

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

Full Board Meeting

April 28, 2021
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Wednesday, March 24, 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-April
(*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 Meeting
(*L. Moore, Chair*)
 - E. The Harris Center Foundation
(*J. Lykes, Liaison*)
- VI. Consent Agenda**
 - A. Approve FY'21 Year-to-Date Budget Report-April
(*EXHIBIT F-3 Sean Kim*)
 - B. April 2021 Interlocal Agreements
(*EXHIBIT F-4 Silvia Tiller*)
 - C. April 2021 Amendments Over 50K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. April 2021 Renewals Over 50K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. Recommendation to add Lakeisha Davis a Board Member-811 Housing Board of Acres Homes Garden, Pecan Village, Pear Grove and Villas at Bayou Park
(*EXHIBIT F-7 Scott Rule*)
- VII. CONSIDER AND RECOMMEND ACTION**
 - A. Board Resolution: Improving Approval Process of Routine and Required Expenses
(*EXHIBIT F-8 Sean Kim*)

VIII. REVIEW AND COMMENT

- A. Legislative Update
(Wayne Young, Amanda Jones)
- B. EPIC Update
(EXHIBIT F-9 Mustafa Cochinwala)

IX. BOARD CHAIR'S REPORT

X. EXECUTIVE SESSION

- **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**
- **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**
- **Pursuant to §§551.071 and 551.074 of the Texas Government Code-Consultation and advice from General Counsel on personnel matters & contemplated litigation. –Kendra Thomas, General Counsel**
- **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**

XI. RECONVENE INTO OPEN SESSION

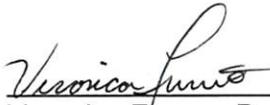
XII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

XIII. INFORMATION ONLY

- A. April 2021 Amendments Under 50K
(EXHIBIT F-10)
- B. April 2021 Renewals Under 50K
(EXHIBIT F-11)
- C. April 2021 New Contracts Under 50K
(EXHIBIT F-12)
- D. Affiliation Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT F-13)
- E. Days of Operation in Reserve Trend
(EXHIBIT F-14)
- F. Financials by Clinic + NPC for Q1+Q2 FY2021
(EXHIBIT F-15)

- G. COVID-19 PPE & Supplies Vendor List for Q1+Q2 FY2021
(EXHIBIT F-16)
- H. Supplier Diversity Report for Q1+Q2 FY2021
(EXHIBIT F-17)
- I. Revenue Management Metrics
(EXHIBIT F-18)
- J. Human Resources Open Positions and Turnover
(EXHIBIT F-19)
- K. Abbreviation List
(EXHIBIT F-20)

XIV. 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: March 24, 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
Mr. Taseer Badar-Phone

TRUSTEES ABSENT: Mr. Wesley Hunt
Sheriff Ed Gonzalez, Ex Officio

1. Declaration of Quorum

Mr. Shaukat Zakaria, Chair, called the meeting to order at 9:33 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: WOMACK

D. FY'21 March Contract Renewals \$50k and more

MOTION BY: SANTOS

SECOND: WOMACK

With unanimous affirmative votes

BE IT RESOLVED the FY'21 March Contract Renewals \$50k and more, as presented under Exhibit F-6 approved by the majority.

E. FY'21 March Contract Amendments \$50k and more

MOTION BY: SANTOS

SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the FY'21 March Contract Amendments \$50k and more as presented under Exhibit F-7, approved by the majority.

F. Kiosks for EPIC

MOTION BY: SANTOS

SECOND: WOMACK

With unanimous affirmative votes

BE IT RESOLVED the Kiosks for EPIC as presented under Exhibit F-8, approved by the majority.

G. Mid-Year Continuous Care Performance Award Proposal

MOTION BY: WOMACK

SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Mid-year Continuous Care Performance Award Proposal approved by the majority.

7. Review and Comment

A. The Harris Center Foundation

Ms. Fordice presented on The Harris Foundation. The Harris Center Foundation has created committee and an executive committee. The Harris Center Foundation has recruited 3 new Harris Center Foundation Board members. The Harris Center Foundation has awarded funding to 3 programs capeABLE Coffee, Airline Clinic Playground, Certified Medical Assistant Tuition Reimbursement Program.

B. Legislative Update

Amanda Jones presented on The State Budget HB1 and SB1. She also presented on the Federal COVID-19 Relief, National Funding, CCBHC funding, Texas allocations, Telehealth and Medicaid Expansion.

C. EPIC Update

Mustafa Cochinwala presented on the EPIC update. He discussed dates for the EPIC training and Dr. Santos asked about the physician input. Mustafa stated that Dr. Muzquiz and Dr. Fishkind have volunteered to assist with the pre-physician training. Wayne stated that the Chief and VPs are meeting weekly for updated and input.

D. 1115 Waiver Recoupment

Wayne presented the 1115 Waiver Recoupment.

8. Board Chair's Report**9. Executive Session-**

At 11:45 a.m. Chair S. Zakaria announced the Board would enter into Executive Session for the following reasons:

- 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
- In accordance with §551.071 of the Texas Government Code, Discussion with General Counsel regarding Cause No. 2021- 08238 Shadawn Mccants v. The Harris Center for Mental Health & IDD and City of Houston, Kendra Thomas, General Counsel

10. Reconvene into Open Session and Take Action

At 11:54 a.m., the Board of Trustees reconvened into open session.

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

No action taken

12. Adjournment- 11:55 a.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 Seventh Month and Year to Date Ended March 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on April 20, 2021

The Harris Center for Mental Health & IDD

April 20, 2021

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

The monthly financial report for March 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 Seventh Month and Year to Date Ended March 31, 2021**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,615	\$ 21,108	\$ (493)
Expenditures	23,947	23,795	(152)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (3,332)</u>	<u>\$ (2,687)</u>	<u>\$ (645)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 16,400</u>	<u>\$ (827)</u>	<u>\$ 17,227</u>

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

	Month Ended March 31, 2021				Seven Months Ended March 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%			\$	%	
Total Revenues:								
Harris County and Local	4,672,287	4,315,513	356,774	c 8%	33,417,870	30,151,372	\$ 3,266,498	11%
PAP / Samples	1,211,125	1,583,323	(372,198)	d -24%	8,662,570	11,083,261	(2,420,691)	-22%
Interest	7,760	41,666	(33,906)	e -81%	94,371	291,662	(197,291)	-68%
State General	9,573,450	9,642,311	(68,861)	-1%	67,114,887	67,496,162	(381,275)	-1%
State Grants	774,218	891,781	(117,563)	f -13%	6,299,228	6,299,969	(741)	0%
Federal Grants	1,143,904	1,063,105	80,799	8%	13,012,704	7,441,732	5,570,972	75%
3rd party billings	3,232,242	3,570,120	(337,878)	g -9%	21,936,777	23,684,703	(1,747,926)	-7%
Total Revenue	20,614,986	21,107,819	(492,833)	h -2%	150,538,407	146,448,861	4,089,546	3%
Total Expenses:								
Salaries and Fringe	16,022,202	15,925,156	(97,046)	-1%	110,215,826	111,484,916	1,269,090	1%
Travel	42,649	189,892	147,243	78%	323,516	1,106,008	782,492	71%
Contracts and Consultants	1,661,955	1,811,164	149,209	8%	11,169,928	12,646,699	1,476,771	12%
HCPC Contract	2,356,911	2,369,794	12,883	1%	16,569,423	16,588,558	19,135	0%
Supplies and Drugs	1,496,480	1,902,174	405,694	21%	10,861,436	13,326,427	2,464,991	18%
Equipment (Purch, Rent, Maint)	836,028	378,895	(457,133)	i -121%	7,226,135	2,652,588	(4,573,547)	-172%
Building (Purch, Rent, Maint)	566,980	283,191	(283,789)	j -100%	9,666,769	1,981,222	(7,685,547)	-388%
Vehicle (Purch, Rent, Maint)	11,005	28,249	17,244	61%	78,390	198,818	120,428	61%
Telephone and Utilities	249,828	222,990	(26,838)	-12%	1,443,000	1,560,851	117,851	8%
Insurance, Legal, Audit	108,398	137,867	29,469	21%	1,064,299	964,685	(99,614)	-10%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	433,740	477,999	44,259	9%	2,845,851	3,286,938	441,087	13%
Claims Denials	90,384	67,532	(22,852)	-34%	449,827	472,719	22,892	5%
Reserve for Bad Debt	70,124	-	(70,124)	0%	(38,103)	-	38,103	0.0%
Total Expenses	23,946,684	23,794,903	(151,781)	k -1%	172,428,721	166,859,026	(5,569,695)	-3%
Excess of Revenues over (under)								
Expenditures before Other Sources	(3,331,698)	a (2,687,084)	(644,614)		(21,890,314)	(20,410,165)	(1,480,149)	
Funds from other sources:								
Use of fund balance - CapEx	518,293	-	518,293		5,014,604	-	5,014,604	
Use of fund balance - COVID-19	-	-	-		1,786,540	-	1,786,540	
Fund Balance DSRIP	(1,132,250)	630,081	(1,762,331)		2,648,218	4,410,558	(1,762,340)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		15,172,409	15,172,402	7	
DSRIP Transition	1,809,411	-	1,809,411		12,665,880	-	12,665,880	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 31,240	\$ 110,483	\$ (79,243)		\$ 16,399,892	b \$ (827,205)	\$ 17,227,097	

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 March 31, 2021

Month Ended March 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	5,888,981	5,935,694	2,191	4,808	-	-
State General Revenue	9,555,497	9,624,358	17,953	17,953	-	-
State Grants	774,218	891,781	-	-	-	-
Federal Grants	1,143,904	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,896	1,705,260	-	-
3rd party billings	3,125,229	3,472,547	107,013	97,573	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	20,487,829	20,987,485	4,104,053	1,825,594	-	-
Total Expenses:						
Salaries and Fringe	14,750,158	14,521,830	1,272,044	1,403,326	-	-
Travel	41,255	177,788	1,394	12,104	-	-
Contracts and Consultant	1,573,332	1,693,626	88,623	117,538	-	-
HPCPC Contract	2,356,911	2,369,794	-	-	-	-
Supplies and Drugs	1,502,169	1,878,441	(5,689)	23,733	-	-
Equipment (Purch, Rent, Maint)	353,636	283,225	67,942	80,131	414,450	15,539
Building (Rent, Maint)	348,770	84,695	157,297	144,572	60,914	53,924
Vehicle (Purch, Rent, Maint)	9,564	16,539	1,441	11,710	-	-
Telephone and Utilities	215,209	180,761	34,619	42,229	-	-
Insurance, Legal, Audit	79,995	107,737	28,403	30,130	-	-
Note Payments	-	-	-	-	-	-
Other	276,797	454,356	156,943	23,643	-	-
Claims Denials	87,486	67,037	2,898	495	-	-
Reserve for Bad Debt	70,124	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	21,665,406	21,835,829	1,805,915	1,889,611	475,364	69,463
Excess of Revenues over (under)						
Expenditures before Other Sources	(1,177,577)	(848,344)	2,298,138	(64,017)	(475,364)	(69,463)
Funds from other sources:						
Use of fund balance - CapEx	42,929	-	-	-	475,364	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	(1,132,250)	630,081	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (2,266,898)	\$ (218,263)	\$ 2,298,138	\$ (64,017)	\$ -	\$ (69,463)
	=====	=====	=====	=====	=====	=====

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 March 31, 2021

Seven Months Ended March 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 42,146,260	\$ 41,492,639	28,551	33,656	\$ -	\$ -
State General Revenue	66,989,216	67,370,491	125,671	125,671	-	-
State Grants	6,299,228	6,299,969	-	-	-	-
Federal Grants	13,012,704	7,441,732	-	-	-	-
Federal Revenue - DSRIP	-	-	27,838,289	11,936,819	-	-
3rd party billings	21,218,712	23,004,730	718,065	679,973	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	149,666,120	145,609,561	28,710,576	12,776,119	-	-
Total Expenses:						
Salaries and Fringe	101,419,026	101,635,847	8,796,800	9,849,069	-	-
Travel	315,300	1,023,162	8,216	82,846	-	-
Contracts and Consultant	10,647,214	11,823,933	522,714	822,766	-	-
HCPC Contract	16,569,423	16,588,558	-	-	-	-
Supplies and Drugs	10,776,673	13,162,039	84,763	164,388	-	-
Equipment (Purch, Rent, Maint)	2,637,056	(1,007,551)	474,750	545,167	4,114,329	3,114,972
Building (Purch, Rent, Maint)	7,873,299	791,591	893,195	1,089,641	900,275	99,990
Vehicle (Purch, Rent, Maint)	59,197	116,848	19,193	81,970	-	-
Telephone and Utilities	1,324,215	1,265,248	118,785	295,603	-	-
Insurance, Legal, Audit	863,810	753,757	200,489	210,928	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	2,736,685	3,122,262	109,166	164,676	-	-
Claims Denials	438,505	469,254	11,322	3,465	-	-
Reserve for Bad Debt	(38,103)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	155,622,300	149,744,948	11,791,817	13,862,943	5,014,604	3,214,962
Excess of Revenues over (under)						
Expenditures before Other Sources	(5,956,180)	(4,135,387)	16,918,759	(1,086,824)	(5,014,604)	(3,214,962)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	5,014,604	-
Use of fund balance - COVID-19	1,786,540	-	-	-	-	-
Fund Balance DSRIP	2,648,218	4,410,558	-	-	-	-
Insurance Proceeds	979,570	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (520,727)	\$ 275,171	\$ 16,920,619	\$ (1,086,824)	\$ -	\$ (3,214,962)
	=====	=====	=====	=====	=====	=====

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

	Ending Balance		Increase/(Decrease) March	
	February 28, 2021	March 31, 2021		
Assets				
Cash and Cash Equivalents	111,687,803	113,051,950	\$ 1,364,147	a
Inventory - includes RX	252,795	307,988	55,193	b
Prepaid Expenses	3,784,483	6,861,449	3,076,966	c
A/R Medicaid, Medicare, 3rd Party	8,921,759	9,787,800	866,041	
Less Bad Debt Reserve	(3,336,006)	(3,419,725)	(83,719)	
A/R Other	21,634,559	23,095,014	1,460,455	d
A/R DSRIP	22,470,931	26,447,827	3,976,896	e
Total Current Assets	<u>165,416,324</u>	<u>176,132,303</u>	<u>10,715,979</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	9,893,194	9,893,194	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	8,819,680	9,337,973	518,293	
Total Property, Plant & Equipment	<u>71,983,620</u>	<u>72,501,913</u>	<u>518,293</u>	
TOTAL ASSETS	<u>\$ 237,399,944</u>	<u>248,634,216</u>	<u>\$ 11,234,272</u>	
Liabilities and Fund Balance				
Unearned Income	24,305,443	37,670,443	\$ 13,365,000	f
Accrued Payroll and Accounts Payables	22,780,148	20,478,336	(2,301,813)	g
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>47,085,591</u>	<u>58,148,779</u>	<u>11,063,187</u>	
State Escheatment Payable	37,111	38,148	1,037	
Total Non Current Liabilities	<u>37,111</u>	<u>38,148</u>	<u>1,037</u>	
TOTAL LIABILITIES	<u>47,122,702</u>	<u>58,186,927</u>	<u>11,064,224</u>	
General Fund Balance	18,038,982	19,253,471	1,214,489	h
Nonspendable				
Investment in Inventories	252,795	307,988	55,193	
Investment In Fixed Assets	71,983,620	72,501,913	518,293	
Assigned:				
Current Capital Projects	25,985,577	25,467,284	(518,293)	i
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	360,293	361,664	1,371	
Waiver 1115	44,839,613	43,707,363	(1,132,250)	
COVID-19 eFMAP Reserve	4,227,518	4,227,518	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>173,908,594</u>	<u>174,047,397</u>	<u>138,803</u>	
Year to Date Excess Revenues over (under) Expenditures	16,368,648	16,399,892	31,244	
TOTAL FUND BALANCE	<u>190,277,242</u>	<u>190,447,289</u>	<u>170,047</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 237,399,944</u>	<u>248,634,216</u>	<u>\$ 11,234,271</u>	

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

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of March 2021, the seventh month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$3,331,698.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$16,399,892 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 \$356,774 due to Sheriff's Department and Jail Diversion revenues.
- d. **PAP/Samples** is unfavorable to budget by \$372,198 as the bulk PAP inventory stock is depleting.
- e. **Interest** is unfavorable to budget by \$33,906 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 unfavorable to budget by \$117,563 primarily due to timing of ECI revenues.
- g. **Third Party Billings** is unfavorable to budget by \$337,878 primarily due to lower patient volume than budgeted.
- h. **Total Revenue** is unfavorable to budget by \$492,833.
- i. **Equipment** is unfavorable to budget by \$457,133 primarily from expenses related to the South Loop East facility and payments for software.
- j. **Building** is unfavorable to budget by \$283,789 due to expenses related to the build out of the South Loop East facility.
- k. **Total Expenses** are unfavorable to budget by \$151,781.

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 increased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	February 28, 2021	March 31, 2021	March
Cash - General Fund Bank Of America	\$ 1,330,643	\$ 3,270,396	\$ 1,939,753
Cash - General Fund Chase	14,142,129	6,742,746	(7,399,383)
Cash - BOA ACH Vendor	265,869	84,022	(181,847)
Cash - FSA - Discovery	144,276	142,175	(2,101)
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,513	1,001,529	16
Investments - Texpool Self Insurance	2,288,778	2,288,814	36
Investments - Texpool Prime	39,796,677	53,300,076	13,503,399
Investments - Texas Class	52,708,618	46,212,893	(6,495,725)
Total Cash and Cash Equivalents	\$ 111,687,803	\$ 113,051,951	\$ 1,364,148

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)
	February 28, 2021	March 31, 2021	March
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	18,750	18,750	-
Supplies Used	(12,572)	(14,997)	(2,425)
Inventory - Drugs	235,479	293,096	57,617
Total Inventory	<u>\$ 252,795</u>	<u>\$ 307,987</u>	<u>\$ 55,192</u>

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

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease) March
	February 28, 2021	March 31, 2021	
Villas At Bayou Park	\$ 48,033	\$ 53,533	5,500.00
Pear Grove	19,814	19,814	-
Pasadena Cottages	76,796	72,369	(4,427)
Employee	1,850	-	(1,850)
Acres Homes Garden	59,756	63,856	4,100
General Accounts Receivable	1,673,367	1,501,717	(171,650)
Building Rents	12,500	11,000	(1,500)
Harris County Juvenile Probation	636,324	434,160	(202,164)
Harris County Community Supervision & Correctic	529,233	787,271	258,038
Harris County Sheriff Dept.	2,667,854	4,012,535	1,344,681
ICFMR	155,295	248,925	93,630
ECI Administrative Claiming	70,621	108,702	38,081
TCOOMMI -Special Needs	915,564	786,085	(129,479)
TDCJ - Parole	102,500	61,500	(41,000)
TDCJ - Substance Abuse	89,250	71,400	(17,850)
TCOOMMI- Juvenile	201,496	95,277	(106,219)
Jail Diversion	2,303,306	2,622,636	319,330
ECI	955,012	486,133	(468,879)
ECI Respite	37,971	19,801	(18,170)
ECI SNAP	(3,334)	-	3,334
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	326,596	210,943	(115,653)
MH Block Grant	4,722,279	4,979,096	256,817
MH Block Grant - Coordinated Specialty Care	111,391	119,121	7,730

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	February 28, 2021	March 31, 2021	March
Title XX Social Services	\$ 870,625	\$ 918,993	48,368
TANFF to Title XX Block Grant	2,536,498	\$ 2,677,411	140,913
DSHS SAPT Block Grant - SA/OSR	40,967	\$ 54,080	13,113
Enhanced Community Coordinator	79,543	122,494	42,951
DSHS Mental Health First Aid	19,448	\$ 29,136	9,688
HHSC ZEST - Zero Suicide	69,914	\$ 74,436	4,522
HCC Open Door	677,196	\$ 902,350	225,154
HCS	22,416	\$ 22,416	-
TX Home Living Waiver	(137,685)	\$ (144,537)	(6,852)
Federal DSHS Disaster Assistance	1,155,049	\$ 1,168,757	13,708
Helpline Contracts	79,088	\$ 52,510	(26,578)
City of Houston - CCSI	75,805	\$ 50,537	(25,268)
City of Houston - DMD	20,663	\$ 10,331	(10,332)
City of Houston - 911 CCD Amended	39,821	\$ 18,489	(21,332)
	<u>\$ 21,634,559</u>	<u>\$ 23,095,014</u>	<u>\$ 1,460,455</u>

e. **A/R DSRIP** increased as the Center adjusted for DSRIP funding owed to the Center.

- f. **Unearned Income** increased due to receipt of third quarter State GR funds and the CCBHC Expansion grant funds.
- g. **Accrued Payroll and Accounts Payable** decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General 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 164 days and for **Core Business** is 97 days versus 162 and 94 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of March 31, 2021 is \$102,803,313 of which 100% is in government pools (Texas Class 45% and TexPool 55%).
- b. Investments this month yielded interest income of \$7,760.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
GOVERNMENT POOLS												
TEXAS CLASS - GF G/L 120700		52,708,619	-	(6,500,000)	4,275		46,212,894		44.95%		0.1051%	
TEXPOOL ISF G/L 120610		2,288,778	-	-	36		2,288,814		2.23%		0.0187%	
TEXPOOL GF G/L 120600		1,001,513	-	-	16		1,001,529		0.97%		0.0187%	
TEXPOOL PRIME G/L 120620		39,796,678	13,500,000	-	3,398		53,300,076		51.85%		0.0916%	
Subtotal Texpool		43,086,969	13,500,000	-	3,450		56,590,419		55.05%			
Subtotal Government Pools		95,795,588	13,500,000	(6,500,000)	7,725		102,803,313		100.00%			
TOTAL INVESTMENTS		\$ 95,795,588	\$ 13,500,000	\$ (6,500,000)	\$ 7,725	\$ -	\$ 102,803,313		100.00%			

Total Investment Interest G/L 409000 & 409005

7,725

3 Month Weighted Average Maturity (Days)

1.00

Depository Bank Interest G/L 409000

35

3 Month Weighted Average Yield

0.1038%

Total Interest

\$ 7,760

3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)

0.0459%

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Seventh Month and Year to Date Ended March 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on April 20, 2021

The Harris Center for Mental Health & IDD

April 20, 2021

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

The monthly financial report for March 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 Seventh Month and Year to Date Ended March 31, 2021**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,615	\$ 21,108	\$ (493)
Expenditures	23,947	23,795	(152)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (3,332)</u>	<u>\$ (2,687)</u>	<u>\$ (645)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 16,400</u>	<u>\$ (827)</u>	<u>\$ 17,227</u>

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

	Month Ended March 31, 2021				Seven Months Ended March 31, 2021			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%			\$	%	
Total Revenues:								
Harris County and Local	4,672,287	4,315,513	356,774	c 8%	33,417,870	30,151,372	\$ 3,266,498	11%
PAP / Samples	1,211,125	1,583,323	(372,198)	d -24%	8,662,570	11,083,261	(2,420,691)	-22%
Interest	7,760	41,666	(33,906)	e -81%	94,371	291,662	(197,291)	-68%
State General	9,573,450	9,642,311	(68,861)	-1%	67,114,887	67,496,162	(381,275)	-1%
State Grants	774,218	891,781	(117,563)	f -13%	6,299,228	6,299,969	(741)	0%
Federal Grants	1,143,904	1,063,105	80,799	8%	13,012,704	7,441,732	5,570,972	75%
3rd party billings	3,232,242	3,570,120	(337,878)	g -9%	21,936,777	23,684,703	(1,747,926)	-7%
Total Revenue	20,614,986	21,107,819	(492,833)	h -2%	150,538,407	146,448,861	4,089,546	3%
Total Expenses:								
Salaries and Fringe	16,022,202	15,925,156	(97,046)	-1%	110,215,826	111,484,916	1,269,090	1%
Travel	42,649	189,892	147,243	78%	323,516	1,106,008	782,492	71%
Contracts and Consultants	1,661,955	1,811,164	149,209	8%	11,169,928	12,646,699	1,476,771	12%
HCPC Contract	2,356,911	2,369,794	12,883	1%	16,569,423	16,588,558	19,135	0%
Supplies and Drugs	1,496,480	1,902,174	405,694	21%	10,861,436	13,326,427	2,464,991	18%
Equipment (Purch, Rent, Maint)	836,028	378,895	(457,133)	i -121%	7,226,135	2,652,588	(4,573,547)	-172%
Building (Purch, Rent, Maint)	566,980	283,191	(283,789)	j -100%	9,666,769	1,981,222	(7,685,547)	-388%
Vehicle (Purch, Rent, Maint)	11,005	28,249	17,244	61%	78,390	198,818	120,428	61%
Telephone and Utilities	249,828	222,990	(26,838)	-12%	1,443,000	1,560,851	117,851	8%
Insurance, Legal, Audit	108,398	137,867	29,469	21%	1,064,299	964,685	(99,614)	-10%
Note Payments	-	-	-	0%	552,424	588,597	36,173	6%
Other	433,740	477,999	44,259	9%	2,845,851	3,286,938	441,087	13%
Claims Denials	90,384	67,532	(22,852)	-34%	449,827	472,719	22,892	5%
Reserve for Bad Debt	70,124	-	(70,124)	0%	(38,103)	-	38,103	0.0%
Total Expenses	23,946,684	23,794,903	(151,781)	k -1%	172,428,721	166,859,026	(5,569,695)	-3%
Excess of Revenues over (under)								
Expenditures before Other Sources	(3,331,698) a	(2,687,084)	(644,614)		(21,890,314)	(20,410,165)	(1,480,149)	
Funds from other sources:								
Use of fund balance - CapEx	518,293	-	518,293		5,014,604	-	5,014,604	
Use of fund balance - COVID-19	-	-	-		1,786,540	-	1,786,540	
Fund Balance DSRIP	(1,132,250)	630,081	(1,762,331)		2,648,218	4,410,558	(1,762,340)	
Waiver 1115 Revenues	2,167,484	2,167,486	(2)		15,172,409	15,172,402	7	
DSRIP Transition	1,809,411	-	1,809,411		12,665,880	-	12,665,880	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		981,430	-	981,430	
Proceeds from Sale of Assets	-	-	-		21,125	-	21,125	
Unrealized Gain/(Loss) on Securities	-	-	-		-	-	-	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 31,240	\$ 110,483	\$ (79,243)		\$ 16,399,892 b	\$ (827,205)	\$ 17,227,097	

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 March 31, 2021

Month Ended March 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	5,888,981	5,935,694	2,191	4,808	-	-
State General Revenue	9,555,497	9,624,358	17,953	17,953	-	-
State Grants	774,218	891,781	-	-	-	-
Federal Grants	1,143,904	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,896	1,705,260	-	-
3rd party billings	3,125,229	3,472,547	107,013	97,573	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	20,487,829	20,987,485	4,104,053	1,825,594	-	-
Total Expenses:						
Salaries and Fringe	14,750,158	14,521,830	1,272,044	1,403,326	-	-
Travel	41,255	177,788	1,394	12,104	-	-
Contracts and Consultant	1,573,332	1,693,626	88,623	117,538	-	-
HPCPC Contract	2,356,911	2,369,794	-	-	-	-
Supplies and Drugs	1,502,169	1,878,441	(5,689)	23,733	-	-
Equipment (Purch, Rent, Maint)	353,636	283,225	67,942	80,131	414,450	15,539
Building (Rent, Maint)	348,770	84,695	157,297	144,572	60,914	53,924
Vehicle (Purch, Rent, Maint)	9,564	16,539	1,441	11,710	-	-
Telephone and Utilities	215,209	180,761	34,619	42,229	-	-
Insurance, Legal, Audit	79,995	107,737	28,403	30,130	-	-
Note Payments	-	-	-	-	-	-
Other	276,797	454,356	156,943	23,643	-	-
Claims Denials	87,486	67,037	2,898	495	-	-
Reserve for Bad Debt	70,124	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	21,665,406	21,835,829	1,805,915	1,889,611	475,364	69,463
Excess of Revenues over (under)						
Expenditures before Other Sources	(1,177,577)	(848,344)	2,298,138	(64,017)	(475,364)	(69,463)
Funds from other sources:						
Use of fund balance - CapEx	42,929	-	-	-	475,364	-
Use of fund balance - COVID-19	-	-	-	-	-	-
Fund Balance DSRIP	(1,132,250)	630,081	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	-	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (2,266,898)	\$ (218,263)	\$ 2,298,138	\$ (64,017)	\$ -	\$ (69,463)
	=====	=====	=====	=====	=====	=====

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 March 31, 2021

Seven Months Ended March 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 42,146,260	\$ 41,492,639	28,551	33,656	\$ -	\$ -
State General Revenue	66,989,216	67,370,491	125,671	125,671	-	-
State Grants	6,299,228	6,299,969	-	-	-	-
Federal Grants	13,012,704	7,441,732	-	-	-	-
Federal Revenue - DSRIP	-	-	27,838,289	11,936,819	-	-
3rd party billings	21,218,712	23,004,730	718,065	679,973	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	149,666,120	145,609,561	28,710,576	12,776,119	-	-
Total Expenses:						
Salaries and Fringe	101,419,026	101,635,847	8,796,800	9,849,069	-	-
Travel	315,300	1,023,162	8,216	82,846	-	-
Contracts and Consultant	10,647,214	11,823,933	522,714	822,766	-	-
HCPC Contract	16,569,423	16,588,558	-	-	-	-
Supplies and Drugs	10,776,673	13,162,039	84,763	164,388	-	-
Equipment (Purch, Rent, Maint)	2,637,056	(1,007,551)	474,750	545,167	4,114,329	3,114,972
Building (Purch, Rent, Maint)	7,873,299	791,591	893,195	1,089,641	900,275	99,990
Vehicle (Purch, Rent, Maint)	59,197	116,848	19,193	81,970	-	-
Telephone and Utilities	1,324,215	1,265,248	118,785	295,603	-	-
Insurance, Legal, Audit	863,810	753,757	200,489	210,928	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	2,736,685	3,122,262	109,166	164,676	-	-
Claims Denials	438,505	469,254	11,322	3,465	-	-
Reserve for Bad Debt	(38,103)	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	155,622,300	149,744,948	11,791,817	13,862,943	5,014,604	3,214,962
Excess of Revenues over (under)						
Expenditures before Other Sources	(5,956,180)	(4,135,387)	16,918,759	(1,086,824)	(5,014,604)	(3,214,962)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	5,014,604	-
Use of fund balance - COVID-19	1,786,540	-	-	-	-	-
Fund Balance DSRIP	2,648,218	4,410,558	-	-	-	-
Insurance Proceeds	979,570	-	1,860	-	-	-
Proceeds from Sale of Assets	21,125	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (520,727)	\$ 275,171	\$ 16,920,619	\$ (1,086,824)	\$ -	\$ (3,214,962)
	=====	=====	=====	=====	=====	=====

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

	Ending Balance		Increase/(Decrease) March	
	February 28, 2021	March 31, 2021		
Assets				
Cash and Cash Equivalents	111,687,803	113,051,950	\$ 1,364,147	a
Inventory - includes RX	252,795	307,988	55,193	b
Prepaid Expenses	3,784,483	6,861,449	3,076,966	c
A/R Medicaid, Medicare, 3rd Party	8,921,759	9,787,800	866,041	
Less Bad Debt Reserve	(3,336,006)	(3,419,725)	(83,719)	
A/R Other	21,634,559	23,095,014	1,460,455	d
A/R DSRIP	22,470,931	26,447,827	3,976,896	e
Total Current Assets	<u>165,416,324</u>	<u>176,132,303</u>	<u>10,715,979</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	9,893,194	9,893,194	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	8,819,680	9,337,973	518,293	
Total Property, Plant & Equipment	<u>71,983,620</u>	<u>72,501,913</u>	<u>518,293</u>	
TOTAL ASSETS	<u>\$ 237,399,944</u>	<u>248,634,216</u>	<u>\$ 11,234,272</u>	
Liabilities and Fund Balance				
Unearned Income	24,305,443	37,670,443	\$ 13,365,000	f
Accrued Payroll and Accounts Payables	22,780,148	20,478,336	(2,301,813)	g
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>47,085,591</u>	<u>58,148,779</u>	<u>11,063,187</u>	
State Escheatment Payable	37,111	38,148	1,037	
Total Non Current Liabilities	<u>37,111</u>	<u>38,148</u>	<u>1,037</u>	
TOTAL LIABILITIES	<u>47,122,702</u>	<u>58,186,927</u>	<u>11,064,224</u>	
General Fund Balance	18,038,982	19,253,471	1,214,489	h
Nonspendable				
Investment in Inventories	252,795	307,988	55,193	
Investment In Fixed Assets	71,983,620	72,501,913	518,293	
Assigned:				
Current Capital Projects	25,985,577	25,467,284	(518,293)	i
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	360,293	361,664	1,371	
Waiver 1115	44,839,613	43,707,363	(1,132,250)	
COVID-19 eFMAP Reserve	4,227,518	4,227,518	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>173,908,594</u>	<u>174,047,397</u>	<u>138,803</u>	
Year to Date Excess Revenues over (under) Expenditures	16,368,648	16,399,892	31,244	
TOTAL FUND BALANCE	<u>190,277,242</u>	<u>190,447,289</u>	<u>170,047</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 237,399,944</u>	<u>248,634,216</u>	<u>\$ 11,234,271</u>	

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

I. Comparison of Revenue and Expenses - Actual to Budget

- a. For the month of March 2021, the seventh month of the fiscal year, The Harris Center is reporting **Excess Expenditures over Revenues** of \$3,331,698.
- b. The year-to-date amount translates to **Excess Revenues over Expenditures** of \$16,399,892 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 \$356,774 due to Sheriff's Department and Jail Diversion revenues.
- d. **PAP/Samples** is unfavorable to budget by \$372,198 as the bulk PAP inventory stock is depleting.
- e. **Interest** is unfavorable to budget by \$33,906 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 unfavorable to budget by \$117,563 primarily due to timing of ECI revenues.
- g. **Third Party Billings** is unfavorable to budget by \$337,878 primarily due to lower patient volume than budgeted.
- h. **Total Revenue** is unfavorable to budget by \$492,833.
- i. **Equipment** is unfavorable to budget by \$457,133 primarily from expenses related to the South Loop East facility and payments for software.
- j. **Building** is unfavorable to budget by \$283,789 due to expenses related to the build out of the South Loop East facility.
- k. **Total Expenses** are unfavorable to budget by \$151,781.

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 increased from the prior month as a result of operations.

	Ending Balance		Increase/(Decrease)
	February 28, 2021	March 31, 2021	March
Cash - General Fund Bank Of America	\$ 1,330,643	\$ 3,270,396	\$ 1,939,753
Cash - General Fund Chase	14,142,129	6,742,746	(7,399,383)
Cash - BOA ACH Vendor	265,869	84,022	(181,847)
Cash - FSA - Discovery	144,276	142,175	(2,101)
Petty Cash	9,300	9,300	-
Investments - Texpool General Fund	1,001,513	1,001,529	16
Investments - Texpool Self Insurance	2,288,778	2,288,814	36
Investments - Texpool Prime	39,796,677	53,300,076	13,503,399
Investments - Texas Class	52,708,618	46,212,893	(6,495,725)
Total Cash and Cash Equivalents	\$ 111,687,803	\$ 113,051,951	\$ 1,364,148

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)
	February 28, 2021	March 31, 2021	March
Inventory - Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	18,750	18,750	-
Supplies Used	(12,572)	(14,997)	(2,425)
Inventory - Drugs	235,479	293,096	57,617
Total Inventory	<u>\$ 252,795</u>	<u>\$ 307,987</u>	<u>\$ 55,192</u>

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

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease) March
	February 28, 2021	March 31, 2021	
Villas At Bayou Park	\$ 48,033	\$ 53,533	5,500.00
Pear Grove	19,814	19,814	-
Pasadena Cottages	76,796	72,369	(4,427)
Employee	1,850	-	(1,850)
Acres Homes Garden	59,756	63,856	4,100
General Accounts Receivable	1,673,367	1,501,717	(171,650)
Building Rents	12,500	11,000	(1,500)
Harris County Juvenile Probation	636,324	434,160	(202,164)
Harris County Community Supervision & Correctic	529,233	787,271	258,038
Harris County Sheriff Dept.	2,667,854	4,012,535	1,344,681
ICFMR	155,295	248,925	93,630
ECI Administrative Claiming	70,621	108,702	38,081
TCOOMMI -Special Needs	915,564	786,085	(129,479)
TDCJ - Parole	102,500	61,500	(41,000)
TDCJ - Substance Abuse	89,250	71,400	(17,850)
TCOOMMI- Juvenile	201,496	95,277	(106,219)
Jail Diversion	2,303,306	2,622,636	319,330
ECI	955,012	486,133	(468,879)
ECI Respite	37,971	19,801	(18,170)
ECI SNAP	(3,334)	-	3,334
HUD - Safe Havens	371,737	371,737	-
PATH - Mental Health Block	326,596	210,943	(115,653)
MH Block Grant	4,722,279	4,979,096	256,817
MH Block Grant - Coordinated Specialty Care	111,391	119,121	7,730

II. Comparative Balance Sheet (continued)

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

	Ending Balance		Increase/(Decrease)
	February 28, 2021	March 31, 2021	March
Title XX Social Services	\$ 870,625	\$ 918,993	48,368
TANFF to Title XX Block Grant	2,536,498	\$ 2,677,411	140,913
DSHS SAPT Block Grant - SA/OSR	40,967	\$ 54,080	13,113
Enhanced Community Coordinator	79,543	122,494	42,951
DSHS Mental Health First Aid	19,448	\$ 29,136	9,688
HHSC ZEST - Zero Suicide	69,914	\$ 74,436	4,522
HCC Open Door	677,196	\$ 902,350	225,154
HCS	22,416	\$ 22,416	-
TX Home Living Waiver	(137,685)	\$ (144,537)	(6,852)
Federal DSHS Disaster Assistance	1,155,049	\$ 1,168,757	13,708
Helpline Contracts	79,088	\$ 52,510	(26,578)
City of Houston - CCSI	75,805	\$ 50,537	(25,268)
City of Houston - DMD	20,663	\$ 10,331	(10,332)
City of Houston - 911 CCD Amended	39,821	\$ 18,489	(21,332)
	<u>\$ 21,634,559</u>	<u>\$ 23,095,014</u>	<u>\$ 1,460,455</u>

e. **A/R DSRIP** increased as the Center adjusted for DSRIP funding owed to the Center.

- f. **Unearned Income** increased due to receipt of third quarter State GR funds and the CCBHC Expansion grant funds.
- g. **Accrued Payroll and Accounts Payable** decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- h. **General 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 164 days and for **Core Business** is 97 days versus 162 and 94 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of March 31, 2021 is \$102,803,313 of which 100% is in government pools (Texas Class 45% and TexPool 55%).
- b. Investments this month yielded interest income of \$7,760.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Allowance Unrealized G/L	Market Value Ending Balance	Market Value Beginning Balance	Portfolio %	Interest Accrual	Coupon Rate	Settlement Date
GOVERNMENT POOLS												
TEXAS CLASS - GF G/L 120700		52,708,619	-	(6,500,000)	4,275		46,212,894		44.95%		0.1051%	
TEXPOOL ISF G/L 120610		2,288,778	-	-	36		2,288,814		2.23%		0.0187%	
TEXPOOL GF G/L 120600		1,001,513	-	-	16		1,001,529		0.97%		0.0187%	
TEXPOOL PRIME G/L 120620		39,796,678	13,500,000	-	3,398		53,300,076		51.85%		0.0916%	
Subtotal Texpool		43,086,969	13,500,000	-	3,450		56,590,419		55.05%			
Subtotal Government Pools		95,795,588	13,500,000	(6,500,000)	7,725		102,803,313		100.00%			
TOTAL INVESTMENTS		\$ 95,795,588	\$ 13,500,000	\$ (6,500,000)	\$ 7,725	\$ -	\$ 102,803,313		100.00%			

Total Investment Interest G/L 409000 & 409005

Depository Bank Interest G/L 409000

Total Interest

7,725

35

\$ 7,760

3 Month Weighted Average Maturity (Days)

3 Month Weighted Average Yield

3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)

1.00

0.1038%

0.0459%

EXHIBIT F-4

April 2021
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

City of Houston

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

City of Houston 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 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* (?)

4/1/2021

Contract Term End Date* (?)

3/31/2023

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

Fiscal Year* (?)

2021

Funding Source*

Private 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* (?)

required match by HHSC HB13 contract

Contract Owner*

Keena Pace

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2019-2021 - 911 Crisis Call Diversion

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

Yes No Unknown

Please provide an explanation*

UNK

Community Partnership* (?)

Yes No Unknown

Specify Name*

911 Crisis Call Diversion

Supporting Documentation Upload (?)

2ndAmendment_911CCD.docx

19.43KB

Vendor/Contractor Contact Person

Name*

Cliff Journet

Address*

Street Address

1200 Travis Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-6001

Country

US

Phone Number*

(713) 308.1779

Email*

Clifton.Journet@HoustonPolice.Org

la

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7002	\$ 460,000.00	419045
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable* (?)

UNK

Project WBS (Work Breakdown Structure* (?)

UNK

Requester Name	Submission Date
BATTLE, JENNIFER A	2/25/2021

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

2/26/2021

Contract Owner Approval



Approved by

Keena Pace

Approval Date

3/2/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

3/2/2021

EXHIBIT F-5

April 2021
AMENDMENTS OVER 50k



Executive Contract Summary

Contract Section


Contractor*

CLINICAL PATHOLOGY LABORATORIES, INC.

Contract ID #*

7536

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/20/2021

Parties* (?)

The Harris Center and Clinical Pathology Laboratories, Inc.

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*

\$ 371,099.00

Increase Not to Exceed*

\$ 371,099.00

Revised Total Not to Exceed (NTE)*

\$ 742,198.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 371,099.00

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* (?)

Increased laboratory usage in FY '21, due to Integrated Care and other Clinic expansions

Contract Owner*

Deborah Sweat

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/2016 to present

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

Yes No Unknown

Please provide an explanation*

NA

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jim Gebhart, Vice President South Texas CPL

Address*

Street Address

5355 West Sam Houston Parkway North

Address Line 2

Suite #350

City

HOUSTON

State / Province / Region

TX

Postal / Zip Code

77041

Country

United States

1a

Phone Number *

2818043949

Email *

jgebhart@cpllabs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1136	\$ 357,000.00	580000

Budget Manager SHELBY, DEBBIE C	Secondary Budget Manager LOERA, ANGELICA D
---	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 1,425.00	580000

Budget Manager OSHMANN, JODEL	Secondary Budget Manager KORNMEYER, KIMBERLY A
---	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 1,425.00	580000

Budget Manager OSHMANN, JODEL	Secondary Budget Manager KORNMEYER, KIMBERLY A
---	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 1,425.00	580000

Budget Manager OSHMANN, JODEL	Secondary Budget Manager KORNMEYER, KIMBERLY A
---	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 9,824.00	580000

Budget Manager RAMIREZ, PRISCILLA M	Secondary Budget Manager OSHMANN, JODEL
---	---

Provide Rate and Rate Descriptions if applicable * (?)

Rates vary based on test(s) required

Project WBS (Work Breakdown Structure * (?)

NA

Requester Name

ARCENEUX, LINDA M.

Submission Date

3/23/2021

Budget Manager Approval(s)

1b

Approved by

Debbie Chambers Shelby

Approval Date

3/23/2021

Approved by

Jodel Osman

Approval Date

3/24/2021

Approved by

Priscilla M. Ramirez

Approval Date

3/24/2021

Procurement Approval



Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Deborah Sweat

Approval Date

3/24/2021

Contracts Approval

Approve *

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

Approved by *

Shaskyja Behn

Approval Date *

3/24/2021



Executive Contract Summary

Contract Section



Contractor*

REKRUITERS

Contract ID #*

7356

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

REKRUITERS
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* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 370,000.00

Increase Not to Exceed*

\$ 250,000.00

Revised Total Not to Exceed (NTE)*

\$ 620,000.00

Fiscal Year* (?) 2021 Amount* (?) \$ 620,000.00

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* (?)

To fund additional EPIC training resources, EPIC TDR resources, and EPIC Peripheral install and configuration resources. Increase ReKruiters CT140556 EHR21.1158.03 from \$170,000 to \$420,000, and decrease Indigo Beam CT140480 EHR21.1158.02 from \$580,000 to \$330,000.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT140556

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

REKRUITERS/DAVE QUINTINILLA

Address*

Street Address

11111 KATY FREEWAY, SUITE 310

Address Line 2

City

HOUSTON

State / Province / Region

TX

Postal / Zip Code

77079

Country

UNITED STATES

2a

Phone Number*

8322434000

Email*

gabe@vc5consulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 250,000.00	900060
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

01-10-1130-542000-0000-00000 100,000.00
 01-10-1147-900060-0000-00000 100,000.00
 01-10-1158-900060-0000-00000 420,000.00

Project WBS (Work Breakdown Structure* (?)

EHR21.1158.03

Requester Name

BOSWELL, SHAWNTI R

Submission Date

3/24/2021

Budget Manager Approval(s)

Approved by



Approval Date

3/26/2021

Procurement Approval

Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date

3/26/2021

Contracts Approval

Approve*

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

2b

Approved by*

Shasthya Bahu

Approval Date*

3/26/2021

EXHIBIT F-6

April 2021
RENEWALS OVER 50k

**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#:	
New Database ID#:	7693
Contractor Name:	Whitley Penn, LLP
Service (brief description):	Agency External Auditing Services
Contract NTE (your current budget):	\$104,290.00
Responsible Staff Person:	Sean Kim
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1122
G/L Code(s):	578000
FY20 Purchase Order Number:	CT140203

B. EVALUATION OF FY20/21 PERFORMANCE:

1. Have there been any significant performance deficiencies within FY20/FY21? (Y) ___ (N) .
2. Were Services delivered as specified in the contract? (Y) (N) ___.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) (N) ___.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) ___.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) ___.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) ___.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) (N) ___.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) (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) (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 FY2021/FY22:

Please provide the NTE for FY21/FY22 106,376 . FY21/FY22 Rate(s) _____ UNIT 1122
 GL CODE 578000

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: 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) ✓
2. Will the scope of the Services change? (Y) or (N) ✓
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) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) ✓

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 SEAN KIM, CFAO.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract STEVE EVANS, CONTROLLER

APPROVALS:

Budget Manager: STEVE EVANS (Printed Name)

Steve Evans (Signature). REQUIRED

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

Sean Kim (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-7

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

**811 Housing Board
of
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")**

Please Print:

Name: Lakeisha Davis

Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer*

Mailing Address: [REDACTED]

City: Houston State: Texas Zip Code: 77044

Telephone: Home NA Work [REDACTED] Cell [REDACTED]

Fax No.: 713-970-3309 E-mail Address: Lakeisha.Davis@TheHarrisCenter.org

Occupation: Housing Coordinator

Employed by: The Harris Center for Mental Health and IDD

I am seeking appointment as a Board Member of VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC.

I am being nominated by: Mr. Scott Rule

[Yourself or person who recommended you]

Why do you want to be a member of the Housing Board?

Becoming a member of the Housing Board would be an excellent opportunity to share the knowledge and experience I've obtained over the last 16 years in helping individuals who lack the necessary supports and networks to obtain stable housing.

What special interests, talents, or experience do you feel you bring to the Board?

In my years of housing experience, I have worn many hats, such as case manager, advocate, and administrator. I've worked closely with organizations such as HCCSD, HUD, HHA, CFTH, and Texas HHSC. I've participated in numerous housing trainings over the years, and I am knowledgeable of SAMSHA's Permanent Supportive Evidence Based Practices. I feel I have a great deal of knowledge and experience to bring to the Housing Board, and look forward to increasing my knowledge and experience if chosen to be a part of the board.

INDIVIDUAL APPLICATION TO 811 Housing Board

The Housing Board will meet at least annually. Are you available to attend this annual meeting on a regular basis?

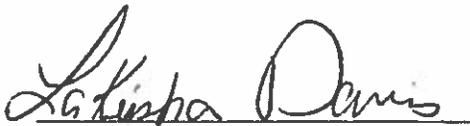
Yes No If no, please explain: _____

Please list your memberships in other professional and civic organizations and associations:

National Association of Social Workers

Alpha Kappa Alpha Sorority, Inc.

You will be provided a copy of The Harris Center Policy pertaining to Housing Board and advisory board membership and the Code of Ethics for review. To be considered as a nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.



(SIGNATURE)

April 9, 2021

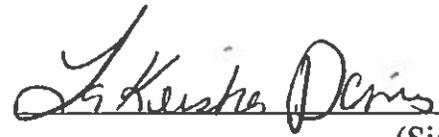
(DATE)

Please email the completed application form to Amanda.jones@theharriscenter.org , Amanda Jones, Director of Government and Public Affairs, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.

- Attachments:
- The Harris Center Board By-Laws Regarding Advisory Councils
 - Copy of The Harris Center Code of Ethics
 - Certification of Compliance with Code of Ethics
 - Conflict of Interest Declaration
 - Voluntary Disclosure Statement

**THE HARRIS CENTER INDIVIDUAL MEMBER OF
811 HOUSING BOARD COMPLIANCE
THE HARRIS CENTER'S CODE OF ETHICS**

I, LaKeisha Davis hereby certify that I have read and will comply with the Code of Ethics as adopted by the Board of Trustees with the most recent revision having been adopted on November 1, 2006 by unanimous affirmative vote of the Board of Trustees FOR The Harris Center.



(Signature)

April 9, 2021
(Date)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION
FOR INDIVIDUAL MEMBER OF THE COMPANY BOARD OF DIRECTORS**

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor does any member of my immediate family.*

EXCEPTION:

I am not employed by a business, company, or firm which has a contract with VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

I receive no income or payment of any kind from VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor does any member of my immediate family*.

EXCEPTION:

I am not employed by VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor is any member of my immediate family*.

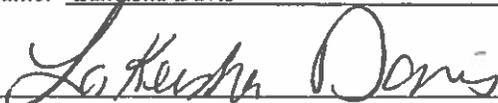
EXCEPTION:

I have no other conflict of interest which would make it undesirable for me to serve on these Board, nor does any member of my immediate family*.

EXCEPTION:

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., BOARD OF DIRECTORS

Print Your Name: Lakeisha Davis

Signature: 

Date: April 9, 2021

- * Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

**The Harris Center
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")
BOARD OF DIRECTORS**

Voluntary Disclosure Statement

LaKeisha Davis
(Name)

Please check one:

- Consumer** (I consider myself to be a person who has or has had a mental illness or an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)
- Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with a mental illness or an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
- Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with a mental illness or an intellectual disability.)
- I an Employee of The Harris Center** and work to assist persons who have been diagnosed with a mental illness or an Intellectual disability.

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with mental illness or intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

April 9, 2021
(Date)

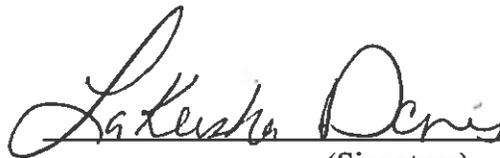

(Signature)

EXHIBIT F-8

Transforming Lives

The HARRIS CENTER for Mental Health and IDD

BOARD RESOLUTION

Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items

WHEREAS, The Harris Center Board of Trustees (the “Board”) has determined that in order for the business operations of the Harris Center to function in a proper and efficient manner, it is necessary and prudent for this Board to delegate certain powers and control over the Harris Center’s affairs to designated officers at The Harris Center.

RESOLVED, for purposes of this resolution, the Chief Executive Officer and the Chief Financial & Administrative Officer shall each be considered an “Authorized Officer,” individually, and collectively, the “Authorized Officers”.

RESOLVED, that the following actions authorizing payment or transfer in the name and on behalf of the Harris Center, without Board signature approval, for certain items was approved by the Board of Trustees on this date:

- I. The Board resolves that the Authorized Officers, collectively, are empowered, authorized and directed to authorize payment in the name and on behalf of the Harris Center, without Board signature approval, the below liabilities for employee benefits with stated monthly not-to-exceed amounts. Approval and authorization by each Authorized Officer is required to initiate and complete the payment or transfer of liabilities for employee benefits. Each Authorized Officer must affix his or her own signature (physical or electronic, as permitted) to any foregoing payment or transfer to conclusively establish authority and approval to carry out this resolution;

Vendor	Description	Monthly Not-to-Exceed
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000
Cigna Dental	Dental Insurance	\$100,000

Transforming Lives

- II. The Chief Financial and Administrative Officer shall prepare a monthly report of all financial transactions related to the payment of the liabilities for employee benefits and submit the report to the Harris Center Board of Trustees Resource Committee. The Chief Financial and Administrative Officer shall ensure all supporting documentation sufficient to demonstrate the business purpose of the transaction(s), its occurrence and the accuracy of the amount are retained and available upon request by the Harris Center Board of Trustees.

ALL OF THE FOREGOING SHALL BE EFFECTIVE
April 28, 2021

The Harris Center for Mental Health and IDD
Secretary
Board of Trustees

STATE of TEXAS
COUNTY OF HARRIS

Subscribed and sworn to before me this _____ day of _____, 2021.

Notary Public in and for the State of Texas

My Commission Expires: _____

Notary ID: _____

EXHIBIT F-9

Transforming Lives



Epic Journey

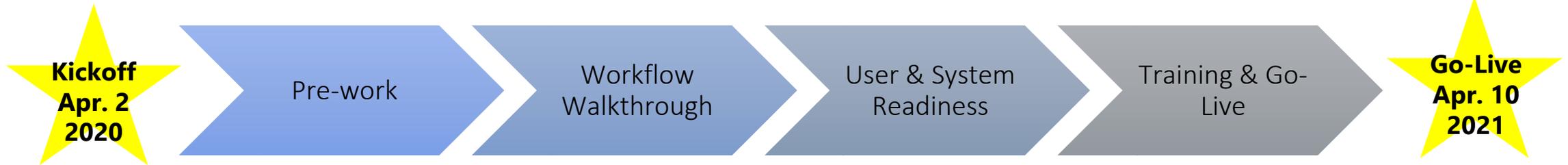
With the Patient at Heart



Date: April 21, 2021

Presented By: Mustafa Cochinwala, Chief Information Officer

By The Numbers



- **41** operational workgroups with **81** members
 - *Engagement was high throughout the project*
- **234** clinical forms built
- **235** progress note templates built
- **1051** mapped values tested
- **44** workflow walkthrough sessions for 53 hours of demos
- **1642** devices tested as part of technical dress rehearsal
- **18,748** total hours of training were delivered
- **110** go-live readiness assessment attendees for each of 3 sessions
- Over **4 million** notes and **135,000** patients electronically converted
- **125,799** continuity of care documents received and **95,363** sent
- **695** issue tickets logged
- **2,062** calls received (through 4/20)
- **221** Super Users who helped at the elbow

49,920 hours from Harris Health analysts and 14,761 hours from Epic over the course of the project

Epic Command Center



EXHIBIT F-10

April 2021
AMENDMENTS UNDER 50k



Executive Contract Summary

Contract Section

**Contractor***

ScriptPro USA Inc

Contract ID #*

5031-NW

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$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* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 8,436.00

Increase Not to Exceed*

\$ 889.90

Revised Total Not to Exceed (NTE)*

\$ 9,325.90

Fiscal Year* (?)

Amount* (?)

2021

\$ 889.90

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* (?)

\$88.99 per month for 10 months for the maintenance and support of the ScriptPro testing equipment.

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 (?)

ScriptPro - ID 5031 - FY21 PO CT140507.pdf

151.09KB

Vendor/Contractor Contact Person

Name*

MELISSA TRAMMELL

Address*

Street Address

5828 Reeds Road

Address Line 2

City

State / Province / Region

Mission

KS

Postal / Zip Code

Country

66202-2740

US

Phone Number*

9133841008

Email*

lcurry@scriptpro.com

Budget Section

la

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 889.90	900021
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)
 \$88.99 per month for 10 months for the maintenance and support to total 889.90

Project WBS (Work Breakdown Structure* (?)
 IT21.1147.01

Requester Name: JONES, ANTHONY
 Submission Date: 3/2/2021

Budget Manager Approval(s) ^

Approved by: *Erica Brown*
 Approval Date: 3/2/2021

Procurement Approval ^

Approved by: Sign
 Approval Date:

Contract Owner Approval ^

Approved by: *Mustafa Cechinnala*
 Approval Date: 3/8/2021

Contracts Approval

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

Approved by*: *Shaskya Behu*
 Approval Date*: 3/8/2021



Executive Contract Summary

Contract Section



Contractor*

ScriptPro USA Inc.

Contract ID #*

5032-SE

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$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* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 8,436.00

Increase Not to Exceed*

\$ 889.90

Revised Total Not to Exceed (NTE)*

\$ 9,325.90

2

Fiscal Year* (?)

2021

Amount* (?)

\$ 889.90

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* (?)

Support and Maintenance for the testing system at SE.

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 (?)

ScriptPro - ID 5032 - FY21 PO CT140508.pdf

150.88KB

Vendor/Contractor Contact Person

Name*

MELISSA TRAMMELL

Address*

Street Address

5828 Reeds Road

Address Line 2

City

Mission

Postal / Zip Code

66202

State / Province / Region

KS

Country

USA

Phone Number*

9133841008

Email*

lcurry@scriptpro.com

Budget Section

2a

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 889.90	900021

Budget Manager BROWN, ERICA S.	Secondary Budget Manager CAMPBELL, RICARDO
-----------------------------------	---

Provide Rate and Rate Descriptions if applicable* (?)

\$88.99 per month for 10 months = \$889.00.

Project WBS (Work Breakdown Structure* (?)

IT21.1147.01

Requester Name JONES, ANTHONY	Submission Date 3/2/2021
----------------------------------	-----------------------------

Budget Manager Approval(s)

Approved by



Approval Date

3/2/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

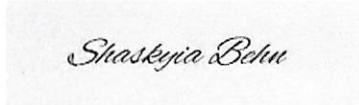
3/8/2021

Contracts Approval

Approve*

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

Approved by*



Approval Date*

3/8/2021



Executive Contract Summary

Contract Section



Contractor*

Simmons & Arnold Services

Contract ID #*

7875

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Simmons & Arnold Services & 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 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* (?)

3/1/2021

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 31,200.00

Increase Not to Exceed*

\$ 14,300.00

Revised Total Not to Exceed (NTE)*

\$ 45,500.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 45,500.00

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* (?)

Expanding contract to include two part-time coders with dedicated assignments to meet the current agency needs. The Contractor will be responsible to ensure that the dedicated assignments are completed in a timely manner.

Contract Owner*

Anthony Robinson

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 (?)

Shawanna Lockhart Clinton billing certificate.pdf	305.08KB
Demetria Brown Daughtry certificate.pdf	766.31KB

Vendor/Contractor Contact Person

Name*

Simmons and Arnold Services

Address*

Street Address

1000 Farm to Market 1960 Road West

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77090

Country

US

Phone Number*

281-836-5647

Email*

info@simmonsandarnoldservices.com

3a

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 45,500.00	542000
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

\$30 per hour

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

MACKINNEY, EGGLA

Submission Date

3/18/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/19/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

D. Anthony Robinson

Approval Date

3/19/2021

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/23/2021



Executive Contract Summary

Contract Section



Contractor*

Legal Files Software Inc.

Contract ID #*

6298

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/6/2021

Contract Term End Date* (?)

1/5/2022

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

1/6/2021 - 1/5/2022

Current Contract Amount*

\$ 30,007.98

Increase Not to Exceed*

\$ 1,436.02

Revised Total Not to Exceed (NTE)*

\$ 31,444.00

4

Fiscal Year* (?)

2021

Amount* (?)

\$ 1,436.02

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* (?)

Docusign integration Legal Files Maintenance & Support.

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 (?)

Vendor/Contractor Contact Person

Name*

Joe Wheeler

Address*

Street Address

801 South Durkin Drive

Address Line 2

City

Springfield

Postal / Zip Code

62704-6027

State / Province / Region

IL

Country

US

Phone Number*

1 800 500 0537 ext. 305

Email*

Joe@legalfiles.com

Budget Section

4a

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 1,436.02	900060
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

\$1,436,01 Docusign support and Maintenance,

Project WBS (Work Breakdown Structure* (?)

IT21.1147.05

Requester Name

JONES, ANTHONY

Submission Date

3/9/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/9/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnalaa

Approval Date

3/10/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

3/12/2021

46

EXHIBIT F-11

April 2021
RENEWALS UNDER 50k

**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#:	7353
Contractor Name:	Audimation Services Inc.
Service (brief description):	Support services for IDEA software license agreement to provide comprehensive review of business data to detect possible duplicate transactions.
Contract NTE (your current budget):	\$550.00
Responsible Staff Person:	David Fojtik
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1102
G/L Code(s):	551003
FY20/21 Purchase Order Number:	CT140050

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: Annual License Support

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_____.

FY21/22 Rate(s) 550 UNIT 1102 GL CODE 551003.

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: Anthony Robinson_____.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract: Anthony Robinson /David W. Fojtik.

APPROVALS:

Budget Manager: Erica Brown_____ (Printed Name)

Erica Brown_____ (Signature). REQUIRED

Contract Owner/Department Head: Anthony Robinson_____ (Printed Name)

/s/ Anthony Robinson (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskya.behn@theharriscenter.org and 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#:	7701
Contractor Name:	HappyOrNot Americas, Inc.
Service (brief description):	Customer satisfaction kiosk services.
Contract NTE (your current budget):	\$13,873.28
Responsible Staff Person:	Robert Stakem
Rate(s)/Rate(s) Description:	N/A
Unit(s) Served:	1101
G/L Code(s):	574000
FY20/21 Purchase Order Number:	CT140167

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.]

D. RENEWAL INFORMATION FOR FY2021/2022:

Please provide the NTE for FY21/22 __\$8,609.28_____.

FY21/22 Rate(s)_ See below _____ UNIT_1101_____ GL CODE_ 574000 _____.

Subscription – SaaS Professional (Smiley Touch) eight units (8 kiosks)@\$750.48 = \$6,003.84

Subscription – HW (Smiley Touch) eight units (8 kiosks) @\$325.68 = \$2,605.44

Grant total for the service subscription is \$8,609.28

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: ___N/A_____.

E. CONTRACT FUNDING SOURCE: _State_____ [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 ___X___ [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_____Robert Stakem, Jr, Vice President of IDD_____.

Please state the name of the Responsible Party or Staff that will review and approve monthly invoices for this contract___Margo Childs, Program Director_____.

APPROVALS:

Budget Manager: _____Mamie Adams-Austin_____ (Printed Name)

Mamie Adams-Austin (Signature). REQUIRED

Contract Owner/Department Head: __Robert Stakem, Jr._____ (Printed Name)

Robert Stakem (Signature). REQUIRED

PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO shaskya.behn@theharriscenter.org and 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#:	5156
New Database ID#:	N/A
Contractor Name:	City of Houston – Department of Health and Human Svcs.
Service (brief description):	5 th Ward Multi-Service Center Lease for 4014 Market Street, Houston, Texas.
Term (annual):	Current: 5/2020 – 5/2021. Renewal: 6/2021 – 5/2022*
Contract NTE (your current budget):	\$1,450.80 (Funding Period 9/1/2020 – 5/1/2021)
Responsible Staff Person:	Mike Downey and Debbie Shelby
Rate(s)/Rate(s) Description:	\$161.20 per month
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140404

*Renewal funding can be approved for the entire 12 month period or for the remaining four (4) months in the 2021 fiscal year.

B. EVALUATION OF FY20/21 PERFORMANCE:

1. Have there been any significant performance deficiencies within FY20/FY21? (Y) (N) .
2. Were Services delivered as specified in the contract? (Y) (N) .
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) (N) .
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) .
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) .
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) .
7. Did Contractor render services consistent with Agency policy and procedures? (Y) (N) .
8. Maintained legally required standards for certification, licensure, and/or training? (Y) (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) (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 1934.40. FY21/FY22 Rate(s) 161.80 UNIT 0000
 GL CODE 126006.

Off-Cycle Breakdown Funding Period if Applicable		Contract Amount
FY21	<u>4 mos</u> 6/1/2021 – 9/1/2021	<u>644.80</u>
FY22	<u>8 mos</u> 10/1/2021 – 5/1/2021	<u>1289.60</u>

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: 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) ✓
2. Will the scope of the Services change? (Y) or (N) ✓
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) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) ✓

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 Michael Downey.

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

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)

[Signature] (Signature). REQUIRED

Contract Owner/Department Head: Michael Downey (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.

**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#:	6111
New Database ID#:	N/A
Contractor Name:	City of Houston
Service (brief description):	Lease Occupancy Agreement for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, TX.
Term:	Current: 5/2020 – 5/2021. Renewal: 6/2021 – 5/2022*
Contract NTE (your current budget):	\$2,685.96 (Funding Period 9/1/2020 – 5/1/2021)
Responsible Staff Person:	Mike Downey and Debbie Shelby
Rate(s)/Rate(s) Description:	\$298.44 per month
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140402

*Renewal funding can be approved for the entire 12 month period or for the remaining four (4) months of the 2021 fiscal year.

B. EVALUATION OF FY20/21 PERFORMANCE:

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

H

Please provide the NTE for FY21/FY22 3581.88. FY21/FY22 Rate(s) _____ UNIT 0000
 GL CODE 126006.

Off-Cycle Breakdown Funding Period if Applicable		Contract Amount
FY21	<u>4 mos</u> 6/1/2021 – 9/1/2021	<u>1193.76</u>
FY22	<u>8 mos</u> 10/1/2021 – 5/1/2022	<u>2387.52</u>

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: CR [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)
2. Will the scope of the Services change? (Y) _____ or (N)
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)
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) _____ or (N)

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 M Downey.

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

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)
[Signature] (Signature). REQUIRED

Contract Owner/Department Head: M Downey (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.

Ha

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#:	5157
New Database ID#:	N/A
Contractor Name:	City of Houston – Department of Health and Human Svcs.
Service (brief description):	Lease for the West End Multi-Service Center located at 170 Heights Blvd.
Term (annual)	Current: 5/2020 – 5/2021. Renewal: 6/2021 – 5/2022*
Contract NTE (your current budget):	\$2,979.99 (Funding Period 9/1/2020 – 5/1/2021)
Responsible Staff Person:	Mike Downey and Debbie Shelby
Rate(s)/Rate(s) Description:	\$331.11 per month
Unit(s) Served:	0000
G/L Code(s):	126006
FY21 Purchase Order Number:	CT140403

*Renewal funding can be approved for the entire 12 month period or for the remaining four (4) months in the 2021 fiscal year.

B. EVALUATION OF FY20/21 PERFORMANCE:

1. Have there been any significant performance deficiencies within FY20/FY21? (Y)____ (N) .
2. Were Services delivered as specified in the contract? (Y) (N) ____.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) (N) ____.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) ____.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) ____.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) ____.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) (N) ____.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) (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) (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 3973.32. FY21/FY22 Rate(s) 331.11 UNIT 0000
 GL CODE 126006.

Off-Cycle Breakdown Funding Period if Applicable		Contract Amount
FY21	<u>4 mos</u> 6/1/2021 – 9/1/2021	<u>1324.44</u>
FY22	<u>8 mos</u> 10/1/2021 – 5/1/2022	<u>2648.88</u>

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: CR [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) ✓
2. Will the scope of the Services change? (Y) or (N) ✓
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) ✓
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) or (N) ✓

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 Michael Downey.

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

APPROVALS:

Budget Manager: Debbie Chambers Shelby (Printed Name)
Debbie Shelby (Signature). REQUIRED

Contract Owner/Department Head: Michael Downey (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-12

April 2021

NEW CONTRACTS UNDER 50k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Assa Abloy Entrance Systems, US, Inc.	No	Automatic Doors		\$7,948.00	03/01/21- 08/31/21	Capital Funds FM21.1126.22	RFQ	Purchasing received a request from Facility Services on Wednesday, February 10, 2021 for replacement of old automatic sliding door system at 6160 South Loop East, Houston, Texas 77087. Two (2) vendors quotes were received: Assa Abloy and Door Control Services. Both vendors are not HUBs. Facility Services recommendation is to move forward with the vendor that has the lowest price: Assa Abloy. Equipment Total- \$7,500.00 add \$448.00 for 2 year warranty Total Amount: \$7,948.00
2	Dura Pier Facilities Services, LTD dba Facilities Sources	Yes	Roofing Services		\$24,532.59	03/01/21- 08/31/21	Capital Funds FM21.1126.05	Tag-On Choice-Partners Cooperative	Purchasing received a request from Facility Services on February 10, 2021 to remove and replace roof fasteners and repair gutters at the Southeast Clinic facility located at 5901 Long Drive. The request has a quote for one vendor. The selected vendor is a Historically Underutilized Businesses (HUB) and has a cooperative tag-on with Choice Partners Cooperative (Contract No. 18/060JN-08). Quote for Gutter Repairs- \$7,645.47 Quote for Roof Repairs- \$14,687.12 Total: \$22,332.59 Contingency- \$2,200.00 Total NTE: \$24,532.59
3	SmithCo Construction	No	Renovation Services		\$45,540.00	04/01/21- 08/31/21	Capital Funds FM21.1126.06	RFQ	Purchasing received a request from Facility Services on Tuesday, March 23, 2021. Day Hab program at Gassner is relocating to 6125 Hillcroft, Houston, Texas 77081, the facility needs to be renovated to provide classrooms and occupancy permit classification changed for the program. Four (4) vendor quotes were received. Two vendors were not HUBs and two were HUBs. The selected vendor is not a HUB. Facility Services' recommendation is to move forward with SmithCo Construction, the vendor that has the lowest price. NTE: \$40,540.00 Contingency: \$5,000.00 Total NTE: \$45,540.00
4	SmithCo Construction	No	Roofing Services		\$10,150.00	04/01/21- 08/31/21	Capital Funds FM21.1126.11	RFQ	Purchasing received a request from Facility Services on Tuesday, March 9, 2021, for Warm, Springs Roof Replacement at 5707 Warm Springs Road, Houston, Texas 77035. Two (2) vendor quotes were received. Both vendors are not HUBs. Facility Services' recommendation is to move forward with the vendor that has the lowest price. NTE: \$9,150.00 Contingency: \$1,000.00 Total NTE: \$10,150.00
5	Troy and Tony Electrical Contractors dba TNT Electrical Contractors	No	Parking Garage Maintenance		\$28,825.00	03/22/21- 08/31/21	FM21.1126.06	RFQ	Purchasing received a request from Facility Services on Wednesday, February 3, 2021 for 9401 Parking Garage Maintenance to replace and upgrade lighting. Three (3) vendor quotes were received. The vendors are not HUBs. Facility Services recommendation is to move forward with the vendor that has the lowest price. NTE: \$26,325.00 Contingency: \$2,500.00 Total NTE: \$28,825.00



Executive Contract Summary

Contract Section



Contractor*

Assa Abloy Entrance Systems US Inc.

Contract ID #*

2021-0099

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Assa Abloy Entrance Systems US Inc. 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 (?)

Fiscal Year* (?)

2021

Amount* (?)

\$ 7,948.00

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 old automatic sliding door system at 6160 South Loop East. \$7500.00 for the doors and \$448.00 for the two year warranty for a total of \$7948.00

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*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Assa Abloy 6160 Quote.pdf	923.65KB
Assa Abloy Insurance.pdf	71.54KB

Vendor/Contractor Contact Person

Name*

Assa Abloy / Tim Poe

Address*

Street Address

1900 Airport Road

Address Line 2

City

Monroe

State / Province / Region

NC

Postal / Zip Code

28110-7396

Country

US

Phone Number*

2816363566

Email*

tim.poe@assaabloy.com

Budget Section

1a

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 7,948.00	556000

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

Project WBS (Work Breakdown Structure* (?)

FM21.1126.22

Requester Name	Submission Date
HARPER, SARAH A	3/2/2021

Budget Manager Approval(s) 

Approved by

Erica Brown

Approval Date

3/2/2021

Procurement Approval 

Approved by

Sharon Brauner

Approval Date

3/2/2021

Contract Owner Approval 

Approved by

Todd McCorquodale

Approval Date

3/2/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

3/2/2021



**Due Diligence Project PUR-FY21-0158
6160 South Loop East – Automatic Doors**

Purchasing received a request from Facility Services on Wednesday, February 10, 2021, for replacement of Automatic Doors at 6160 South Loop East, Houston, TX 77087

Two (2) vendor quotes were received:

Assa Abloy – Equipment Total \$7,500.00, add \$448.00 for 2yr Warranty, Total amount: \$7,948.00
Door Control Services – Equipment Total \$10,250.00, add \$1,794.79, for Fail Secure Auto-Lock, Flush Mounted Panics and Alarm Contacts (Recommended when Doors are installed with Security System). Add two (2) years Warranty \$855.00, Total amount: \$12,899.79

Assa Abloy and Door Control Services are not Historically Underutilized Business (HUB)

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

ASSA ABLOY

Total NTE: \$7,948.00

Funding Source is Unit 1126, GL Account# 556000

Submitted By:

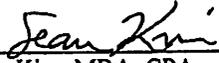


Carlos Traslavina
Purchasing Buyer I

Recommended By:



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



Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section



Contractor*

DuraPier / Facilities Services, LTD dba Facilities Sources

Contract ID #*

2021-0098

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Dura Pier / Facilities Sources, LTD 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 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* (?)

3/1/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 24,532.59

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* (?)

Roof and gutter repairs at 5901 Long Drive

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY2020 to present - various general contracting jobs (paving, asphalt, gutters, etc.)

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

- Yes
- No
- Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Dura Pier RFP 87-23431R - Harris Center - 5901 Long - Gutter Repairs.pdf	258.68KB
DuraPier RFP 87-23420 - Harris Center - 5901 Long - Roofing Repairs.pdf	251.95KB

Vendor/Contractor Contact Person

Name*

DuraPier / Wayne Bryant

Address*

Street Address

13124 Player Street

Address Line 2

City

Houston

Postal / Zip Code

77045-3106

State / Province / Region

TX

Country

US

Phone Number*

7133375721

2a

Email *

wayne@facilitiesources.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 24,532.59	900040
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposals

Project WBS (Work Breakdown Structure* (?)

FM21.1126.05

Requester Name

HARPER, SARAH A

Submission Date

3/2/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/2/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

3/2/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

3/2/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

3/2/2021



**Due Diligence for Southeast Deferred Maintenance
Project# PUR-FY21-0159**

Purchasing received a request from Facility Services on February 10, 2021 to remove and replace roof fasteners and repair gutters at the Southeast Clinic facility located at 5901 Long Drive.

The request has a quote for one vendor. The selected vendor, Facilities Sources, is a Historically Underutilized Businesses (HUB) and has a cooperative tag-on with Choice Partners Cooperative (Contract No. 18/060JN-08).

One (1) vendor quotes was received:

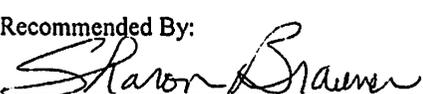
- 1. **Dura Pier Facilities Services, LTD DBA/Facilities Sources:**
 Quote for Gutter Repairs - \$7,645.47
 Quote for Roof Repairs - \$14,687.12
 Total: \$22,332.59
 Contingency - \$2,200.00
 Total NTE - \$24,532.59

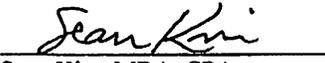
Facility Services' recommendation is to move forward with the vendor.

The Funding Source is Unit# 1126, GL Account# 900040

Submitted By:

James Blunt, C.P.M.
Buyer II

Recommended By:

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


Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section ↑

Contractor*

Smithco Construction

Contract ID #*

2021-0111

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Smithco Construction 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* (?)

4/1/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 45,540.00

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* (?)

Contracting with Smithco for remodel of 6125 Hillcroft for Day Hab program

\$40,540.00 quote plus \$5,000.00 contingency for \$45,540.00 total

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

12/2020 for painting

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 (?)

Smithco Hillcroft Quote-1278.pdf

2.02MB

Vendor/Contractor Contact Person

Name*

Smithco Construction / Macy Smith

Address*

Street Address

1907 Blake Road Unit B

Address Line 2

City

Sugar Land

Postal / Zip Code

77478-2501

State / Province / Region

TX

Country

US

Phone Number*

8325459519

Email*

smithcoconstruction@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 45,540.00	900040

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached proposal

\$40,540.00 quote plus \$5,000.00 contingency for \$45,540.00
total

Project WBS (Work Breakdown Structure* (?)

FM21.1126.16

Requester Name	Submission Date
HARPER, SARAH A	3/26/2021

Budget Manager Approval(s) 

Approved by



Approval Date

3/26/2021

Procurement Approval 

Approved by



Approval Date

3/26/2021

Contract Owner Approval 

Approved by



Approval Date

3/26/2021

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*



Approval Date*

3/26/2021



**Due Diligence Project PUR-FY21-0166
Hillcroft Day Hab Renovations**

Purchasing received a request from Facility Services on Tuesday, March 23, 2021. Day Hab program at Gessner is relocating to 6125 Hillcroft, Houston, TX 77081, the facility needs to be renovated to provide class rooms and occupancy permit classification changed for the program.

Four (4) vendor quotes were received:

- SmithCo Construction – \$40,540.00
- Virtue Construction Partners LLC - \$47,512.73
- Facilities Sources - \$62,511.33
- Guaranteed Builders, Inc. - \$66,504.00

SmithCo Construction and Guaranteed Builders, Inc. are not Historically Underutilized Business (HUB), but Facilities Sources and Virtue Construction Partners LLC are active Texas Certified HUB vendors.

Facility Services' recommendation is to move forward with SmithCo Construction the vendor that has the lowest price.

SmithCo Construction

NTE: (Not to Exceed) \$40,540.00
Contingency: \$5,000.00
Total NTE: \$45,540.00

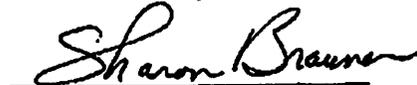
Funding Source is Unit 1126, GL Account# 900040 (Capital Project – FM21-1126-16)

Submitted By:



Carlos Traslavina
Purchasing Buyer I

Recommended By:



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



Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section ↑

Contractor*

Smithco Construction

Contract ID #*

2021-0111

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Smithco Construction 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* (?)

4/1/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 10,150.00

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* (?)

contracting with Smithco Construction for replacement of old hail damaged roof at 5707 Warm Springs

\$9,150.00 per quote plus \$1,000.00 contingency = \$10,150.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Dec 2020 painting

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 (?)

Smithco Westbury Quote-1291.pdf	521.94KB
Smithco Construction exp 11_10_2021.pdf	45.5KB
SmithCo Construction.pdf	1.05MB

Vendor/Contractor Contact Person

Name*

Smithco Construction / Macy Smith

Address*

Street Address

1907 Blake Road, Unit B

Address Line 2

City

Sugar Land

State / Province / Region

TX

Postal / Zip Code

77478-2501

Country

US

Phone Number*

2817663000

Ha

Email *

smitchcoconstruction@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 10,150.00	900040
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote
\$9,150.00 per quote plus \$1,000.00 contingency =
\$10,150.00

Project WBS (Work Breakdown Structure* (?)

FM21.1126.11

Requester Name

HARPER, SARAH A

Submission Date

3/29/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/29/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

3/29/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

3/29/2021

Contracts Approval

Approve*

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

4b

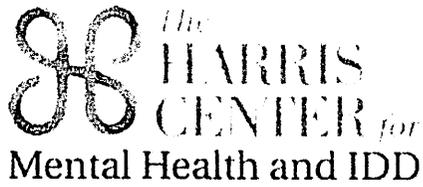
Approved by*

Shasthya Bahu

Approval Date*

3/30/2021

NC



**Due Diligence Project PUR-FY21-0163
Warm Springs Roof Replacement**

Purchasing received a request from Facility Services on Tuesday, March 9, 2021, for Warm Springs Roof Replacement at 5707 Warm Springs Rd. Houston, TX 77035

Two (2) vendor quotes were received:

SmithCo Construction - \$9,150.00
Precision Roof Crafters - \$28,543.38

SmithCo Construction and Precision Roof Crafters are not Historically Underutilized Business (HUB)

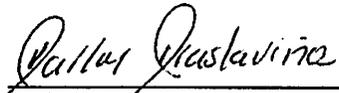
Facility Services' recommendation is to move forward with the vendor that has the lowest price.

SmithCo Construction

NTE: (Not to Exceed) \$9,150.00
Contingency: \$1,000.00
Total NTE: \$10,150.00

Funding Source is Unit 1126, GL Account# 900040

Submitted By:

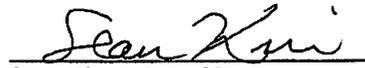


Carlos Traslavina
Purchasing Buyer I

Recommended By:



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



Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

nd



Executive Contract Summary

Contract Section



Contractor*

TNT Electrical Contractors

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

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 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 vendor has done all floor cores in this facility. Need as soon as possible, impacting dental clinic operations. |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/22/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 6,500.00

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* (?)

Dental clinic (2nd floor @ 9401) has requested additional lighting, floor outlet and extra outlets to improve operations.

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

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

9401 sw freeway level 2 dental room 03022021.doc 44KB

Vendor/Contractor Contact Person

Name*

TNT Electrical Contractors / Troy Smith

Address*

Street Address

4124 Dayco Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092-4450

Country

US

Phone Number*

7136868586

Email*

troy@tntelect.com

Budget Section

5a

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 6,500.00	900040
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* (?)
FM21.1126.06

Requester Name HARPER, SARAH A	Submission Date 3/18/2021
-----------------------------------	------------------------------

Budget Manager Approval(s)

Approved by 	Approval Date 3/18/2021
--	----------------------------

Procurement Approval

Approved by  Sign	Approval Date
---	---------------

Contract Owner Approval

Approved by 	Approval Date 3/18/2021
--	----------------------------

Contracts Approval

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

Approved by* 	Approval Date* 3/22/2021
---	-----------------------------



**Due Diligence Project PUR-FY21-0165
9401 Dental Clinic 2nd Floor – Floor Cores**

Purchasing received a request from Facility Services on Wednesday, March 10, 2021, for floor cores to be installed in the Dental Clinic 2nd Floor at 9401 Southwest Freeway, Houston, TX 77074.

Vendor quote was requested:

TNT Electrical Contractors – \$6,500.00

TNT Electrical Contractors is not Historically Underutilized Business (HUB)

Facility Services' recommendation is to move forward with this vendor because they have completed all floor cores in 9401 Southwest Freeway.

TNT Electrical Contractors

Total NTE: \$6,500.00

Funding Source is Unit 1126, GL Account# 900040

Submitted By:

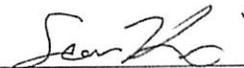


Carlos Traslavina
Purchasing Buyer I

Recommended By:



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



Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section

Contractor*

TNT Electrical Contractors

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

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

- 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* (?)

3/22/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 28,825.00

Funding Source*

General Revenue (GR)

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

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

contracting with TNT to upgrade the lighting in the 9401 SW Freeway parking garage to LED - \$26,325.00 per quote and \$2,500.00 for contingency for total of \$28,825.00

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

Please provide an explanation*

does not meet requirement

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

9401 Garage Lighting Product Info.pdf	2.63MB
TNT Garage Lighting Quote.doc	54.5KB

Vendor/Contractor Contact Person

Name*

TNT Electrical Contractors / Troy Smith

Address*

Street Address

4124 Dayco Street

Address Line 2

City

Houston

Postal / Zip Code

77092-4450

State / Province / Region

TX

Country

US

Phone Number*

7136868586

Email*

troy@tntelect.com

lca

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 28,825.00	900040
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote - \$26,325.00 per quote and \$2,500.00 for contingency for total of \$28,825.00

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.10

Requester Name	Submission Date
HARPER, SARAH A	3/18/2021

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date
3/18/2021

Procurement Approval



Approved by

Sharon Brauner

Approval Date
3/18/2021

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date
3/18/2021

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*

Belinda Stude

Approval Date*
3/22/2021

lob



loc



**Due Diligence Project PUR-FY21-0152
9401 Parking Garage Maintenance**

Purchasing received a request from Facility Services on Wednesday, February 3, 2021, for 9401 Parking Garage Maintenance to replace and upgrade lighting.

Three (3) vendor quotes were received:

- TNT Electrical Contractors – quote: \$26,325.00
- Highlights Electrical – quote: \$27,283.00
- Facilities Sources – quote: \$49,646.92

The vendors are not Historically Underutilized Business (HUBs).

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

TNT ELECTRICAL CONTRACTORS

NTE: (Not to Exceed) \$26,325.00
 Contingency: \$2,500.00
 Total NTE: \$28,825.00

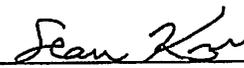
Funding Source is Unit 1126 – 900040

Submitted By:


 Carlos Traslavina
 Purchasing Buyer I

Recommended By:


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


 Sean Kim, MBA, CPA
 Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section ^

Contractor*

Humana

Contract ID #*

New 2021-0107

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2021

Contract Term End Date* (?)

4/30/2022

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

1 year

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

7

Funding Source *

Private Pay Source

Contract Description / Type* (?)

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

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

To allow Harris Center pharmacies to provide prescriptions to patients with Humana coverage.

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 (?)

Humana Application 03.15.2021.pdf

1.61MB

Vendor/Contractor Contact Person

Name *

Donna Butler

Address *

Street Address

500 West Main Street

Address Line 2

City

Louisville

Postal / Zip Code

40202

State / Province / Region

KY

Country

USA

Phone Number *

8882048349

Email *

pharmacycontractrequest@humana.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

7a

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 0.00	542000
Budget Manager		Secondary Budget Manager
CAMPBELL, RICARDO		BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure * (?)

N/A

Requester Name	Submission Date
BABIN, ANGELA W	3/16/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
3/16/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

ANGELA BABIN

Approval Date
3/16/2021

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/16/2021



Executive Contract Summary

Contract Section ^

Contractor*

SHI Government Solutions

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

SHI 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 type="checkbox"/> Request for Quote | <input checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2021

Contract Term End Date* (?)

3/31/2022

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 4,801.00

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* (?)

Buy Board Contract #579-19, contracting with SHI for the EnergyCap software for management of all utilities to help determine energy spend/savings.

\$2448.00 for information on 100 meters plus \$2353.00 for training to total \$4801.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

IT contracts/tag ons - do not know dates or services

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

SHI Quote-20044109.pdf

109.9KB

Vendor/Contractor Contact Person

Name*

SHI / Jeff Rosen

Address*

Street Address

1250 South Capital of Texas Highway i-350

Address Line 2

City

Austin

Postal / Zip Code

78746

State / Province / Region

TX

Country

US

Phone Number*

8008706079 x8686150

Email*

Jeff_Rosen@shi.com

Ja

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 4,801.00	551002
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

\$2448.00 for information on 100 meters plus \$2353.00 for training to total \$4801.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

3/18/2021

Budget Manager Approval(s)



Approved by

Approval Date

3/18/2021

Procurement Approval



Approved by

Approval Date

3/18/2021

Contract Owner Approval



Approved by

Approval Date

3/18/2021

Contracts Approval

Approve*

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

8b

Approved by*

Belinda Stude

Approval Date*

3/22/2021

8c



Due Diligence Project PUR-FY21-0161
Energy Management Software

Purchasing received a request from Facility Services/Business Applications on Wednesday, March 3, 2021, for an Energy Management Software. This software platform will assist with management of all utilities and help determine utility/energy spend and savings.

Vendor quote was on a Buy Board Contract # 579-19:

SHI – EnergyCAP Express, annual license, base features, no limit on number of users, includes hosting (Licensed number of meters: 100) - \$2,448.00
Quick Start Package-Five two-hour online training sessions - \$2,353.00

SHI is a Historically Underutilized Business (HUB)/Woman Owned.

Facility Services' recommendation is to move forward with the vendor:

SHI

Total NTE: (Not to Exceed) \$4,801.00

Funding Source is Unit 1124, GL Account# 551002

Submitted By:

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

Recommended By:

Nina Cook
Nina M. Cook, MBA, CTPM
Director of Purchasing

Sean Kim
Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

8d



Executive Contract Summary

Contract Section

Contractor*

Applied Technical Services, LLC

Contract ID #*

2021-0103

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/1/2021

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 750.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 750.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 750.00
2024	\$ 750.00
2025	\$ 3,300.00

Funding Source*

General Revenue (GR)

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 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* (?)

annual visual inspection of roof anchors at 9401 SW Freeway and load test required in 2025
\$750.00 for visual inspections in FY21, 22, 23 and 24 and a load test for \$3300.00 in FY25

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*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Applied Technical Svcs Proposal.pdf	25.16KB
Applied Technical Services exp 7_15_2021.pdf	394.94KB
Applied Technical Services.pdf	98.36KB

Vendor/Contractor Contact Person



Name*

Applied Technical Services, LLC / Matthew Kaas

9a

Address *

Street Address

1049 Triad Court

Address Line 2

City

Marietta

State / Province / Region

GA

Postal / Zip Code

30062-2259

Country

US

Phone Number*

6786775976

Email *

mkaas@atslab.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 6,300.00	557001

Budget Manager

BROWN, ERICA S.

Secondary Budget Manager

CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

\$750.00 per year visual inspections 2021-2024 / \$3300.00

load test in 2025

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

3/18/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/18/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

3/18/2021

Contract Owner Approval

9b

Approved by

Todd McCorquodale

Approval Date

3/18/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

3/23/2021

9c



**Due Diligence Project PUR-FY21-0160
9401 Southwest Freeway – Roof Anchor Inspections**

Purchasing received a request from Facility Services on Friday, February 26, 2021, Roof Anchor Inspections at 9401 Southwest Freeway, Houston, TX 77074

Two (2) vendor quotes were received:

Applied Technical Services – The cost to do the visual inspection for a multi-year contract (Annual 2021 – 2024) \$750.00 x 4 = \$3,000.00 in (2025) the 5th year Facilities needs a load test, which is \$3,300.00, Total amount for five (5) years is \$6,300.00

Flexible Lifeline Systems – The cost to do the visual inspection for a multi-year contract (Annual 2021 \$1,710.00, 2022 \$1,870.00, 2023 \$1,950.00, 2024 \$2,030.00 and 2025 with load test \$2,330.00, Total amount for five (5) years is \$9,890.00

Applied Technical Services and Flexible Lifeline Systems are not Historically Underutilized Business (HUB)

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

Applied Technical Services

Total NTE: \$6,300.00

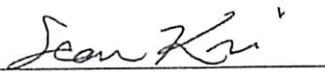
Funding Source is Unit 1817, GL Account# 557001

Submitted By:


Carlos Traslayina
Purchasing Buyer I

Recommended By:


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


Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

qd

EXHIBIT F-13

April 2021

**Affiliation Agreements, Grants,
MOU's and Revenues
Information Only**

CONTRACTORS		HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY21 CONTRACTS							
AFFILIATION AGREEMENTS							
1	Chamberlain University	No	Nursing Clinical Placements	New	03/31/21- 04/30/26	N/A	The current agreement expired on March 1, 2021 but the Agency would like to maintain affiliation with the school so that students enrolled in Chamberlain University's College of Nursing can complete their academic clinical experiences with the Agency.
2	Lee College	No	Nursing Clinical Rotations	New	04/01/21- 04/30/26	N/A	This agreement will allow students enrolled in the Nursing Department at Lee College to complete clinical rotations at The Harris Center. These students will use the techniques and skills gained during their program while also adhering to The Harris Center's policies and procedures.
3	Walden University	No	Counseling Program	Amendment	04/01/21- 04/30/22	N/A	This is the University's Addendum to be added through Amendment to the existing Walden University's Agreement which will allow students to provide in-home services.
DAY LEASES							
GRANTS							
4	Panorama Global	No	The UpSwing Fund for Adolescent Mental Health	New \$40,000.00	04/01/21- 03/31/22	Private Grant	To add a texting platform to the Crisis Line, aimed at Adolescents Mental Health.
MOA							
MOU							
5	Change Happens	No	Collaboration Agreement	New MOU	05/01/21- 08/31/21	State Funds	Enhance collaboration between Change Happens and the Agency to include Staff on their VOICES Advisory Council; and establish a referral process flow.



Executive Contract Summary

Contract Section



Contractor*

Chamberlain University

Contract ID #*

2021-0108

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/20/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Chamberlain University's College of Nursing

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* (?)

3/31/2021

Contract Term End Date* (?)

4/30/2026

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The current agreement expired on March 1, 2021 but the agency would like to maintain affiliation with the school. Students enrolled in Chamberlain University's College of Nursing can complete academic clinical experiences with The Harris Center for Mental Health and IDD.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

March 2017-academic internships

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

- Yes
- No
- Unknown

Please provide an explanation*

School is not a HBCU

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Chamberlain University

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kelli Harris

Address*

Street Address

500 W Monroe St

Address Line 2

Ste. 28

City

Chicago

Postal / Zip Code

60661

State / Province / Region

IL

Country

US

Phone Number*

630-353-7345

1a

Email *

kharris@chamberlain.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

MCGILL, VALERIE R

Submission Date

3/12/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/15/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

3/16/2021

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

3/17/2021



Executive Contract Summary

Contract Section

Contractor*

Lee College

Contract ID #*

2021-0113

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/20/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Lee College's Nursing Department

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* (?)

4/1/2021

Contract Term End Date* (?)

4/30/2026

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in the Nursing Department at Lee College complete clinical rotations at The Harris Center. These students will use the techniques and skills gained during their program while also adhering to The Harris Center's policies and procedures.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Please provide an explanation*

The College is not a HBCU

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Lee College

Supporting Documentation Upload (?)

The Harris Center for Mental Health & IDD (1).pdf 225.67KB

Vendor/Contractor Contact Person

Name*

Dr. Sybil Rollins, DNP, RN

Address*

Street Address

200 Lee Drive

Address Line 2

City

Baytown

Postal / Zip Code

77520

State / Province / Region

TX

Country

US

Phone Number*

281-425-6541

Email*

srollins@lee.edu

2a

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

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

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

Requester Name MCGILL, VALERIE R	Submission Date 3/26/2021
-------------------------------------	------------------------------

Budget Manager Approval(s)

Approved by <i>Erica Brown</i>	Approval Date 3/26/2021
-----------------------------------	----------------------------

Procurement Approval

Approved by Sign	Approval Date
---------------------	---------------

Contract Owner Approval

Approved by <i>Lesleigh Robertson</i>	Approval Date 3/30/2021
--	----------------------------

Contracts Approval

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

Approved by* <i>Shasthya Behu</i>	Approval Date* 3/30/2021
--------------------------------------	-----------------------------



Executive Contract Summary

Contract Section


Contractor*

Walden University

Contract ID #*

7266

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/20/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Walden University's Clinical Mental Health Counseling Program

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* (?)

4/1/2021

Contract Term End Date* (?)

4/30/2022

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

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 0.00

Fiscal Year* (?)	Amount* (?)
2021	\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This ECS is regarding an addendum to be added to the existing agreement with Walden University to allow students to provide in-home services.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current agreement is in place trough 4/30/2022

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

Yes No Unknown

Please provide an explanation*

School is not a HBCU

Community Partnership* (?)

Yes No Unknown

Specify Name*

Walden University

Supporting Documentation Upload (?)

Addendum_for_In-Home_Counseling_1.4.19 (1).pdf	155.7KB
--	---------

Vendor/Contractor Contact Person

Name*

Field Experience Office

Address *

Street Address

100 South Washington Avenue

Address Line 2

Ste. 1210

City

Minneapolis

State / Province / Region

MN

Postal / Zip Code

55401-2110

Country

US

Phone Number *

612-312-1333

Email *

counselingfield@mail.waldenu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
BROWN, ERICA S.	CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure * (?)

N/A

Requester Name

MCGILL, VALERIE R

Submission Date

3/30/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/31/2021

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

3/31/2021

Contracts Approval

Approve*

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

Approved by*

Shakyla Behn

Approval Date*

3/31/2021



Executive Contract Summary

Contract Section



Contractor*

The UpSwing Fund for Adolescent Mental Health

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/1/2021

Parties* (?)

The Harris Center and The UpSwing Fund

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* (?)

4/1/2021

Contract Term End Date* (?)

3/31/2022

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

12 months upon executed contract

Fiscal Year* (?)

2021

Amount* (?)

\$ 40,000.00

Funding Source*

Private Grant

H

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 add a texting platform to the Crisis Line aimed at adolescents.

Contract Owner*

Keena Pace

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Trisha Comsti

Address*

Street Address

2101 4th Avenue

Address Line 2

City

Seattle

Postal / Zip Code

98121-2352

State / Province / Region

WA

Country

US

Phone Number*

000-000-0000

Email*

upswing@panoramaglobal.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

4a

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7007	\$ 40,000.00	420000
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

40,000 to go towards setting up a texting platform

Project WBS (Work Breakdown Structure* (?)

UNK

Requester Name	Submission Date
BATTLE, JENNIFER A	3/3/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
3/8/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Keena Pace

Approval Date
3/18/2021

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/22/2021



Executive Contract Summary

Contract Section ^

Contractor*

Change Happens

Contract ID #*

2021-0100

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2021

Contract Term End Date* (?)

8/31/2021

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

Renew every 2 - 5 years

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Enhance collaboration between Change Happens and the Harris Center; include staff in their VOICES Advisory Council; and establish a referral process flow.

Contract Owner*

Michael Downey

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*

Ms. Kelva Clay, Program Director

Address*

Street Address

3353 Elgin Street

Address Line 2

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number*

832.216.6756

Email*

kclay@changehappenstx.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure* (?)

0.00

Requester Name	Submission Date
SHELBY, DEBBIE C	3/8/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date
3/8/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mike Donney

Approval Date
3/9/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*
3/9/2021



Executive Contract Summary

Contract Section



Contractor*

GALENA PARK INDEPENDENT SCHOOL DISTRICT

Contract ID #*

7187

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Galena Park Independent School District and The Harris Center for Mental Health and IDD Services

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* (?)

8/20/2018

Contract Term End Date* (?)

6/30/2022

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

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 0.00

6

Fiscal Year* (?)

Amount* (?)

2021

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Amend the contract to add IDD Crisis Counseling Program Services which will include:

- social skills training for the students
- reading and story-time for the students
- crisis counseling as needed as it relates to the impact of COVID-19
- parental support as it relates to the impact of COVID-19
- staff support as it relates to the impact of COVID-19
- psycho-education services

Contract Owner*

Michael Downey

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*

Sonya George, CFO

Address*

Street Address

14705 Woodforest Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77015

Country

US

Phone Number*

832-386-1204

lea

Email *

sgeorge@galenaparkisd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
Budget Manager SHELBY, DEBBIE C		Secondary Budget Manager 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

3/16/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

3/16/2021

Contract Owner Approval

Approved by

Michael Downey

Approval Date

3/17/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

3/17/2021

leb



Executive Contract Summary

Contract Section



Contractor*

Goose Creek Consolidated Independent School District

Contract ID #*

2021-0115

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Goose Creek Consolidated ISD and The Harris Center for Mental Health and IDD Services

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 checked="" type="checkbox"/> Other MOU |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2021

Contract Term End Date* (?)

5/31/2022

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

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

The Harris Center staff will perform screenings and assessments, psycho-social services, and follow-up services for children and adolescents ages 3-18 years of age in accordance with DSM V diagnosis.

Contract Owner*

Michael Downey

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*

Precious Reimonenq

Address*

Street Address

4544 Interstate 10 East

Address Line 2

City

Baytown

Postal / Zip Code

77521

State / Province / Region

TX

Country

US

Phone Number*

281-707-3736

Email*

Precious.Reimonenq@gccisd.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

7a

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure* (?)

0.00

Requester Name	Submission Date
SHELBY, DEBBIE C	4/1/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date
4/1/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Michael Donney

Approval Date
4/1/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyja Behn

Approval Date*
4/1/2021

7b



Executive Contract Summary

Contract Section ▲

Contractor*

Houston Food Bank

Contract ID #*

2021-0112

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

Houston Food Bank & The Harris Center for Mental Health and IDD
Projects for Assistance in Transition from Homelessness (PATH) program

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* (?)

3/29/2021

Contract Term End Date* (?)

8/31/2021

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 0.00

Funding Source*

State Grant

8

Contract Description / Type* (?)

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

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

The purpose of this MOU is to set forth terms of the relationship between The Harris Center, PATH program and The Houston Food Bank (HFB). As HFB works to fulfill its commitments to awareness in social services and provide application and technical assistance for state-funded social services to PATH clients.

Program Director: Omar Sesay

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Houston Food Bank

Supporting Documentation Upload (?)

Houston Food Bank MOU Draft 3-24-21.pdf 134.2KB

Vendor/Contractor Contact Person

Name*

Wlona Vaughn

Address*

Street Address

535 Portwall Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77029-1332

Country

US

Phone Number*

832-369-9352

Email*

wvaughn@houstonfoodbank.org

Budget Section

sa

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 0.00	0

Budget Manager	Secondary Budget Manager
OSHMAN, JODEL	KORNMEYER, KIMBERLY A

Provide Rate and Rate Descriptions if applicable* (?)

NA

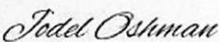
Project WBS (Work Breakdown Structure* (?)

NA

Requester Name	Submission Date
SINGH, PATRICIA R.	3/29/2021

Budget Manager Approval(s)

Approved by



Approval Date

3/29/2021

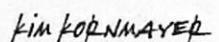
Procurement Approval

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

3/29/2021

Contracts Approval

Approve*

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

Approved by*



Approval Date*

3/29/2021



Executive Contract Summary

Contract Section



Contractor*

University of Texas Department of Psychiatry

Contract ID #*

2021-0114

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2021

Parties* (?)

University of Texas Department of Psychiatry 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 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 PA Fellowship |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2021

Contract Term End Date* (?)

6/30/2022

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

Fiscal Year* (?)

2022

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* (?)

Didactic Program for PA Fellowship

Contract Owner*

Dr. Sylvia Muzquiz

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*

Vineeth John, MD, MBA

Address*

Street Address

1941 East Road

Address Line 2

City

Houston,

Postal / Zip Code

77054-8010

State / Province / Region

TX

Country

USA

Phone Number*

713-486-2700

Email*

Vineeth.P.John@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

9a

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 5,000.00	540503
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name	Submission Date
LOERA, ANGELICA D	3/30/2021

Budget Manager Approval(s)

Approved by



Approval Date
3/30/2021

Procurement Approval

Approved by



Approval Date

Contract Owner Approval

Approved by



Approval Date
3/30/2021

Contracts Approval

Approve*

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

Approved by*



Approval Date*
3/30/2021

EXHIBIT F-14

Days of Operation in Reserve Trend Trailing 12 Months (TTM)

April 20, 2021

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

Days of Operation in Reserve Total Agency vs. Core Business

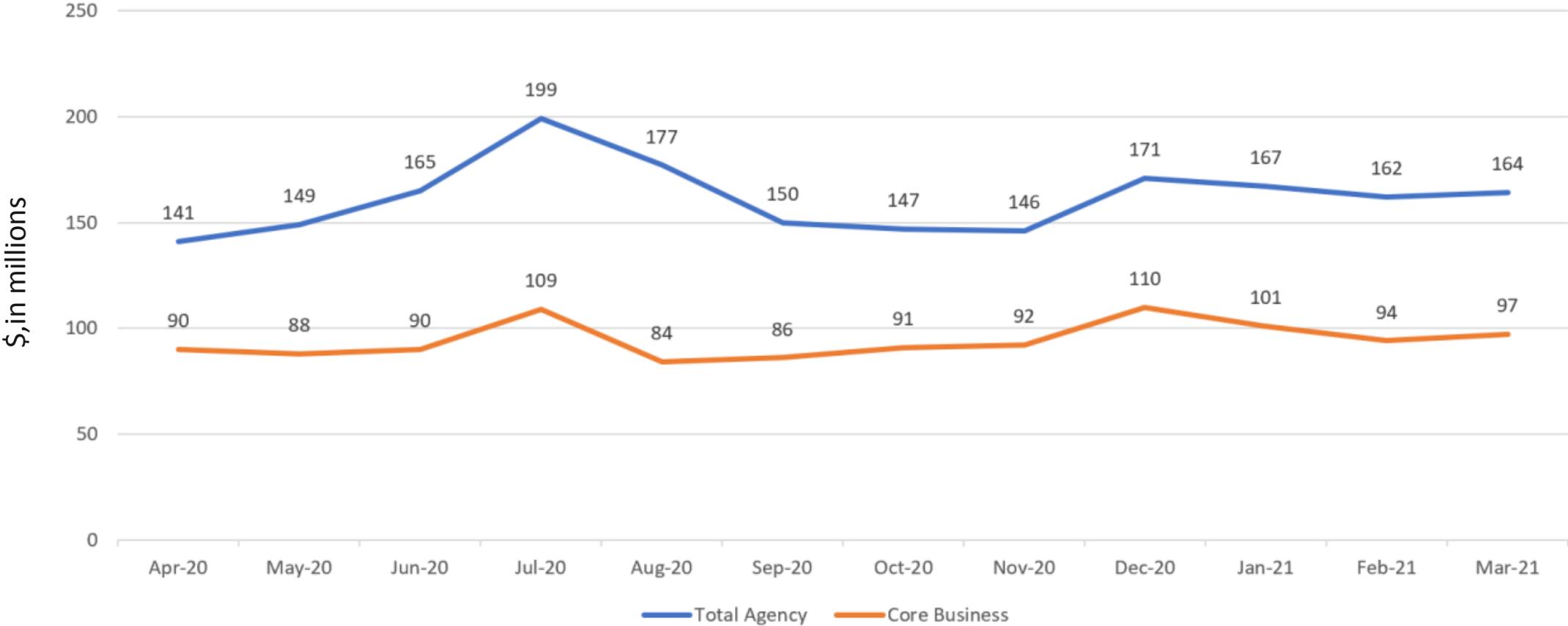


EXHIBIT F-15



Financials by Clinic + NPC

Q1 + Q2 FY2021

April 20, 2021

Sean Kim
Chief Financial & Administrative Officer

Northwest Community Service Center

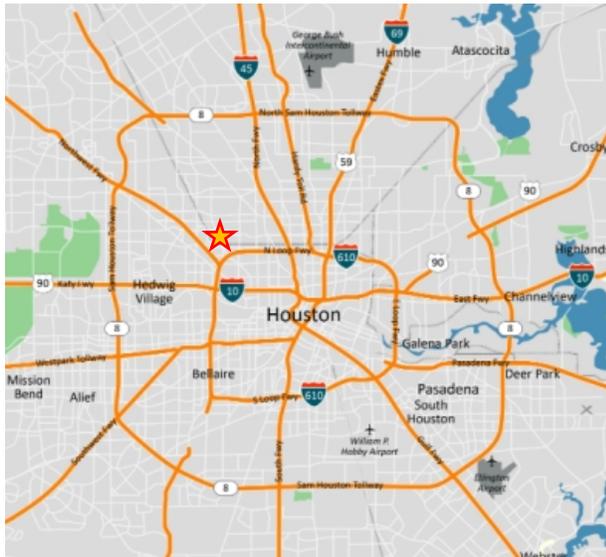


Transforming Lives

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 8,089
- **FTEs** 153
- **Facility Size** 40,000 sq ft

Q1 + Q2 FY2021 Financial Performance

+ Revenues	\$ 8,241,759
- Expenses	9,281,498
+ Other Sources	<u>2,525,222</u>
= Gross Margin	\$ 1,485,483



Northeast Community Service Center

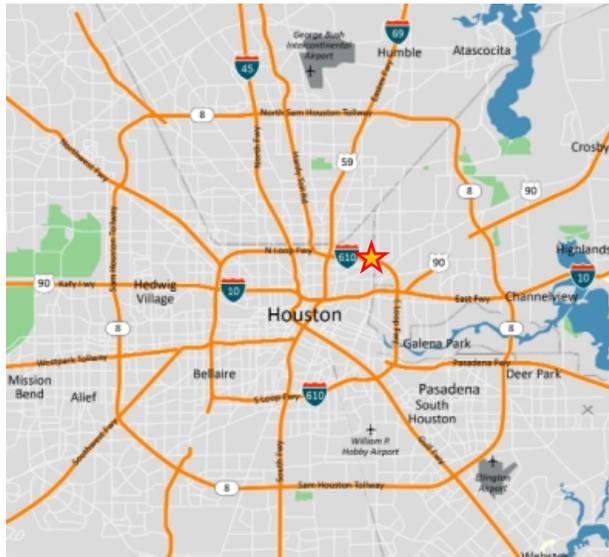


Transforming Lives

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 4,108
- **FTEs** 74
- **Facility Size** 18,000 sq ft

Q1 + Q2 FY2021 Financial Performance

+ Revenues	\$ 2,765,000
- Expenses	3,889,584
+ Other Sources	<u>1,752,354</u>
= Gross Margin	\$ 627,769



Southeast Community Service Center

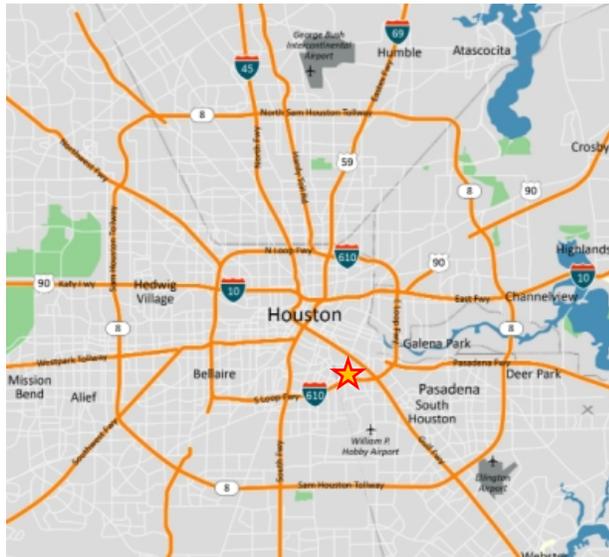


Transforming Lives

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 8,612
- **FTEs** 178
- **Facility Size** 45,000 sq ft

Q1 + Q2 FY2021 Financial Performance

+ Revenues	\$ 9,762,505
- Expenses	10,235,522
+ Other Sources	<u>2,544,626</u>
= Gross Margin	\$ 2,071,608

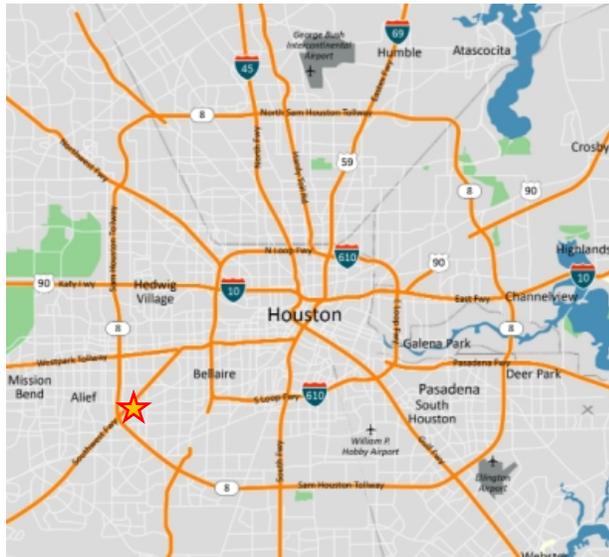


Southwest Community Service Center



- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 8,616
- **FTEs** 175
- **Facility Size** 37,770 sq ft (clinic space)

Q1 + Q2 FY2021 Financial Performance	
+ Revenues	\$ 8,353,436
- Expenses	10,078,239
+ Other Sources	<u>3,479,257</u>
= Gross Margin	\$ 1,754,453



Neuro Psychiatric Center (NPC)

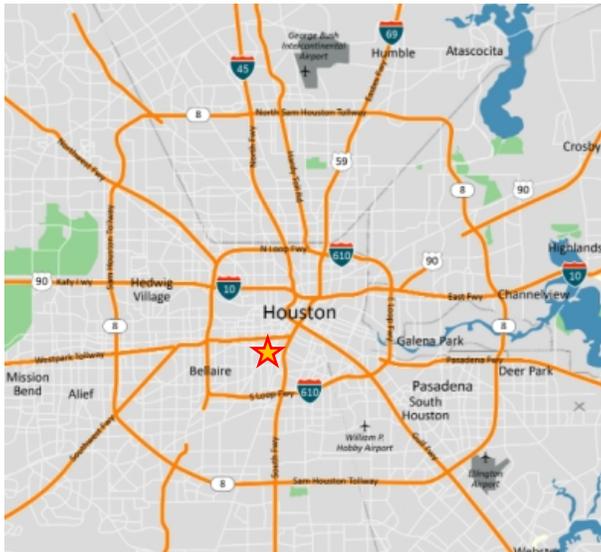


Transforming Lives

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 4,582
- **FTEs** 169
- **Facility Size** 37,308 sq ft

Q1 + Q2 FY2021 Financial Performance

+ Revenues	\$ 8,535,430
- Expenses	9,977,036
+ Other Sources	<u>2,127,011</u>
= Gross Margin	\$ 685,405



Q1 + Q2 FY2021 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	\$ 99,734	\$ 25,054	\$ 176,209	\$ 163,786	\$ 2,982,456
PAP / Samples	1,818,552	1,056,987	2,263,587	1,538,545	286,215
State General	3,951,618	1,312,698	4,349,472	4,452,216	4,238,784
State Grants	1,139,902	-	-	-	-
Federal Grants	317,892	-	1,306,578	814,518	-
3rd Party Billings	914,060	370,261	1,666,659	1,384,370	1,027,975
Total Revenues	8,241,759	2,765,000	9,762,505	8,353,436	8,535,430
Expenses					
Salaries and Fringe	6,333,444	2,121,907	6,485,395	7,283,969	8,622,127
Travel	5,849	850	1,371	3,513	7,328
Contracts and Consultant	669	669	963	887	274,432
Supplies and Drugs	2,336,897	1,343,589	2,736,479	1,867,536	492,384
Equipment	297,073	310,731	462,312	436,360	167,493
Building	193,170	69,498	392,918	337,861	195,622
Vehicle	4,453	-	3,492	-	1,316
Telephone and Utilities	50,360	19,634	70,387	81,561	21,430
Insurance, Legal, Audit	10,234	3,027	10,471	16,474	25,795
Other	12,628	8,644	16,174	13,789	125,628
Reserve for Bad Debt	36,721	11,036	55,559	36,288	43,482
Total Expenses	9,281,498	3,889,584	10,235,522	10,078,239	9,977,036
Other Sources					
Fund Balance DSRIP	-	-	-	-	453,192
DSRIP Allocation Based on Metrics	2,525,222	1,752,354	2,544,626	3,479,257	1,673,819
Insurance Proceeds	-	-	-	-	-
Total Other Sources	2,525,222	1,752,354	2,544,626	3,479,257	2,127,011
Gross Margin	\$ 1,485,483	\$ 627,769	\$ 2,071,608	\$ 1,754,453	\$ 685,405

EXHIBIT F-16



COVID-19 PPE & Supplies Vendor List

Q1 + Q2 FY2021

April 20, 2021

Sean Kim

Chief Financial & Administrative Officer

Report Parameters



- **Scope of Purchases:** COVID-19 Personal Protective Equipment (PPE) and supplies, including but not limited to
 - Masks
 - Thermometers
 - Gloves
 - Sanitizer
 - Sneeze guards
 - Wipes
 - Face shields
 - Spray bottles
- **Time Period:** Sep 2020 – Feb 2021 (6 months)
- **Purpose of Report:** To provide an overview of the necessary PPE and supplies purchased in response to the COVID-19 pandemic during Governor Abbott’s Disaster Declaration initially issued on March 13, 2020 and extended on September 7, 2020. Governor Abbott’s Disaster Declaration suspended all contracting and procurement statutes and administrative rules to the extent strict compliance would impede a governmental entity’s response to cope with the COVID-19 pandemic. On December 6, 2020, Governor Abbott extended the Disaster Declaration and continued the suspension of all contracting and procurement statutes and rules that would impede an emergency response necessary to cope with this declared disaster. The Harris Center’s current contracted vendors are unable to meet the Harris Center’s PPE needs. The Harris Center is researching tag-on opportunities with state-approved vendors and contractors.

List of Vendors/Spend



Transforming Lives

Vendor Name	Dollars Spent	Description of Purchases	Local Vendor		
			Greater Houston	State of Texas	HUB
PPG Global, LLC	\$ 193,328	PPE - masks and gloves	x	x	x
Innovative Solutions IT*	\$ 146,733	PPE - masks, gloves, and sanitizer	x	x	x
Amazon.com	\$ 24,870	PPE - masks, face shields, spray bottles, thermometers, and sanitizer			
Staples**	\$ 15,837	Wipes, gloves, sanitizer and various supplies			
4IMPRINT	\$ 8,352	PPE - masks with Harris Center logo and embroidered caps			
McKesson**	\$ 6,428	PPE - masks, gloves, and medical supplies		x	
DGS Retail	\$ 5,369	Sneeze guards			
Global Industrial	\$ 1,377	PPE - masks, face shields, and coveralls			
The Home Depot	\$ 550	Spray bottles, sanitizer, and sneeze guards			
Axiom Design and Print	\$ 502	Sneeze guards for SUDOP vehicles			
Project N95	\$ 454	Head covers			
SP Joy Displays	\$ 439	Sneeze guards			
Uline	\$ 403	Pallet Jack for PPE logistics and bags for mask storage			
Lowe's	\$ 143	Sanitizer and miscellaneous supplies			
FastSigns	\$ 104	Materials, supplies, and signs		x	
HEB	\$ 54	Lysol			
Walmart	\$ 29	Spray bottles, cleaning supplies and Lysol spray			
Dollar General	\$ 26	Lysol spray			
Sam's Club	\$ 14	Microban/Lysol & miscellaneous supplies			
	\$ 405,011				

* Did not renew HUB certification in FY2021

** Contracted vendor

- **84%** of spend on historically underutilized businesses (HUBs)
- **86%** of spend on local vendors

Next Steps



- Adhere to the procurement policy and procedure for goods and services via contracted vendors when supply is available
- Good faith effort to engage local vendors and HUBs
- Quarterly update for Board review until the end of the pandemic

EXHIBIT F-17

Supplier Diversity Report Q1 + Q2 FY2021

April 20, 2021

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

RFP Advertisements - Examples



10 | February 18, 2021 | DEFENDER NETWORK

DN Black History

FIFTH WARD NATIVES

The Jazz Crusaders

HOUSTON-BRED, WORLD-RENOWED

By Anward Walker

When searching for Black history to celebrate, we Houstonians don't have to look far, especially if the topic is the arts. The number of actors and actresses, dancers, and visual artists from the greater Houston area could fill a book. Even if you simply focus on music, Houston has history-makers in every genre.

Case in point, one of the most iconic groups in the history of improvisational jazz balls from right here in Houston—the Jazz Crusaders, Joe Sample, Wayne Henderson and Wilton Felder, each musical legends in their own right, were the members of the legendary group.

The group, which also included Hubert Laws in the original lineup and Stix Hooper, left Houston in 1958 bound for fame and fortune in Los Angeles. However, it wasn't until 1961 that the group recorded its first album, "Freedom Songs," in commemoration of the then-budding Civil Rights Movement. The Crusaders enjoyed a long run of success well into the 80s before personal conflicts within the band led to their parting of ways.

"Wilson and Joe are without a doubt two of the most creative and soulful people I've ever played with, we've been playing music together since we were pre-teens," said Henderson, the group's trombonist. "And since we're getting up in age I wanted the opportunity to once again play with those cats."

However, one member was determined to resurrect the group.

"Wilson and Joe are without a doubt two of the most creative and soulful people I've ever played with, we've been playing music together since we were pre-teens," said Henderson, the group's trombonist. "And since we're getting up in age I wanted the opportunity to once again play with those cats."

According to Sample, the two talked and apologized for anything that may have stood between the two so the group could reunite, which it did officially in 2009. Through the group took a 30+ year hiatus before their reunion, getting the old chemistry back didn't take much effort.

"All it took was us in a room, 'Hey, you remember this tune, and we were jamming," said Henderson.

During a 2011 Defender interview, Henderson noted, "Playing with the Crusaders again is something you can't put into words. It's like an ongoing conversation. I've known Joe since we were 4 or 5 years old, and Wilton since we were 11. It's a continuing conversation. Music is integrating."

"The best thing about playing with the Joe and Walter is the feeling of the music, and the playing of the music that can only be done by the original ones," said saxophonist Wilton Felder. "It's just not the same with others playing."

Ten years ago, Sample returned to the Houston area to headline the 4th Annual Legacy Concert honoring Henriette DeLille and benefiting Inner-City Parochial Schools.

"I remember when I was in grade school and the state of Texas wanted to demonstrate that separate was equal, so they put real money into our schools," recalled Sample. "I went to a brand new Wheatley High School. 'But when I came back several years later it was in disrepair!'"

The Joe Sample Youth Organization, Inc. (JSYO) is a non-profit organization born out of Sample's experience returning home to Houston to see so many of the schools and neighborhoods in disrepair and in need of funding just to survive.

A 1999 trip back home allowed Sample to see firsthand public schools, in his estimation, not properly funded, and this unable to give

inner city students a competitive education.

"I also saw the catholic schools in need, especially with the older nuns who taught for five dying off, and no nuns coming behind them, which meant those schools would have to pay for quality teachers," said Sample. "I was asked by St. Mary's to help raise funds for their playground equipment. And when that little jam session was successful the other Black catholic schools asked, 'What about us?' So we organized one concert to help them all."

Upon reuniting, the group played to packed houses and sold-out venues all over the world, with the 2011 Legacy Concert being their first performance on home turf. The Jazz Crusaders played together until Sample's passing on Sept. 12, 2014.

Stix Hooper, Wilton Felder, Wayne Henderson and Joe Sample

PUBLIC NOTICES

HOUSTON INDEPENDENT SCHOOL DISTRICT NOTICE TO PROPOSERS

The Houston Independent School District located in the Hattie Mae White Educational Support Center at 4400 West 14th Street Houston, Texas 77060 will accept proposals, until the stated date and time deadlines, in the Board Services Office, Level C1

Project 16-10-53-D - RFP / College and Career Readiness - with a deadline of 10:00 a.m. on March 24, 2021. The Pre-Proposal Conference for this project will be via Microsoft Teams on Wednesday, February 24, 2021, at 2:00 p.m.

The solicitation for bids is available on the HSD web-site at www.houstonisd.org. To access, go to Bids/Procurement Services, Solicitation of Bids. The District reserves the right to reject any or all proposals, or to accept the proposal that is most advantageous to the District.

Project LEAP 2021

Project LEAP (Learning, Empowerment, Advocacy, Participation) is a free 17 week training course for individuals living with or affected by HIV. The purpose of Project LEAP is to train people to become active participants in local HIV planning bodies.

Topics covered include history of HIV in the Houston area, local HIV trends, services for people living with HIV and much, much more!

Classes are 4 hours on Wednesdays starting in July or August. Participants can choose the morning class or evening class: 10:00 a.m. to 2:00 p.m. or 5:30 p.m. to 9:30 p.m.

A brief application and personal interview are required. Due COVID restrictions, Project LEAP may be held virtually.

If you have questions about the program or would like to receive an application when they are released, please contact Diane Beck at 832-927-7926 or diane.beck@hctx.net

Rhea White Planning Council, Office of Support
3223 West Loop South, Suite 240, Houston, TX 77027
Phone 832-927-7926 Fax 713-572-3724 www.rwpc-houston.org

Multi-Facility Building Automation System RFP

The Harris Center for Mental Health and IDD (formerly known as MENTAL HEALTH RETARDATION AUTHORITY OF HARRIS COUNTY) will be accepting proposals for the following:

MULTI-FACILITY BUILDING AUTOMATION SYSTEM RFP

Specifications may be accessed from THE HARRIS CENTER, Purchasing Services located at 8401 SW Freeway, Houston, Texas 77064, telephone (713) 975-2261. THE HARRIS CENTER website www.harriscenter.org or the Electronic State Business Daily Site www.esbd.com beginning Tuesday, February 23, 2021. Deadlines for prospective vendors to submit proposals to the RFP is Tuesday, March 9, 2021. Proposals must be submitted in Purchasing Services, 8401 SW Freeway, Houston, Texas 77064 by 10:00 a.m., Tuesday, March 23, 2021. It is a sealed envelope marked "PROPOSAL - DO NOT OPEN UNTIL - TUESDAY, March 23, 2021. MULTI-FACILITY BUILDING AUTOMATION SYSTEM". Any questions pertaining to this solicitation should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to frances.cho@harriscenter.org or sharon.rowan@harriscenter.org or by telephone at (713) 975-2261. Responses should be addressed to: Frances Cho, CTO, Buyer II and Sharon Rowan, C.P.M., Purchasing Manager, via e-mail to [frances.cho@harriscenter](mailto:frances.cho@harriscenter.org)

Q1 + Q2 FY2021 HUB Report (1 of 2)



Transforming Lives

Vendor Name	Q1 + Q2 FY2021 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	303,137	Janitorial services	x	x	x
PPG Global LLC	193,329	PPE	x	x	x
Innovative Solutions IT*	146,733	PPE	x	x	x
Virtue Construction Partner LLC	139,701	Commercial general contractor	x	x	x
VC5 Partners LLC (Rekruters)	108,393	IT staffing	x	x	x
MEK Interiors & Floors	88,174	Facility services - commercial flooring	x	x	x
Metropolitan Landscape*	70,018	Landscape	x	x	x
Elite Personnel Consultants	57,308	Personnel staffing		x	x
Crystal Communications Ltd	52,770	Data, IP, and video communications systems integration	x	x	x
Rey De La Reza Architects	49,036	Architecture services	x	x	x
Right Now Pest	37,209	Pest Control and Exterminator	x	x	x
A-Rocket Moving & Storage	28,633	Moving services	x	x	x
Universe Technical Translation	18,115	Translation and interpretation services	x	x	x
GTS Technology Solutions Inc.	18,097	Customized IT solutions		x	x
E&C Engineers & Consultants	17,000	Engineering analysis, consulting, and design	x	x	x
Dura Pier Facilities Services, LTD	9,504	Facility services - construction	x	x	x
Baker's Safe & Lock	4,932	Locksmith	x	x	x
SHI Government Solutions, Inc	3,947	Computer hardware and software	x	x	x
MasterWord Services, Inc.	3,827	Translation and interpretation services	x	x	x
Modern Psychological & Allied	2,625	Psychological services	x	x	x
ELP Enterprises, Inc.	638	Toner/inkjet cartridges for printers, faxes, and copiers	x	x	x
Next Level Urgent Care	215	Urgent care/workers' comp	x	x	x
Total HUB Spend	\$ 1,353,340				

* Did not renew HUB certification during FY2021

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

Q1 + Q2 FY2021 HUB Report (2 of 2)



- Q1 + Q2 FY2021 HUB spend = **\$1,353,340**
- Q1 + Q2 FY2021 discretionary spend = **\$7,785,232**
- HUB spend % = **17.4%**
- *Exclusion categories from discretionary spend*
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easterseals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Physician services*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*
 - *Employee benefits*
 - *Consumer-chosen individuals for respite services*

EXHIBIT F-18



Revenue Management Metrics

April 20, 2021

Sean Kim

Chief Financial & Administrative Officer

Eva Honeycutt

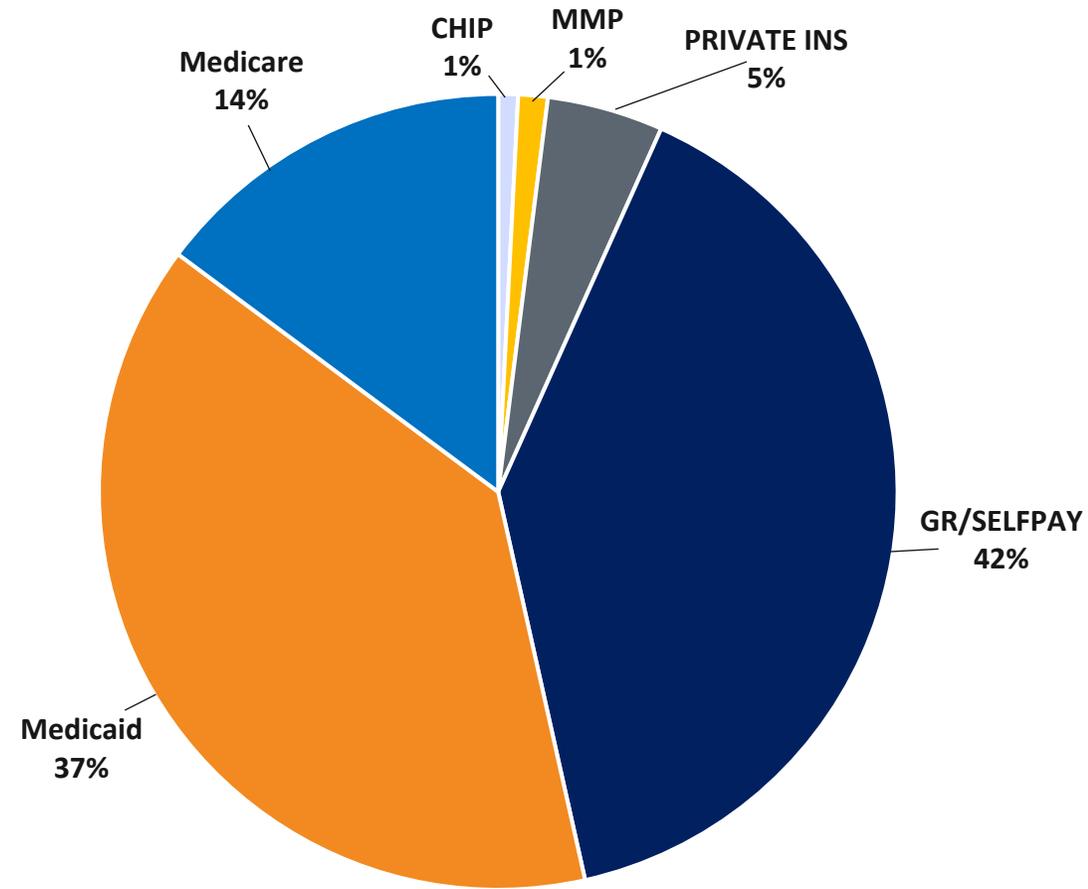
Director of Revenue Management

Overview



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

Payor Mix



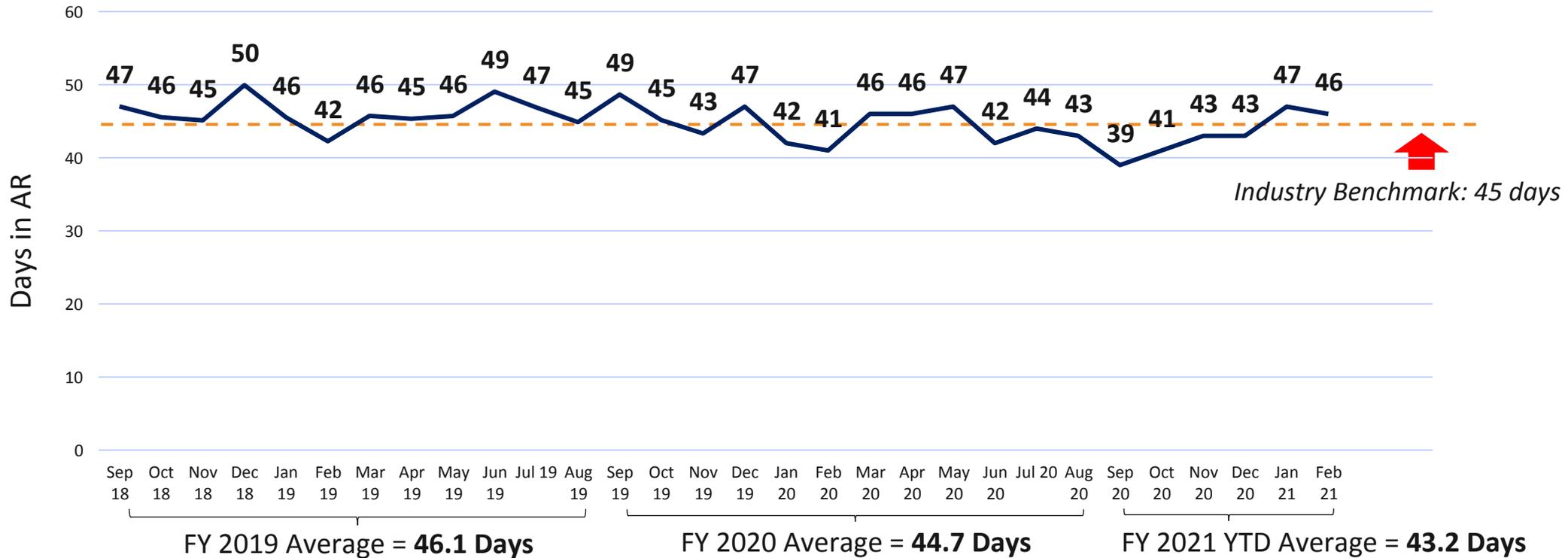
Note: Payor mix is based on priority billing for clients with open assignments

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 = (3rd Party Payor A/R + Client A/R) ÷ Average Net Daily Revenue



FY 2021 YTD Average Days in AR = 43.2 days which is favorable compared to the industry benchmark

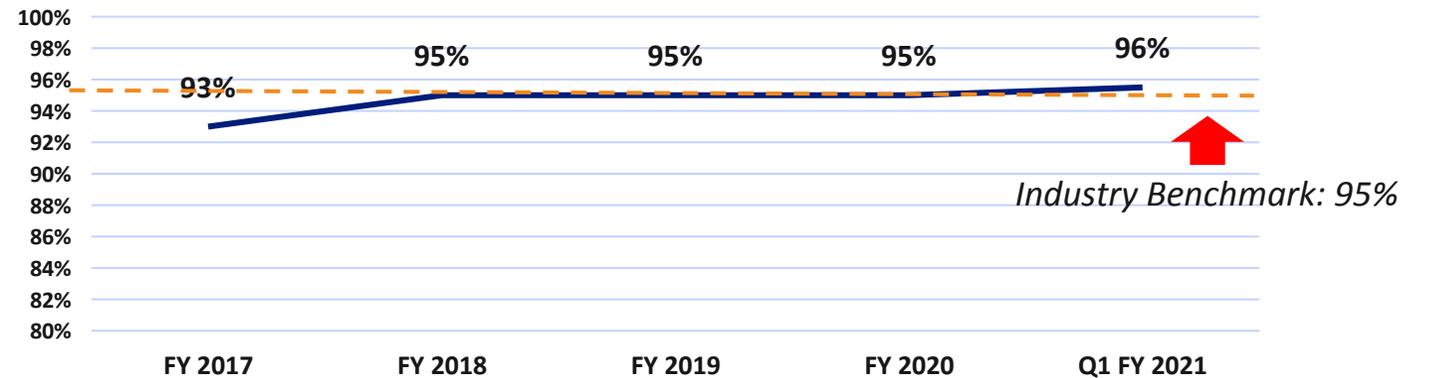
Claims and Collections



Average Monthly Count of Claims

Q1 FY 2021	FY 2020	FY 2019
30,172	32,920	32,559

The Harris Center Collections Rate Trend



Collections Detail by Payor for Q1 FY2021 (3 Months)

	Billed Charges	Contractual Adjustments	Expected Revenue	Adjustments/Write-offs	Adjustments/Write-offs %	Net Revenue	Cash Collections	Denial Amount	Denial %	Cash Collection %
Medicare	\$ 848,229	(\$ 556,178)	\$ 292,051	(\$ 5,518)	1.9%	\$ 286,534	\$ 203,916	(\$ 14,192)	5.0%	71.2%
Medicaid	9,103,117	(3,537,338)	5,565,779	(39,879)	0.7%	5,525,900	5,543,053	(40,217)	0.7%	100.3%
MMP	142,675	(74,597)	68,078	(348)	0.5%	67,729	64,442	(1,318)	1.9%	95.1%
CHIP	156,215	(70,533)	85,682	(0)	0.0%	85,682	77,438	(3,278)	3.8%	90.4%
Private Insurance	754,497	(449,264)	305,233	(5,600)	1.8%	299,633	97,592	(21,400)	7.1%	32.6%
TOTAL	\$ 11,004,733	(\$ 4,687,910)	\$ 6,316,823	(\$ 51,345)	0.8%	\$ 6,265,478	\$ 5,986,442	(\$ 80,405)	1.3%	95.5%

EXHIBIT F-19

Turnover and Open Position Report

Turnover Rate – FY 21
13%
17% vs FY 19
10% vs FY 20

Headcount 2,351

Open Positons	Position Days Open
154	71
Offer Acceptance Rate	Days Time to Fill
78%	48

Turnover Analysis Legend



Turnover Formulas used for Dashboard:



Turnover Rate = # of Separations / Avg. # of Employees x 100



Positions days open = average number of days all positions have been opened



Offer acceptance = number of offers accepted/number of offers made x 100



Time to fill = date open – date the candidate accepts

EXHIBIT F-20

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

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

D

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

E

ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

JDC	Juvenile Detention Center
JJAEP	Juvenile Justice Alternative Education Program
JSS	Job Satisfaction Scale

K**L**

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

M

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

N**N**

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

O

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

P

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

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
 TCOOMI 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