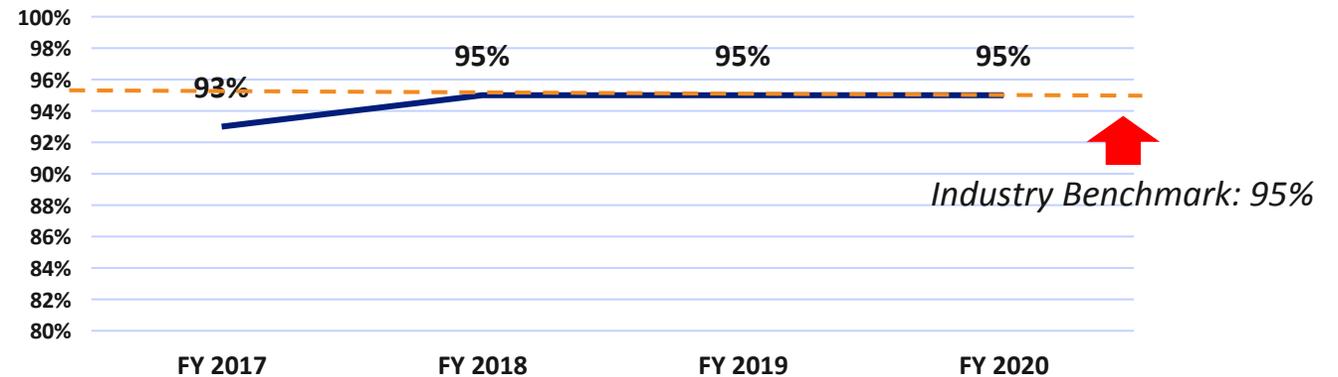
# Claims and Collections



## Average Monthly Count of Claims

Q1 FY 2021	FY 2020	FY 2019
35,164	32,920	32,559

## The Harris Center Collections Rate Trend



## Collections Detail by Payor for FY 2020 (12 Months)

	Billed Charges	Contractual Adjustments	Expected Revenue	Adjustments/Write-offs	Adjustments/Write-offs %	Net Revenue	Cash Collections	Denial Amount	Denial %	Cash Collection %
Medicare	\$ 3,572,461	(\$ 2,349,671)	\$ 1,222,790	(\$ 43,027)	3.5%	\$ 1,179,763	\$ 822,845	(\$ 79,699)	6.8%	69.7%
Medicaid	36,685,104	(13,960,445)	22,724,660	(202,167)	0.9%	22,522,492	22,407,800	(163,826)	0.7%	99.5%
MMP	691,553	(367,499)	324,054	(5,021)	1.5%	319,033	296,000	(20,445)	6.4%	92.8%
CHIP	728,815	(315,212)	413,603	(3,377)	0.8%	410,226	332,274	(16,943)	4.1%	81.0%
Private Insurance	2,852,664	(1,653,143)	1,199,520	(44,238)	3.7%	1,155,282	360,873	(36,457)	3.2%	31.2%
<b>TOTAL</b>	<b>\$ 44,530,597</b>	<b>(\$ 18,645,971)</b>	<b>\$ 25,884,626</b>	<b>(\$ 297,830)</b>	<b>1.2%</b>	<b>\$ 25,586,796</b>	<b>\$ 24,219,792</b>	<b>(\$ 317,370)</b>	<b>1.2%</b>	<b>95%</b>

# EXHIBIT F-18



# Facilities Capital Project Progress

February 2021

Scott Rule  
Chief Business Officer

Todd McCorquodale  
Director, Facilities Services

# Project List Status



Transforming Lives

	<u>Project</u>	<u>Budget</u>	<u>Actual (Pd to Date)</u>	<u>Variance / Balance</u>	<u>Notes/Progress</u>
1	Northeast Clinic Land/Design/Construction	10,750,000			
2	NPC Renovations	4,000,000	101,420	3,898,580	Design and continuation approved - January Board Meeting
3	Northwest Clinic – Land/Design	2,525,000			
4	Southeast Clinic – Land	1,400,000			
5	Deferred Maintenance - SE clinic	142,000	22,333	119,667	Repaired two units, reset BAS controls and adjusted settings, measuring results. Waiting on warmer weather to assess results and move forward with additional work as necessary
6	Renovations Day Hab - Hillcroft	400,000	19,920	366,930	Work still in progress, In permitting phase – working with Fire Marshal on FLS requirements, Plenum and backflow preventer
7	Multi-Facility Air Automation - Center Wide	150,000	70,000	61,000	RFP schedule has been published, planning on May board for presentation.
8	Replacement of gas Furnace - Pasadena Cottages	59,465	18,000	59,465	In progress, working with IDD to relocate residents so work can be performed
9	Roof Replacement - Warm Springs	15,000			2 quotes received one for 28K and second for 9,800 lower quote has insurance issue, working with contracts on issue.
10	Fence Replacement	30,500			Deferred until spring; material cost and availability drove supplies up over 100% due to COVID restrictions effect on supplies

# Project List Status, Con't

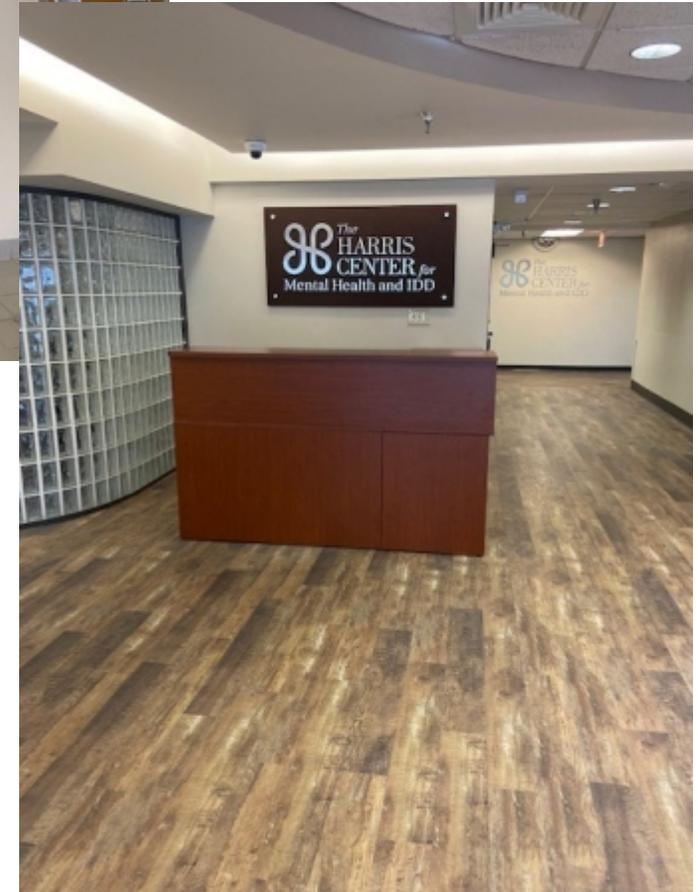


	<u>Project</u>	<u>Budget</u>	<u>Actual (Pd to Date)</u>	<u>Variance / Balance</u>	<u>Notes/Progress</u>
11	Update 4 restrooms - 9401	50,000			Scope completed, quoting in progress 6 <sup>th</sup> floor training, 3 <sup>rd</sup> & 4 <sup>th</sup> Flr Clinic
12	Dental Clinic 2nd Floor - 9401	271,250	3,781	265,250	Completed, self performed all work
13	Integrated Care Clinic - 9401	187,500	9,310	178,190	Scope of work and plans complete, gathering quotes, may have to issue Formal RFQ based on dollar amount
14	Exterior Water Leakage - 9401	150,000	31,000	119,000	Phase 1 complete, scheduling second clean and seal for early spring
15	Garage Maintenance- 9401	130,000	9,505	90,495	In planning phase, scope of work and list of vendors being formulated
16	Removal of generator - 9401	100,000			Have proposal to remove, have potential buyer, working to finalize plans and scope of work.
17	HVAC Modifications - 9401	82,977			Awaiting bids to complete

# Fiscal Year 2021

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

Transforming Lives



# Fiscal Year 2021



# EXHIBIT F-19

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

ACT Assertive Community Treatment  
 ADL Activities of Daily Living  
 AFDC Aid to Families with Dependent Children  
 ALF Assisted Living facility  
 ANSA Adult Needs and Strengths Assessment  
 AOT Assisted out-patient treatment

APS Adult Protective Services  
 ARC Association for Retarded Citizens  
 AUDIT-C Alcohol Use Disorders Identification Test

**B**

BABY CANS Baby Child Assessment needs (3-5 years)  
 BHO Behavioral Health Organization  
 BDSS Brief Bipolar Disorder Symptom Scale  
 BNSA Brief Negative Symptom Assessment

**C**

CANS Child and Adolescent Needs and Strengths  
 CAPES Child and Adolescent Psychiatric Emergency Services  
 CAPS Child and Adolescent Psychiatric Services  
 CARE Client Assessment and Registration  
 CARF Commission on Accreditation of Rehabilitation Facilities  
 CAS Child and Adolescent Services  
 CBCL Children's Behavioral Checklist  
 CBHN Community Behavioral Health Network  
 CBT Cognitive behavior therapy  
 CCBHC Certified Community Behavioral Health Clinic  
 CCR Clinical case review  
 CCSI Chronic Consumer Stabilization Initiative  
 CCU Crisis Counseling Unit  
 CHIP Children's Health Insurance Plan  
 CIDC Chronically Ill and Disabled Children  
 CIRT Crisis Intervention Response Team  
 CIWA Clinical Institute Withdrawal Assessment for Alcohol  
 CMAP Children's Medication Algorithm Project  
 CMBHS Clinical Management for Behavioral Health Services  
 CMS Centers for Medicare and Medicaid  
 COC Continuity of Care

<b>COD</b>	<b>Co-Occurring Disorders Unit</b>
<b>COPSD</b>	<b>Co-occurring Psychiatric and Substance Abuse Disorders</b>
<b>COR</b>	<b>Council on Recovery</b>
<b>CPEP</b>	<b>Comprehensive Psychiatric Emergency Programs</b>
<b>CPOSS</b>	<b>Charleston Psychiatric Outpatient Satisfaction Scale</b>
<b>CPS</b>	<b>Children's Protective Services</b>
<b>CRCG</b>	<b>Community Resource Coordination Group</b>
<b>CRU</b>	<b>Crisis Residential Unit</b>
<b>CSC</b>	<b>Community Service Center</b>
<b>CSCD</b>	<b>Community Supervision and corrections department</b>
<b>CSP</b>	<b>Community Support plan</b>
<b>CSU</b>	<b>Crisis Stabilization Unit</b>
<b>CYS</b>	<b>Community Youth Services</b>

**D**

<b>DFPS</b>	<b>Department of Family and Protective Services</b>
<b>DHHS</b>	<b>Department of Health and Human Services</b>
<b>DID</b>	<b>Determination of Intellectual Disability</b>
<b>DLA-20</b>	<b>Daily Living Activities-20 Item Version</b>
<b>DRB</b>	<b>Dangerousness review board</b>
<b>DSM-5</b>	<b>Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition</b>
<b>DSRIP</b>	<b>Delivery System Reform Incentive Payment Program</b>

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

<b>FACT</b>	<b>Forensic Assertive Community Team</b>
<b>FF</b>	<b>Flex Funds</b>
<b>FSIQ</b>	<b>Full Scale Intelligence Quotient</b>
<b>FSPA</b>	<b>Jail -Forensic Single Portal</b>
<b>FTND</b>	<b>Fagerstrom Test for Nicotine Dependence</b>
<b>FY</b>	<b>Fiscal Year</b>

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

<b>HAM-A</b>	Hamilton Rating Scale for Anxiety
<b>HCJPD</b>	Harris County Juvenile Probation Department
<b>HCPC</b>	Harris County Psychiatric Center
<b>HCPI</b>	Harris County Psychiatric Intervention
<b>HCPS</b>	Harris County Protective Services for Children and Adults
<b>HCS</b>	Home and Community Services
<b>HCS-O</b>	Home and Community Services – OBRA
<b>HCSO</b>	Harris County Sheriff's Office
<b>HH</b>	Harris Health System
<b>HHS</b>	Health Human Services
<b>HHSC</b>	Health and Human Services Commission
<b>HMO</b>	Health Maintenance Organization
<b>HOT</b>	Homeless Outreach Team
<b>HPD</b>	Houston Police Department
<b>HRC</b>	Houston Recovery Center

**I**

<b>ICAP</b>	Inventory for Client and Agency Planning
<b>ICC</b>	Interim Care Clinic
<b>ICF-ID</b>	Intermediate Care Facility for Intellectual Disability
<b>IEP</b>	Individual Education Plan
<b>IFSP</b>	Individual Family Support Plan
<b>IHR</b>	In Home Respite
<b>IRG</b>	Innovative Resource Group
<b>IRP</b>	Individualized recovery plan

**J**

<b>JDC</b>	Juvenile Detention Center
<b>JJAEP</b>	Juvenile Justice Alternative Education Program
<b>JSS</b>	Job Satisfaction Scale

**K****L**

<b>LAR</b>	Legislative Appropriations Request
<b>LIDDA</b>	Local IDD Authority
<b>LMHA</b>	Local Mental Health Authority
<b>LOC</b>	Level of Care – LOC A= Authorized and LOC R= Calculated
<b>LOS</b>	Length of Stay
<b>LPHA</b>	Licensed Professional of the Healing Arts
<b>LSA</b>	Local Service Area

**M**

<b>MACRA</b>	<b>Medicare Access and CHIP Reauthorization Act</b>
<b>MAPS</b>	<b>Mental Retardation Adult Psychiatric Services</b>
<b>MBOW</b>	<b>Medicaid Managed Care Report (Business Objects)</b>
<b>MCO</b>	<b>Managed Care Organization</b>
<b>MCOT</b>	<b>Mobil Crisis Outreach Team</b>
<b>MCAS</b>	<b>Multnomah Community Assessment Scale</b>
<b>MDU</b>	<b>Multiple Disabilities Unit</b>
<b>MHW</b>	<b>Mental Health Warrant</b>
<b>MMPI-2</b>	<b>Minnesota Multiphasic Personality Inventory 2<sup>nd</sup> Edition</b>
<b>MoCA</b>	<b>Montreal Cognitive Assessment</b>
<b>MSU</b>	<b>Maximum security unit</b>

**N****N**

<b>NAMI</b>	<b>National Alliance for the Mentally Ill</b>
<b>NEO</b>	<b>New Employee Orientation</b>
<b>NGRI</b>	<b>Not Guilty for Reason of Insanity (46C)</b>
<b>NPC</b>	<b>Neuro-Psychiatric Center</b>
<b>NWCSC</b>	<b>Northwest Community Service Center</b>

**O**

<b>OSAR</b>	<b>Outreach Screening Assessment and Referral</b>
<b>OASS</b>	<b>Overt Agitation Severity Scale</b>
<b>OHR</b>	<b>Out of Home Respite</b>
<b>OVSOM</b>	<b>Office of Violent Sexual Offenders Management</b>

**P**

<b>PAP</b>	<b>Patient Assistance Program (for Prescriptions)</b>
<b>PASARR</b>	<b>Preadmission Screening and Annual Residential Review</b>
<b>PATH</b>	<b>Project to Assist in the Transition from Homelessness</b>
<b>PCH</b>	<b>Personal Care Home</b>
<b>PCM</b>	<b>Patient care monitoring</b>
<b>PDP</b>	<b>Person Directed Plan</b>
<b>PDSA</b>	<b>Plan-Do-Study-Act</b>
<b>PES</b>	<b>Psychiatric Emergency Services</b>
<b>PHCRU</b>	<b>Post Hospitalization Crisis Residential Unit</b>
<b>PHQ-9</b>	<b>Patient Health Questionnaire-9 Item Version</b>
<b>PHQ-A</b>	<b>Patient Health Questionnaire-9 Modified for Adolescents</b>
<b>PI</b>	<b>Performance Improvement</b>
<b>PIP</b>	<b>Performance Improvement Plan</b>
<b>PMAB</b>	<b>Prevention and Management of Aggressive Behavior</b>
<b>POC</b>	<b>Plan of Care</b>

**PoC-IP** Perceptions of Care-Inpatient  
**ProQOL** Professional Quality of Life Scale  
**PSRS** Positive Symptom Rating Scale  
**PSS** Parent Satisfaction Scale

**Q**

**QAIS** Quality Assurance and Improvement System  
**QMHP** Qualified Mental Health Professional  
**QI** Quality Improvement  
**QIDS-C** Quick Inventory of Depressive Symptomology-Clinician Rated

**R**

**RC** Rehab Coordination  
**ROI** Release of Information  
**RM** Recovery Manager  
**RTC** Residential Treatment Center

**S**

**SAM** Service Authorization and Monitoring  
**SAMHSA** Substance Abuse and Mental Health Services Administration  
**SC** Service Coordination  
**SECSC** Southeast Community Service Center  
**SEFRC** Southeast Family Resource Center  
**SMAC** Sequential Multiple Analysis tests  
**SMHF** State mental health facility  
**SNF** Skilled Nursing Facility  
**SP** Service Package (SP1, etc)  
**SPA** Single portal authority  
**SSLC** State living facility  
**SWCSC** Southwest Community Service Center  
**SWFRC** Southwest Family Resource Center  
**SUD** Substance Use Disorder

**T**

**TAC** Texas Administrative code  
**TANF** Temporary Assistance for Needy Families  
**TCOOMMI** Texas Correctional Office on Offenders with Medical or Mental Impairments  
**TDCJ** Texas Department of Criminal Justice  
**THKC** Texas Health Kids  
**THSteps** Texas Health Steps  
**TIC** Trauma informed Care  
**TMAP** Texas Medication Algorithm Project

**TMHP** Texas Medicaid & Healthcare partnership  
**TJJD** Texas Juvenile Justice Department  
**TRR** Texas Resiliency and Recovery  
**TWC** Texas Workforce Commission

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**