



The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Steve Schnee Conference Room# 104

Full Board Meeting
September 29, 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, August 25, 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'22 Year-to-Date Budget Report-September
(*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*)
 - 1. TX Council Board Update
(*B. Hellums*)
 - D. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - 1. Annual Board Training
 - 2. Board Committee Assignments
- VI. CONSENT AGENDA**
 - A. Approve FY'21 Year-to-Date Budget Report-September
(*EXHIBIT F-3 Sean Kim*)
 - B. September 2021 New Contracts Over 50K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. September 2021 Contract Renewals Over 50K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. September 2021 Contract Amendments Over 50K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. September 2021 Interlocal Agreements
(*EXHIBIT F-7 Silvia Tiller*)
 - F. September Contract Ratifications
(*EXHIBIT F-8 Silvia Tiller*)

G. Policies

1. Code of Ethics
(EXHIBIT F-9)
2. Off Premises Equipment Usage
(EXHIBIT F-10)
3. Peer Specialist Supervision
(EXHIBIT F-11)
4. Performance Reporting & Monitoring of Service Contracts
(EXHIBIT F-12)
5. Religious Accommodations
(EXHIBIT F-13)
6. Communication with the Media
(EXHIBIT F-14)
7. Dues & Fees
(EXHIBIT F-15)
8. Mail Services
(EXHIBIT F-16)
9. Management of Legal Documents & Litigation
(EXHIBIT F-17)
10. Organizational Development
(EXHIBIT F-18)
11. Professional Review Committee
(EXHIBIT F-19)
12. Record Retention
(EXHIBIT F-20)
13. Suicide and Homicide Prevention
(EXHIBIT F-21)
14. Third Party Participation in Patient Services
(EXHIBIT F-22)
15. Travel
(EXHIBIT F-23)
16. Workforce Reduction
(EXHIBIT F-24)

VII. CONSIDER AND RECOMMEND ACTION

- A. Kronos, Inc.-September 2021 Contract Amendment over \$50,000
(Correction)
(EXHIBIT F-25 Silvia Tiller)

VIII. REVIEW AND COMMENT

- A. Strategic Plan
(EXHIBIT F-26 Wayne Young)

IX. BOARD CHAIR'S REPORT

X. EXECUTIVE SESSION

- Pursuant to Tex. Government Code §551.074, Discussion regarding the Performance Evaluation of the Chief Executive Officer (CEO) and Consideration of Approval of CEO Evaluation Criteria.

- Pursuant to Tex. Government Code §551.071, Consultation with General Counsel regarding COVID-19 Mask and Vaccine Mandate. Kendra Thomas, General Counsel

- Pursuant to Tex. Government Code §551.071, Consultation with General Counsel regarding litigation, Cause No. 4:21-CV-02351 Bell v. Janet May & The Harris Center for Mental Health & IDD

- In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Southeast Clinic located at 5901 Long Drive, Houston, TX-Silvia Tiller, Director of Contracts

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

XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. September 2021 New Contracts Under 50K
(EXHIBIT F-27)
- B. September 2021 Contract Renewals Under 50K
(EXHIBIT F-28)
- C. September 2021 Contract Amendments Under 50K
(EXHIBIT F-29)
- D. September 2021 Affiliation Agreements, Grants, MOU's and Revenues-Information Only
(EXHIBIT F-30)

XIV. ADJOURN

Veronica Franco

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: August 25, 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-Virtual
Mr. Jim Lykes

TRUSTEES ABSENT: T. Badeer, Sheriff E. Gonzalez, Dr. Elizabeth McIngvale

1. Declaration of Quorum

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:37 a.m. noting that a quorum of the Board was in attendance.

2. Public Comments

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

3. Approval of Minutes

MOTION BY: SANTOS

SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Wednesday, July 28, 2021 as presented under Exhibit F-1, are approved.

- 4. **Chief Executive Officer’s Report** was provided by COO Keena Pace
Ms. Pace provided a Chief Executive Officer report to the Board.
- 5. **Committee Reports and Action were presented by the respective chairs:**
 - A. Resource Committee Report and/or Action- G. Womack, Chair
 - 1. FY’21 Year-to-Date Budget Report- August
 - B. Quality Committee Report and/or Action- G. Santos, Chair
 - C. Program Committee Report and/or Action- B. Hellums, Chair
 - D. Audit Committee Report and/or Action-L. Moore, Chair
 - D. Governance Committee Report and/or Action-J. Lykes, Chair

6. Consent Agenda

MOTION: Ms. Hellums moved to approve Consent Agenda items A through I

SECOND: Dr. Santos seconded the motion.

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through I were approved.

- A. Commercial Insurance Renewal 2021-2022
- B. Health and Medical Insurance
- C. FY 2022 Proposed Budget: Operating and Capital
- D. Authorization to Transfer July 2021 eFMAP Funds to COVID-19 Reserve and Payment of COVID-19 Expenses from COVID-19 Reserve
- E. Approve FY’21 Year-to-Date Budget Report-August
- F. July 2021 New Contracts Over 50K
- G. July 2021 Contract Renewals Over 50K
- H. July 2021 Contract Amendments Over 50K
- I. August 2021 Interlocal Agreements

7. Consider and Recommend Action

- A. Continuous Care Performance Award Proposal and Vaccination Incentive Plan

MOTION BY: WOMACK

SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Continuous Care Performance Award Proposal and Vaccination Incentive Plan as presented, are approved.

8. Executive Session

At 10:20 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reason:

*In accordance with §551.072 of the Texas Government Code, Discussion about the acquisition of real property for a new Children’s program -Silvia Tiller, Director of Contracts

10. Reconvene into Open Session and Take Action

The Board reconvened into Open session at 11:13am. No action was taken as a result of the Executive Session.

11. ADJOURN

MOTION: SANTOS SECOND: WOMACK

Motion passed with unanimous affirmative votes

The meeting was adjourned at 11:20 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 Twelfth Month and Year to Date Ended August 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on September 21, 2021

The Harris Center for Mental Health & IDD

September 21, 2021

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

The monthly financial report for August 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 Twelfth Month and Year to Date Ended August 31, 2021**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,911	\$ 21,600	\$ (690)
Expenditures	28,590	25,438	(3,152)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (7,679)</u>	<u>\$ (3,838)</u>	<u>\$ (3,841)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 27,475</u>	<u>\$ (20,181)</u>	<u>\$ 47,656</u>

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

	Month Ended August 31, 2021					Twelve Months Ended August 31, 2021				
	Actual	Budget	Variance			Actual	Budget	Variance		
			Favorable	or (Unfavorable)				Favorable	or (Unfavorable)	
			\$	%			\$	%		
Total Revenues:										
Harris County and Local	\$ 5,874,595	\$ 4,315,652	\$ 1,558,943	c	36%	\$ 57,278,013	\$ 51,729,079	\$ 5,548,934	11%	
PAP / Samples	874,645	1,583,447	(708,802)		-45%	13,947,037	19,000,000	(5,052,963)	-27%	
Interest	5,431	41,674	(36,243)	d	-87%	119,813	500,000	(380,187)	-76%	
State General	9,570,583	9,642,487	(71,904)		-1%	115,309,569	115,707,893	(398,324)	0%	
State Grants	233,535	920,582	(687,047)	e	-75%	11,726,022	10,816,416	909,606	8%	
Federal Grants	1,317,725	1,063,105	254,620		24%	19,663,084	12,757,321	6,905,763	54%	
3rd party billings	3,034,361	4,033,504	(999,143)	f	-25%	36,685,407	41,987,023	(5,301,616)	-13%	
Total Revenue	20,910,875	21,600,451	(689,576)	g	-3%	254,728,945	252,497,732	2,231,213	1%	
Total Expenses:										
Salaries and Fringe	20,084,925	15,954,443	(4,130,482)	h	-26%	197,854,280	191,138,713	(6,715,567)	-4%	
Travel	87,710	194,587	106,877		55%	629,985	2,074,392	1,444,407	70%	
Contracts and Consultants	1,826,131	1,806,875	(19,256)		-1%	19,862,512	21,682,657	1,820,145	8%	
HCPC Contract	2,366,334	2,359,790	(6,544)		0%	28,113,978	28,437,524	323,546	1%	
Supplies and Drugs	1,328,678	1,904,139	575,461		30%	18,004,633	22,861,260	4,856,627	21%	
Equipment (Purch, Rent, Maint)	511,145	377,155	(133,990)	i	-36%	11,927,630	12,795,359	867,729	7%	
Building (Purch, Rent, Maint)	1,473,752	1,905,245	431,493		23%	16,056,181	15,580,250	(475,931)	-3%	
Vehicle (Purch, Rent, Maint)	127,164	29,405	(97,759)	j	-332%	262,297	341,219	78,922	23%	
Telephone and Utilities	332,011	223,018	(108,993)	k	-49%	2,702,264	2,675,839	(26,425)	-1%	
Insurance, Legal, Audit	156,630	138,074	(18,556)		-13%	1,892,226	1,654,137	(238,089)	-14%	
Note Payments	-	-	-		0%	552,424	588,597	36,173	6%	
Other	263,343	477,597	214,254		45%	4,650,326	5,608,881	958,555	17%	
Claims Denials	31,789	67,681	35,892		53%	680,080	810,533	130,453	16%	
Reserve for Bad Debt	-	-	-		0%	-	-	-	0.0%	
Total Expenses	28,589,612	25,438,009	(3,151,603)	l	-12%	303,188,816	306,249,361	3,060,545	1%	
Excess of Revenues over (under)										
Expenditures before Other Sources	(7,678,737) a	(3,837,558)	(3,841,179)			(48,459,871)	(53,751,629)	5,291,758		
Funds from other sources:										
Use of fund balance - CapEx	1,203,840	-	1,203,840			11,414,312	-	11,414,312		
Use of fund balance - COVID-19	5,382,835	-	5,382,835			8,951,105	-	8,951,105		
Fund Balance DSRIP	735,853	630,141	105,712			7,664,520	7,561,036	103,484		
Waiver 1115 Revenues	2,167,553	2,167,510	43			26,009,898	26,009,876	22		
DSRIP Transition	1,809,411	-	1,809,411			20,831,689	-	20,831,689		
COVID-19 FMAP Allocation	-	-	-			-	-	-		
Insurance Proceeds	-	-	-			990,607	-	990,607		
Proceeds from Sale of Assets	51,500	-	51,500			72,625	-	72,625		
Unrealized Gain/(Loss) on Securities	-	-	-			-	-	-		
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 3,672,255	\$ (1,039,907)	\$ 4,712,162			\$ 27,474,885	\$ (20,180,717)	\$ 47,655,602		

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 August 31, 2021

Month Ended August 31, 2021						
Core Business		DSRIP			Capital Expenditures	
Actual	Budget	Actual	Budget	Actual	Budget	
Total Revenues:						
Local	\$ 6,753,745	\$ 5,935,951	\$ 926	\$ 4,822	-	-
State General Revenue	9,552,630	9,624,534	17,953	17,953	-	-
State Grants	233,535	920,582	-	-	-	-
Federal Grants	1,317,725	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,964	1,705,333	-	-
3rd party billings	2,939,220	3,935,354	95,141	98,150	-	-
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Total Revenue	20,796,855	21,479,526	4,090,984	1,826,258	-	-
Total Expenses:						
Salaries and Fringe	18,666,463	14,597,145	1,418,462	1,357,298	-	-
Travel	83,384	181,740	4,326	12,847	-	-
Contracts and Consultant	1,731,606	1,689,308	94,525	117,567	-	-
HCPC Contract	2,366,334	2,359,790	-	-	-	-
Supplies and Drugs	1,309,192	1,880,383	19,486	23,756	-	-
Equipment (Purch, Rent, Maint)	236,984	(5,176,145)	63,117	77,468	211,044	5,475,832
Building (Rent, Maint)	383,524	(18,482,328)	97,432	183,822	992,796	20,203,751
Vehicle (Purch, Rent, Maint)	89,825	17,696	37,339	11,709	-	-
Telephone and Utilities	314,843	186,544	17,168	36,474	-	-
Insurance, Legal, Audit	130,127	108,026	26,503	30,048	-	-
Note Payments	-	-	-	-	-	-
Other	259,111	453,935	4,232	23,662	-	-
Claims Denials	31,507	67,180	282	501	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	25,602,900	(2,116,726)	1,782,872	1,875,152	1,203,840	25,679,583
Excess of Revenues over (under)						
Expenditures before Other Sources	(4,806,045)	23,596,252	2,308,112	(48,894)	(1,203,840)	(25,679,583)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	1,203,840	-
Use of fund balance - COVID-19	5,382,835	-	-	-	-	-
Fund Balance DSRIP	735,853	630,141	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	51,500	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)	\$ 1,364,143	\$ 24,226,393	\$ 2,308,112	\$ (48,894)	\$ -	\$ (25,679,583)
Expenditures after Other Sources	=====	=====	=====	=====	=====	=====

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 August 31, 2021

Twelve Months Ended August 31, 2021						
Core Business		DSRIP		Capital Expenditures		
Actual	Budget	Actual	Budget	Actual	Budget	
Total Revenues:						
Local	\$ 71,310,184	\$ 71,171,369	\$ 34,679	\$ 57,710	\$ -	\$ -
State General Revenue	115,094,133	115,492,457	215,436	215,436	-	-
State Grants	11,726,022	10,816,416	-	-	-	-
Federal Grants	19,663,084	12,757,321	-	-	-	-
Federal Revenue - DSRIP	-	-	46,841,587	26,009,876	-	-
3rd party billings	35,545,204	40,818,851	1,140,203	1,168,172	-	-
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Total Revenue	253,338,627	251,056,414	48,231,905	27,451,194	-	-
Total Expenses:						
Salaries and Fringe	182,528,207	174,402,003	15,326,073	16,736,710	-	-
Travel	609,470	1,927,578	20,515	146,814	-	-
Contracts and Consultant	18,823,438	20,271,981	1,039,074	1,410,676	-	-
HCPC Contract	28,113,978	28,437,524	-	-	-	-
Supplies and Drugs	17,830,782	22,580,514	173,851	280,746	-	-
Equipment (Purch, Rent, Maint)	3,441,669	2,930,078	813,610	933,159	7,672,351	8,932,122
Building (Purch, Rent, Maint)	10,796,465	(6,914,966)	1,517,755	2,070,820	3,741,961	20,424,396
Vehicle (Purch, Rent, Maint)	195,099	202,700	67,198	138,519	-	-
Telephone and Utilities	2,504,700	2,237,380	197,564	438,459	-	-
Insurance, Legal, Audit	1,555,798	1,292,793	336,428	361,344	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	4,480,301	5,325,968	170,025	282,913	-	-
Claims Denials	665,987	804,587	14,093	5,946	-	-
Reserve for Bad Debt	-	-	-	-	-	-
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Total Expenses	271,545,894	253,498,140	20,228,610	23,358,530	11,414,312	29,356,518
Excess of Revenues over (under)						
Expenditures before Other Sources	(18,207,267)	(2,441,726)	28,003,295	4,092,664	(11,414,312)	(29,356,518)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	11,414,312	-
Use of fund balance - COVID-19	8,951,105	-	-	-	-	-
Fund Balance DSRIP	7,664,520	7,561,036	-	-	-	-
Insurance Proceeds	988,747	-	1,860	-	-	-
Proceeds from Sale of Assets	72,625	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
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Excess of Revenues over (under)	\$ (530,270) m	\$ 5,119,310	\$ 28,005,155	\$ 4,092,664	\$ -	\$ (29,356,518)
Expenditures after Other Sources	=====	=====	=====	=====	=====	=====

Note: Total August Performance Award of \$2,391,754 was funded in part by COVID Reserves in the amount of \$1,522,835. The remaining \$868,919 will be funded by potential lapsed grant funds. Once grant funding is received, the net Core business for the year will reflect a positive balance of \$338,649.

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

	Ending Balance		Increase/(Decrease)	
	July 31, 2021	August 31, 2021	August	
Assets				
Cash and Cash Equivalents	\$ 140,032,839	\$ 130,455,663	\$ (9,577,176)	a
Inventory - includes RX	300,070	289,631	(10,439)	b
Prepaid Expenses	5,719,089	3,117,385	(2,601,704)	c
A/R Medicaid, Medicare, 3rd Party	14,997,768	14,003,832	(993,936)	
Less Bad Debt Reserve	(6,374,639)	(6,905,823)	(531,184)	
A/R Other	25,498,888	24,988,105	(510,783)	d
A/R DSRIP	-	-	-	
Total Current Assets	<u>180,174,014</u>	<u>165,948,793</u>	<u>(14,225,222)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,914,881	20,914,881	-	
Furniture and Fixtures	9,898,640	9,851,725	(46,915)	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	14,558,584	14,930,427	371,843	
Total Property, Plant & Equipment	<u>77,779,242</u>	<u>78,104,170</u>	<u>324,928</u>	
TOTAL ASSETS	<u><u>\$ 257,953,256</u></u>	<u><u>\$ 244,052,963</u></u>	<u><u>\$ (13,900,294)</u></u>	
Liabilities and Fund Balance				
Unearned Income	\$ 43,918,857	\$ 27,441,448	\$ (16,477,409)	e
Accrued Payroll and Accounts Payables	19,907,275	25,808,100	5,900,825	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>63,826,132</u>	<u>53,249,548</u>	<u>(10,576,584)</u>	
State Escheatment Payable	33,067	34,157	1,090	
Total Non Current Liabilities	<u>33,067</u>	<u>34,157</u>	<u>1,090</u>	
TOTAL LIABILITIES	<u>63,859,199</u>	<u>53,283,705</u>	<u>(10,575,494)</u>	
General Fund Balance	15,544,879	15,560,089	15,210	g
Nonspendable				
Investment in Inventories	304,877	289,631	(15,246)	
Investment In Fixed Assets	77,779,242	78,104,170	324,928	
Assigned:				
Current Capital Projects	24,824,448	23,620,608	(1,203,840)	h
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	361,664	361,664	-	
Waiver 1115	40,810,333	35,668,857	(5,141,476)	
COVID-19 eFMAP Reserve	2,445,788	1,469,158	(976,630)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>170,291,427</u>	<u>163,294,373</u>	<u>(6,997,054)</u>	
Year to Date Excess Revenues over (under) Expenditures	23,802,630	27,474,885	3,672,255	
TOTAL FUND BALANCE	<u>194,094,057</u>	<u>190,769,258</u>	<u>(3,324,799)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 257,953,256</u></u>	<u><u>\$ 244,052,963</u></u>	<u><u>\$ (13,900,293)</u></u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of August 2021, the twelfth month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$7,678,737.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$27,474,885 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 \$1,558,943 primarily due to billing County for a portion of 6160 South Loop capital projects.
- d. Interest is unfavorable to budget by \$36,243 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
- e. State grants is unfavorable to budget by \$687,047 primarily due to timing of ECI revenues.
- f. Third Party Billings is unfavorable to budget by \$999,143.
- g. Total Revenue is unfavorable to budget by \$689,576.
- h. Salaries and Fringe Benefits are unfavorable to budget by \$4,130,482 due to salaries and fringe benefits paid by grants awarded after approval of the original budget.
- i. Equipment is unfavorable to budget by \$133,990 due to expenses paid by grants awarded after approved budget.
- j. Vehicles is unfavorable to budget by \$97,759 due to addition of leased vehicles.
- k. Telephone and Utilities are unfavorable to budget by \$108,993 due to additional cost related to expenses funded by grants awarded after the original budget was approved.
- l. Total Expenses are unfavorable to original budget by \$3,151,603 due to expenses associated with grants awarded after approval of the original budget.
- m. Total August Performance Award of \$2,391,754 was funded in part by COVID Reserves in the amount of \$1,522,835. The remaining \$868,919 will be funded by potential lapsed grant funds. Once grant funding is received, the net Core business for the year will reflect a positive balance of \$338,649.

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

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 because of operations.

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
Cash-General Fund Bank of America	\$ 2,785,888	\$ 2,785,888	\$ -
Cash-General Fund Chase	80,703,553	14,386,976	(66,316,577)
Cash-BOA ACH Vendor	358,819	224,302	(134,517)
Cash-FSA-Discovery	152,170	170,657	18,487
Petty Cash	9,300	9,300	-
Investments-Texpool General Fund	1,001,575	1,001,595	20
Investments-Texpool Self Insurance	2,288,921	2,288,964	43
Investments-Texpool Prime	24,810,390	52,063,342	27,252,952
Investments-Texas Class	27,922,223	57,524,639	29,602,416
	<u>\$ 140,032,839</u>	<u>\$ 130,455,663</u>	<u>\$ (9,577,176)</u>

- b. Inventory normally does not significantly change from month to month. The balance is normally 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)
	7/31/2021	8/31/2021	August
Inventory-Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(25,664)	(8,190)	17,474
Inventory-Drugs	293,096	265,183	(27,913)
Total Inventory	<u>\$ 300,070</u>	<u>\$ 289,631</u>	<u>\$ (10,439)</u>

- c. Prepaid Expenses decreased because of HCPC activity.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable decreased in August.

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
Villas at Bayou Park	\$ 58,133	58,133.00	\$ -
Pear Grove	29,651	29,651.00	-
Pasadena Cottages	76,014	70,450	(5,564)
Employee	25	29	4
Pecan Village	4,401	4,401	-
Acres Homes Garden	75,010	75,010	-
General Accounts Receivable	1,683,966	1,846,008	162,042
Harris County Juvenile Probation	825,293	889,653	64,360
Harris County Community Supervision	537,161	408,882	(128,279)
Harris County Sheriff's Department	3,338,965	3,397,004	58,039
ICFMR	221,825	179,641	(42,184)
ECI Administrative Claiming	63,571	(84,269)	(147,840)
TCOOMMI-Special Needs	782,184	466,001	(316,183)
TDCJ-Parole	61,500	61,500	-
TDCJ-Substance Abuse	53,550	53,550	-
TCOOMMI-Juvenile	172,765	202,514	29,749
Jail Diversion	3,167,839	3,188,451	20,612
ECI	1,121,386	318,929	(802,457)
ECI Respite	836	154	(682)
ECI SNAP	9,900	20,396	10,496
HUD-Safe Havens	371,737	371,737	-
PATH-Mental Health Block Grant	208,902	82,249	(126,653)
MH Block Grant	6,006,364	6,263,208	256,844
MH Block Grant-Coordinated Specialty Care	212,075	133,209	(78,866)
Title XX Social Services	1,112,465	1,160,631	48,166
TANFF to Title XX Block Grant	3,241,079	3,382,017	140,938
DSHS SAPT Block Grant	70,828	104,843	34,015
Enhanced Community Coordinator	104,751	156,766	52,015
Subtotal, A/R-Other	\$ 23,612,176	\$ 22,840,748	\$ (771,428)

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
DSHS Mental Health First Aid	\$ 11,772	\$ 20,409	\$ 8,637
HHSC ZEST-Zero Suicide	67,297	40,896	(26,401)
HCC Open Door	631,482	691,815	60,333
HCS	22,416	22,416	-
Tx Home Living Waiver	(150,584)	(142,945)	7,639
Federal DSHS Disaster Assistance	1,136,826	1,351,918	215,092
Helpline Contracts	79,742	74,786	(4,956)
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	26,893	27,194	301
Grand Total A/R - Other	<u>\$ 25,498,888</u>	<u>\$ 24,988,105</u>	<u>\$ (510,783)</u>

- e. Unearned Income decreased due to spending of State GR funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Current Capital Projects decreased due to expenses related to Board approved Capex projects.
- j. Days of Operations in Reserve for Total Agency is 100 days and for Core Business is 95 days versus 161 and 99 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of August 31, 2021, is \$112,878,540 of which 100% is in government pools. (Texas Class 51% and TexPool 49%)
- b. Investments this month yielded interest income of \$5,430.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Market Value Ending Balance	Portfolio %	Coupon Rate
GOVERNMENT POOLS								
TEXAS CLASS - GF G/L 120700		27,922,223	34,500,000	(4,900,000)	2,416	57,524,639	50.96%	0.0615%
TEXPOOL ISF G/L 120610		2,288,921	-	-	43	2,288,964	2.03%	0.0189%
TEXPOOL GF G/L 120600		1,001,576	-	-	19	1,001,595	0.89%	0.0189%
TEXPOOL PRIME G/L 120620		24,810,390	34,500,000	(7,250,000)	2,952	52,063,342	46.12%	0.0655%
Subtotal Texpool		43,086,969	34,500,000	(7,250,000)	3,014	55,353,901	49.04%	
Subtotal Government Pools		95,795,588	69,000,000	(12,150,000)	5,430	112,878,540	100.00%	
TOTAL INVESTMENTS		\$ 95,795,588	\$ 69,000,000	\$ (12,150,000)	\$ 5,430	\$ 112,878,540	100.00%	

Total Investment Interest G/L 409000 & 409005

5,430

Total Interest

\$ 5,430

3 Month Weighted Average Maturity (Days)

1.00

3 Month Weighted Average Yield

0.0583%

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

0.0394%

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

Report for August 2021

Vendor	Description	Monthly Not-To-Exceed*	Aug-21	YTD Total (Apr -Aug 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$2,122,962	\$6,145,485
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$196,242	\$986,291
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,058,852	\$10,220,550
Cigna Dental	Dental Insurance	\$100,000	\$77,732	\$388,606

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective April 28, 2021

Note: Non-employee portion of August 2021 Payments of Liabilities for Employee Benefits = 10% of Expenditures.

Note : August Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount **not** requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$858,581 on August 27th was submitted for Board signature. Total Lincoln Financial Group payments in August not presented for Board signature totaled \$1,264,381 which meets the Board requirements for Not-To-Exceed for the month of August.

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Twelfth Month and Year to Date Ended August 31, 2021

Fiscal Year 2021

Presented to the Resource Committee of the Board of Trustees on September 21, 2021

The Harris Center for Mental Health & IDD

September 21, 2021

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

The monthly financial report for August 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 Twelfth Month and Year to Date Ended August 31, 2021**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,911	\$ 21,600	\$ (690)
Expenditures	28,590	25,438	(3,152)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (7,679)</u>	<u>\$ (3,838)</u>	<u>\$ (3,841)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 27,475</u>	<u>\$ (20,181)</u>	<u>\$ 47,656</u>

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

	Month Ended August 31, 2021					Twelve Months Ended August 31, 2021				
	Actual	Budget	Variance			Actual	Budget	Variance		
			Favorable	or (Unfavorable)				Favorable	or (Unfavorable)	
			\$	%			\$	%		
Total Revenues:										
Harris County and Local	\$ 5,874,595	\$ 4,315,652	\$ 1,558,943	c	36%	\$ 57,278,013	\$ 51,729,079	\$ 5,548,934	11%	
PAP / Samples	874,645	1,583,447	(708,802)		-45%	13,947,037	19,000,000	(5,052,963)	-27%	
Interest	5,431	41,674	(36,243)	d	-87%	119,813	500,000	(380,187)	-76%	
State General	9,570,583	9,642,487	(71,904)		-1%	115,309,569	115,707,893	(398,324)	0%	
State Grants	233,535	920,582	(687,047)	e	-75%	11,726,022	10,816,416	909,606	8%	
Federal Grants	1,317,725	1,063,105	254,620		24%	19,663,084	12,757,321	6,905,763	54%	
3rd party billings	3,034,361	4,033,504	(999,143)	f	-25%	36,685,407	41,987,023	(5,301,616)	-13%	
Total Revenue	20,910,875	21,600,451	(689,576)	g	-3%	254,728,945	252,497,732	2,231,213	1%	
Total Expenses:										
Salaries and Fringe	20,084,925	15,954,443	(4,130,482)	h	-26%	197,854,280	191,138,713	(6,715,567)	-4%	
Travel	87,710	194,587	106,877		55%	629,985	2,074,392	1,444,407	70%	
Contracts and Consultants	1,826,131	1,806,875	(19,256)		-1%	19,862,512	21,682,657	1,820,145	8%	
HCPC Contract	2,366,334	2,359,790	(6,544)		0%	28,113,978	28,437,524	323,546	1%	
Supplies and Drugs	1,328,678	1,904,139	575,461		30%	18,004,633	22,861,260	4,856,627	21%	
Equipment (Purch, Rent, Maint)	511,145	377,155	(133,990)	i	-36%	11,927,630	12,795,359	867,729	7%	
Building (Purch, Rent, Maint)	1,473,752	1,905,245	431,493		23%	16,056,181	15,580,250	(475,931)	-3%	
Vehicle (Purch, Rent, Maint)	127,164	29,405	(97,759)	j	-332%	262,297	341,219	78,922	23%	
Telephone and Utilities	332,011	223,018	(108,993)	k	-49%	2,702,264	2,675,839	(26,425)	-1%	
Insurance, Legal, Audit	156,630	138,074	(18,556)		-13%	1,892,226	1,654,137	(238,089)	-14%	
Note Payments	-	-	-		0%	552,424	588,597	36,173	6%	
Other	263,343	477,597	214,254		45%	4,650,326	5,608,881	958,555	17%	
Claims Denials	31,789	67,681	35,892		53%	680,080	810,533	130,453	16%	
Reserve for Bad Debt	-	-	-		0%	-	-	-	0.0%	
Total Expenses	28,589,612	25,438,009	(3,151,603)	l	-12%	303,188,816	306,249,361	3,060,545	1%	
Excess of Revenues over (under)										
Expenditures before Other Sources	(7,678,737) a	(3,837,558)	(3,841,179)			(48,459,871)	(53,751,629)	5,291,758		
Funds from other sources:										
Use of fund balance - CapEx	1,203,840	-	1,203,840			11,414,312	-	11,414,312		
Use of fund balance - COVID-19	5,382,835	-	5,382,835			8,951,105	-	8,951,105		
Fund Balance DSRIP	735,853	630,141	105,712			7,664,520	7,561,036	103,484		
Waiver 1115 Revenues	2,167,553	2,167,510	43			26,009,898	26,009,876	22		
DSRIP Transition	1,809,411	-	1,809,411			20,831,689	-	20,831,689		
COVID-19 FMAP Allocation	-	-	-			-	-	-		
Insurance Proceeds	-	-	-			990,607	-	990,607		
Proceeds from Sale of Assets	51,500	-	51,500			72,625	-	72,625		
Unrealized Gain/(Loss) on Securities	-	-	-			-	-	-		
Excess of Revenues over (under)										
Expenditures after Other Sources	\$ 3,672,255	\$ (1,039,907)	\$ 4,712,162			\$ 27,474,885	b \$ (20,180,717)	\$ 47,655,602		

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 August 31, 2021

Month Ended August 31, 2021						
Core Business		DSRIP			Capital Expenditures	
Actual	Budget	Actual	Budget	Actual	Budget	
Total Revenues:						
Local	\$ 6,753,745	\$ 5,935,951	\$ 926	\$ 4,822	-	-
State General Revenue	9,552,630	9,624,534	17,953	17,953	-	-
State Grants	233,535	920,582	-	-	-	-
Federal Grants	1,317,725	1,063,105	-	-	-	-
Federal Revenue - DSRIP	-	-	3,976,964	1,705,333	-	-
3rd party billings	2,939,220	3,935,354	95,141	98,150	-	-
	-----	-----	-----	-----	-----	-----
Total Revenue	20,796,855	21,479,526	4,090,984	1,826,258	-	-
Total Expenses:						
Salaries and Fringe	18,666,463	14,597,145	1,418,462	1,357,298	-	-
Travel	83,384	181,740	4,326	12,847	-	-
Contracts and Consultant	1,731,606	1,689,308	94,525	117,567	-	-
HCPC Contract	2,366,334	2,359,790	-	-	-	-
Supplies and Drugs	1,309,192	1,880,383	19,486	23,756	-	-
Equipment (Purch, Rent, Maint)	236,984	(5,176,145)	63,117	77,468	211,044	5,475,832
Building (Rent, Maint)	383,524	(18,482,328)	97,432	183,822	992,796	20,203,751
Vehicle (Purch, Rent, Maint)	89,825	17,696	37,339	11,709	-	-
Telephone and Utilities	314,843	186,544	17,168	36,474	-	-
Insurance, Legal, Audit	130,127	108,026	26,503	30,048	-	-
Note Payments	-	-	-	-	-	-
Other	259,111	453,935	4,232	23,662	-	-
Claims Denials	31,507	67,180	282	501	-	-
Reserve for Bad Debt	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Total Expenses	25,602,900	(2,116,726)	1,782,872	1,875,152	1,203,840	25,679,583
Excess of Revenues over (under)						
Expenditures before Other Sources	(4,806,045)	23,596,252	2,308,112	(48,894)	(1,203,840)	(25,679,583)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	1,203,840	-
Use of fund balance - COVID-19	5,382,835	-	-	-	-	-
Fund Balance DSRIP	735,853	630,141	-	-	-	-
Insurance Proceeds	-	-	-	-	-	-
Proceeds from Sale of Assets	51,500	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
	-----	-----	-----	-----	-----	-----
Excess of Revenues over (under)	\$ 1,364,143	\$ 24,226,393	\$ 2,308,112	\$ (48,894)	\$ -	\$ (25,679,583)
Expenditures after Other Sources	=====	=====	=====	=====	=====	=====

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 August 31, 2021

Twelve Months Ended August 31, 2021						
	Core Business		DSRIP		Capital Expenditures	
	Actual	Budget	Actual	Budget	Actual	Budget
Total Revenues:						
Local	\$ 71,310,184	\$ 71,171,369	\$ 34,679	\$ 57,710	\$ -	\$ -
State General Revenue	115,094,133	115,492,457	215,436	215,436	-	-
State Grants	11,726,022	10,816,416	-	-	-	-
Federal Grants	19,663,084	12,757,321	-	-	-	-
Federal Revenue - DSRIP	-	-	46,841,587	26,009,876	-	-
3rd party billings	35,545,204	40,818,851	1,140,203	1,168,172	-	-
Total Revenue	253,338,627	251,056,414	48,231,905	27,451,194	-	-
Total Expenses:						
Salaries and Fringe	182,528,207	174,402,003	15,326,073	16,736,710	-	-
Travel	609,470	1,927,578	20,515	146,814	-	-
Contracts and Consultant	18,823,438	20,271,981	1,039,074	1,410,676	-	-
HCPC Contract	28,113,978	28,437,524	-	-	-	-
Supplies and Drugs	17,830,782	22,580,514	173,851	280,746	-	-
Equipment (Purch, Rent, Maint)	3,441,669	2,930,078	813,610	933,159	7,672,351	8,932,122
Building (Purch, Rent, Maint)	10,796,465	(6,914,966)	1,517,755	2,070,820	3,741,961	20,424,396
Vehicle (Purch, Rent, Maint)	195,099	202,700	67,198	138,519	-	-
Telephone and Utilities	2,504,700	2,237,380	197,564	438,459	-	-
Insurance, Legal, Audit	1,555,798	1,292,793	336,428	361,344	-	-
Note Payments	-	-	552,424	552,424	-	-
Other	4,480,301	5,325,968	170,025	282,913	-	-
Claims Denials	665,987	804,587	14,093	5,946	-	-
Reserve for Bad Debt	-	-	-	-	-	-
Total Expenses	271,545,894	253,498,140	20,228,610	23,358,530	11,414,312	29,356,518
Excess of Revenues over (under)						
Expenditures before Other Sources	(18,207,267)	(2,441,726)	28,003,295	4,092,664	(11,414,312)	(29,356,518)
Funds from other sources:						
Use of fund balance - CapEx	-	-	-	-	11,414,312	-
Use of fund balance - COVID-19	8,951,105	-	-	-	-	-
Fund Balance DSRIP	7,664,520	7,561,036	-	-	-	-
Insurance Proceeds	988,747	-	1,860	-	-	-
Proceeds from Sale of Assets	72,625	-	-	-	-	-
Unrealized Gain/(Loss) on Securities	-	-	-	-	-	-
Excess of Revenues over (under)						
Expenditures after Other Sources	\$ (530,270) m	\$ 5,119,310	\$ 28,005,155	\$ 4,092,664	\$ -	\$ (29,356,518)

Note: Total August Performance Award of \$2,391,754 was funded in part by COVID Reserves in the amount of \$1,522,835. The remaining \$868,919 will be funded by potential lapsed grant funds. Once grant funding is received, the net Core business for the year will reflect a positive balance of \$338,649.

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

	Ending Balance		Increase/(Decrease)	
	July 31, 2021	August 31, 2021	August	
Assets				
Cash and Cash Equivalents	\$ 140,032,839	\$ 130,455,663	\$ (9,577,176)	a
Inventory - includes RX	300,070	289,631	(10,439)	b
Prepaid Expenses	5,719,089	3,117,385	(2,601,704)	c
A/R Medicaid, Medicare, 3rd Party	14,997,768	14,003,832	(993,936)	
Less Bad Debt Reserve	(6,374,639)	(6,905,823)	(531,184)	
A/R Other	25,498,888	24,988,105	(510,783)	d
A/R DSRIP	-	-	-	
Total Current Assets	<u>180,174,014</u>	<u>165,948,793</u>	<u>(14,225,222)</u>	
Land	5,028,114	5,028,114	-	
Building	25,773,792	25,773,792	-	
Building Improvements	20,914,881	20,914,881	-	
Furniture and Fixtures	9,898,640	9,851,725	(46,915)	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	14,558,584	14,930,427	371,843	
Total Property, Plant & Equipment	<u>77,779,242</u>	<u>78,104,170</u>	<u>324,928</u>	
TOTAL ASSETS	<u>\$ 257,953,256</u>	<u>\$ 244,052,963</u>	<u>\$ (13,900,294)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 43,918,857	\$ 27,441,448	\$ (16,477,409)	e
Accrued Payroll and Accounts Payables	19,907,275	25,808,100	5,900,825	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>63,826,132</u>	<u>53,249,548</u>	<u>(10,576,584)</u>	
State Escheatment Payable	33,067	34,157	1,090	
Total Non Current Liabilities	<u>33,067</u>	<u>34,157</u>	<u>1,090</u>	
TOTAL LIABILITIES	<u>63,859,199</u>	<u>53,283,705</u>	<u>(10,575,494)</u>	
General Fund Balance	15,544,879	15,560,089	15,210	g
Nonspendable				
Investment in Inventories	304,877	289,631	(15,246)	
Investment In Fixed Assets	77,779,242	78,104,170	324,928	
Assigned:				
Current Capital Projects	24,824,448	23,620,608	(1,203,840)	h
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	361,664	361,664	-	
Waiver 1115	40,810,333	35,668,857	(5,141,476)	
COVID-19 eFMAP Reserve	2,445,788	1,469,158	(976,630)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>170,291,427</u>	<u>163,294,373</u>	<u>(6,997,054)</u>	
Year to Date Excess Revenues over (under) Expenditures	23,802,630	27,474,885	3,672,255	
TOTAL FUND BALANCE	<u>194,094,057</u>	<u>190,769,258</u>	<u>(3,324,799)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 257,953,256</u>	<u>\$ 244,052,963</u>	<u>\$ (13,900,293)</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of August 2021, the twelfth month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$7,678,737.
 - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$27,474,885 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 \$1,558,943 primarily due to billing County for a portion of 6160 South Loop capital projects.
 - d. Interest is unfavorable to budget by \$36,243 because of lower interest rates caused by Federal Reserve interest rate reductions in response to the economic downturn from the COVID-19 pandemic.
 - e. State grants is unfavorable to budget by \$687,047 primarily due to timing of ECI revenues.
 - f. Third Party Billings is unfavorable to budget by \$999,143.
 - g. Total Revenue is unfavorable to budget by \$689,576.
 - h. Salaries and Fringe Benefits are unfavorable to budget by \$4,130,482 due to salaries and fringe benefits paid by grants awarded after approval of the original budget.
 - i. Equipment is unfavorable to budget by \$133,990 due to expenses paid by grants awarded after approved budget.
 - j. Vehicles is unfavorable to budget by \$97,759 due to addition of leased vehicles.
 - k. Telephone and Utilities are unfavorable to budget by \$108,993 due to additional cost related to expenses funded by grants awarded after the original budget was approved.
 - l. Total Expenses are unfavorable to original budget by \$3,151,603 due to expenses associated with grants awarded after approval of the original budget.
 - m. Total August Performance Award of \$2,391,754 was funded in part by COVID Reserves in the amount of \$1,522,835. The remaining \$868,919 will be funded by potential lapsed grant funds. Once grant funding is received, the net Core business for the year will reflect a positive balance of \$338,649.

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

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 because of operations.

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
Cash-General Fund Bank of America	\$ 2,785,888	\$ 2,785,888	\$ -
Cash-General Fund Chase	80,703,553	14,386,976	(66,316,577)
Cash-BOA ACH Vendor	358,819	224,302	(134,517)
Cash-FSA-Discovery	152,170	170,657	18,487
Petty Cash	9,300	9,300	-
Investments-Texpool General Fund	1,001,575	1,001,595	20
Investments-Texpool Self Insurance	2,288,921	2,288,964	43
Investments-Texpool Prime	24,810,390	52,063,342	27,252,952
Investments-Texas Class	27,922,223	57,524,639	29,602,416
	<u>\$ 140,032,839</u>	<u>\$ 130,455,663</u>	<u>\$ (9,577,176)</u>

- b. Inventory normally does not significantly change from month to month. The balance is normally 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)
	7/31/2021	8/31/2021	August
Inventory-Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	21,500	-
Supplies Used	(25,664)	(8,190)	17,474
Inventory-Drugs	293,096	265,183	(27,913)
Total Inventory	<u>\$ 300,070</u>	<u>\$ 289,631</u>	<u>\$ (10,439)</u>

- c. Prepaid Expenses decreased because of HCPC activity.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable decreased in August.

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
Villas at Bayou Park	\$ 58,133	58,133.00	\$ -
Pear Grove	29,651	29,651.00	-
Pasadena Cottages	76,014	70,450	(5,564)
Employee	25	29	4
Pecan Village	4,401	4,401	-
Acres Homes Garden	75,010	75,010	-
General Accounts Receivable	1,683,966	1,846,008	162,042
Harris County Juvenile Probation	825,293	889,653	64,360
Harris County Community Supervision	537,161	408,882	(128,279)
Harris County Sheriff's Department	3,338,965	3,397,004	58,039
ICFMR	221,825	179,641	(42,184)
ECI Administrative Claiming	63,571	(84,269)	(147,840)
TCOOMMI-Special Needs	782,184	466,001	(316,183)
TDCJ-Parole	61,500	61,500	-
TDCJ-Substance Abuse	53,550	53,550	-
TCOOMMI-Juvenile	172,765	202,514	29,749
Jail Diversion	3,167,839	3,188,451	20,612
ECI	1,121,386	318,929	(802,457)
ECI Respite	836	154	(682)
ECI SNAP	9,900	20,396	10,496
HUD-Safe Havens	371,737	371,737	-
PATH-Mental Health Block Grant	208,902	82,249	(126,653)
MH Block Grant	6,006,364	6,263,208	256,844
MH Block Grant-Coordinated Specialty Care	212,075	133,209	(78,866)
Title XX Social Services	1,112,465	1,160,631	48,166
TANFF to Title XX Block Grant	3,241,079	3,382,017	140,938
DSHS SAPT Block Grant	70,828	104,843	34,015
Enhanced Community Coordinator	104,751	156,766	52,015
Subtotal, A/R-Other	\$ 23,612,176	\$ 22,840,748	\$ (771,428)

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	7/31/2021	8/31/2021	August
DSHS Mental Health First Aid	\$ 11,772	\$ 20,409	\$ 8,637
HHSC ZEST-Zero Suicide	67,297	40,896	(26,401)
HCC Open Door	631,482	691,815	60,333
HCS	22,416	22,416	-
Tx Home Living Waiver	(150,584)	(142,945)	7,639
Federal DSHS Disaster Assistance	1,136,826	1,351,918	215,092
Helpline Contracts	79,742	74,786	(4,956)
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	26,893	27,194	301
Grand Total A/R - Other	<u>\$ 25,498,888</u>	<u>\$ 24,988,105</u>	<u>\$ (510,783)</u>

- e. Unearned Income decreased due to spending of State GR funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Current Capital Projects decreased due to expenses related to Board approved Capex projects.
- j. Days of Operations in Reserve for Total Agency is 100 days and for Core Business is 95 days versus 161 and 99 days for the prior month, respectively.

III. Investment Portfolio

- a. Total investments as of August 31, 2021, is \$112,878,540 of which 100% is in government pools. (Texas Class 51% and TexPool 49%)
- b. Investments this month yielded interest income of \$5,430.

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

Issuer	CUSIP/ Security #	Book Value Cost	Transfer In Txpool/ TX Class	Transfer Out Tx pool/ TX Class	Interest Txpool/ TX Class	Market Value Ending Balance	Portfolio %	Coupon Rate
GOVERNMENT POOLS								
TEXAS CLASS - GF G/L 120700		27,922,223	34,500,000	(4,900,000)	2,416	57,524,639	50.96%	0.0615%
TEXPOOL ISF G/L 120610		2,288,921	-	-	43	2,288,964	2.03%	0.0189%
TEXPOOL GF G/L 120600		1,001,576	-	-	19	1,001,595	0.89%	0.0189%
TEXPOOL PRIME G/L 120620		24,810,390	34,500,000	(7,250,000)	2,952	52,063,342	46.12%	0.0655%
Subtotal Texpool		43,086,969	34,500,000	(7,250,000)	3,014	55,353,901	49.04%	
Subtotal Government Pools		95,795,588	69,000,000	(12,150,000)	5,430	112,878,540	100.00%	
TOTAL INVESTMENTS		\$ 95,795,588	\$ 69,000,000	\$ (12,150,000)	\$ 5,430	\$ 112,878,540	100.00%	

Total Investment Interest G/L 409000 & 409005

5,430

Total Interest

\$ 5,430

3 Month Weighted Average Maturity (Days)

1.00

3 Month Weighted Average Yield

0.0583%

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

0.0394%

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

Report for August 2021

Vendor	Description	Monthly Not-To-Exceed*	Aug-21	YTD Total (Apr -Aug 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$2,122,962	\$6,145,485
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$196,242	\$986,291
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,058,852	\$10,220,550
Cigna Dental	Dental Insurance	\$100,000	\$77,732	\$388,606

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective April 28, 2021

Note: Non-employee portion of August 2021 Payments of Liabilities for Employee Benefits = 10% of Expenditures.

Note : August Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount **not** requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$858,581 on August 27th was submitted for Board signature. Total Lincoln Financial Group payments in August not presented for Board signature totaled \$1,264,381 which meets the Board requirements for Not-To-Exceed for the month of August.

EXHIBIT F-4

September 2021
NEW CONTRACTS OVER 50k

		FY21 NEW CONTRACTS *CROSS FISCAL YEAR CONTRACTS *MULTI- YEAR CONTRACTS							
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	PDG Architects	Yes	NPC Design & Investigative Services for Plumbing and Storm Water	\$118,056.67	09/01/21- 08/31/22	FM21.1126.02 Waiting for confirmation if project number will stay the same	RFQualification	This Agreement is for NPC design and investigative services for plumbing and storm water. Per quote- \$91,002.97 balance for architectural services \$11,655.00- investigation/supplemental services, and \$15,398.70 contingency Total NTE: \$118,056.67	
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									
PROGRAM MANAGEMENT									
CROSS FISCAL YEAR CONTRACT RENEWALS									
ADMINISTRATION									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEV ELOPMENTAL DISABILITY SERVICES									



Executive Contract Summary

Contract Section

Contractor *

PDG Architects

Contract ID # *

2021-0199

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/21/2021

Parties * (?)

PDG Architects 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 checked="" 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 * (?)

9/1/2021

Contract Term End Date * (?)

8/31/2022

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

Fiscal Year * (?)

2022

Amount * (?)

\$ 118,056.67

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contracting with PDG Architects for NPC design services and investigative services for plumbing and storm water.

per quote - \$91,002.97 balance for architectural services, \$11,655.00 for investigation/supplemental services, and \$15,398.70 contingency, for a total amount of \$118,056.67

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2012 to present / architectural 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 (?)

PDG The Harris Ctr_NPC Design & Supp Services Request 02, 850.18KB
jwm.pdf

Vendor/Contractor Contact Person

Name*

PDG Architects / Ramy Ghebranius

Address*

Street Address

10000 Richmond Avenue, Ste.100

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77042

Country

US

Phone Number*

7136296100

Email *

rghebranius@pdgarchitects.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 118,056.67	900040

Budget Manager

BROWN, ERICA S.

Secondary Budget Manager

CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable * (?)

see attached quote

per quote - \$91,002.97 balance for architectural services, \$11,655.00 for investigation/supplemental services, and \$15,398.70 contingency, for a total amount of \$118,056.67

Project WBS (Work Breakdown Structure * (?)

FY21 project number is FM21.1126.02 - waiting for confirmation if project number will stay the same or change

Requester Name

HARPER, SARAH A

Submission Date

8/11/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/11/2021

Procurement Approval

Approved by

Sharon Brauner

Approval Date

8/12/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/12/2021

Contracts Approval

Approve *

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

Approved by *

Shasthya Behu

Approval Date *

8/12/2021



Executive Contract Summary

Contract Section

Contractor*

M Strategic Partners

Contract ID #*

2021-0194

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

M Strategic Partners 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 checked="" 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* (?)

8/1/2021

Contract Term End Date* (?)

8/31/2023

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

25 month contract

Fiscal Year* (?)

2021

Amount* (?)

\$ 18,010.15

Fiscal Year* (?)

2022

Amount* (?)

\$ 216,121.80

Fiscal Year* (?)

2023

Amount* (?)

\$ 216,121.80

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

contracting with M Strategic Partners as the owners representative for design and construction of the new NE Clinic. They will furnish Project Management Services for the project management of the design, permitting, construction bidding, construction oversight and move-in activities for the Northeast Community Clinic located at 7583 Little York Road, Houston, TX 77016.

per quote - \$379,000.00 plus \$12,500.00 reimbursable expenses and a 15% contingency of \$58,728.75 for a total amount of \$450,253.75. Breakdown per year is FY21 \$18,010.75, FY22 \$216,121.80 and FY23 \$216,121.80.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

FY2021 - project management for NPC buildout

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

- Yes No Unknown

Please provide the HUB status*

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

mSP_Northeast_Community_Clinic_Proposal_Package_20210730.pdf 357.87KB

Vendor/Contractor Contact Person

Name*

M Strategic Partners / Richard A Morris

Address *

Street Address

9977 West Sam Houston Parkway North, Ste. 105

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064-7509

Country

US

Phone Number *

8324304021

Email *

richard.morris@mstrategicpartners.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 18,010.15	900040
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable * (?)

see attached quote
 per quote - \$379,000.00 plus \$12,500.00 reimbursable expenses and a 15% contingency of \$58,728.75 for a total amount of \$450,253.75. Breakdown per year is FY21 \$18,010.75, FY22 \$216,121.80 and FY23 \$216,121.80.

Project WBS (Work Breakdown Structure * (?)

FM21.1126.03

Requester Name

HARPER, SARAH A

Submission Date

8/5/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/5/2021

Procurement Approval

Approved by

Mina Cook

Approval Date

8/6/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/6/2021

Contracts Approval

Approve *

- Yes

No, reject entire submission

Return for correction

Approved by *

Shadeya Bohn

Approval Date *

8/6/2021



Executive Contract Summary

Contract Section

Contractor*

M Strategic Partners, Inc.

Contract ID #*

2021-0196

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

8/1/2021

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2021

Amount* (?)

\$ 15,453.13

Fiscal Year* (?)

2022

Amount* (?)

\$ 185,437.50

Fiscal Year* (?)

2023

Amount* (?)

\$ 46,359.37

Funding Source*

Federal Grant

Contract Description / Type* (?)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input checked="" 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 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* (?)

contracting with M Strategic Partners for the 6168 South Loop East Apartments as the owners representative. The contract should run from 8/1/2021 thru 8/31/2023. M Strategic will include the following services - the preparation and construction RFQ/P document and management of the bidding process for \$50,000.00. The Project Management services during the construction and move-in phase for \$155,000.00 This also includes \$10,000.00 in reimbursable expenses, and contingency in the amount of \$32,250.00. The total amount of the contract should be for \$247,250.00.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 - project management services

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

Yes No Unknown

Please provide the HUB status*

MBE - Minority Owned Business, includes Asian, Black, Hispanic and Native American.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

mSP_6160_S_Loop_East_Apartments_Proposal_20210608.pdf

4.83MB

Vendor/Contractor Contact Person**Name***

M Strategic Partners / Richard A Morris

Address *

Street Address

9977 West Sam Houston Parkway North, Ste. 105

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064

Country

USA

Phone Number *

8324304021

Email *

richard.morris@mstrategicpartners.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 15,453.13	900040
Budget Manager		Secondary Budget Manager
RAMIREZ, PRISCILLA M		OSHMAN, JODEL

Provide Rate and Rate Descriptions if applicable* (?)
see attached quote

\$50,000.00 for RFQ/P, \$155,000.00 for PM services,
\$10,000.00 reimbursables, \$32,250.00 contingency for a
total of \$247,250.00

Project WBS (Work Breakdown Structure* (?)
formerly under FM21.1126.23 but no longer a capital project

Requester Name	Submission Date
HARPER, SARAH A	8/11/2021

Budget Manager Approval(s)

Approved by	Approval Date
<i>Priscilla M. Ramirez</i>	8/11/2021

Procurement Approval

Approved by	Approval Date
<i>Sharon Brauner</i>	8/11/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/11/2021

Contracts Approval

Approve *

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

Approved by *

Shakya Behn

Approval Date *

8/11/2021

EXHIBIT F-5

September 2021

RENEWALS OVER 50k

		CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS							
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	P- Psychiatric Recruitment	No	Agency-Wide Locum Tenens Recruitment, Permanent Placement and Temporary Placement Services for Physicians, Psychiatrist, APN, and PA's for both Behavioral Health and Primary Care Services.	\$200,000.00	\$200,000.00	09/01/21- 08/31/22	GR	Through the utilization of Federal, State, County emergency statutory provisions as a result of COVID-19.	This is an annual renewal and expansion of Locum Tenens Services to provide Recruitment, Permanent Placement, and Temporary Services Agency-Wide for Physicians, Psychiatrist, APN's and PA's for both Behavioral Health and Primary Care. The Contractors are: LocumTenens Holdings, LLC dba LocumTenens.com, LLC, Jackson & Coker Holdings, LLC dba Jackson & Coker, MPLT Healthcare, LLC (FKA MedPartners Locum Tenens, Inc.), Consilium Staffing, LLC, and Physician Resources, Inc.
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current FY21 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 FY2022, starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	6329
Contractor Name:	P-Psychiatric Recruitment
Interlocal Agreement:	No
Service (brief description):	Psychiatric Recruitment and Locum Tenens Coverage.
Number of SubContracts:	Five (5)
SubContract ID#s and Contractor Names:	ID 6643 - Locumtenens Holdings, LLC dba LocumTenens.com, LLC ID 6653 - Jackson & Coker Holdings, LLC dba Jackson & Coker ID 6657 - MPLT Healthcare, LLC (FKA MedPartners Locum Tenens, Inc.) ID 6655 - Consllium Staffing, LLC ID 6656 - Physician Resources, Inc.
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFP
Contract NTE (your current budget):	\$200,000.00
Rate(s)/Rate(s) Description:	Varies
Unit(s) Served:	6202
G/I. Code(s):	540503
FY21 Purchase Order Number:	CT140606
Contract Requester:	Terence Freeman
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

- 1. Are the Contracts being renewed for FY2022 with Contractors? (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 FY2022:

FY 2022 Not to Exceed Amount for Master Pooled Contracts: 200,000.

Rate(s) _____ UNIT 6202 GL CODE 540503.

*IF NTE IS SPLIT BETWEEN MORE THAN TWO UNITS, PLEASE ATTACH FINANCIAL SHEET AS NECESSARY.

List all applicable Units/GL codes. [Please verify with Budget Manager].

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

F. CONTRACT CONTENT CHANGES:

- 1. Are there any required changes to the contract language? [i.e. Changes in law or updates to the Service standards] (Y) _____ or (N) X
- 2. Will the scope of the Services change? (Y) _____ or (N) X, if yes, provide brief description.
- 3. Is the payment deadline different than net (45)? If yes, please provide the net days _____ [i.e. net 30, 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

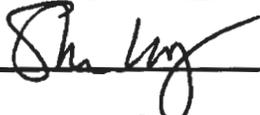
IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract _____.

APPROVALS:

Budget Manager: Sheenia Williams-Wesley (Printed Name)

 (Signature). REQUIRED

Vice President/Contract Owner: Lesleigh Robertson (Printed Name)

 (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-6

September 2021 AMENDMENTS OVER 50k

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS	*MULTI-YEAR AMENDMENTS							
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION										
1	Aramark Correctional Service, LLC	No	Jail Diversion, Respite, Rehab & Re-Entry Facility Food Service	\$277,254.00	\$132,746.00	\$410,000.00	09/01/21- 08/31/22	State Funds	RFP	Will provide food services for residents at the Respite, Rehabilitation and Re-Entry Center. This will include menu design, managed staffing program wherein Consumers will be trained and certified as Food Servers for pay, and equipment upgrades.
2	VC5 Partners dba Rekruters	No	Temporary IT Recruitment and Placement Services	\$500,000.00	\$125,000.00	\$625,000.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to increase the NTE by \$125,000.00 moved from unit #2200 to pay for additional IT Resources.
3	Saba Software, Inc.	No	Agency-Wide Learning Management System Software Services	\$127,888.20	\$7,389.36	\$135,277.56	09/01/21- 08/31/22	GR	RFP	Saba's annual renewal quote was received on July 20, 2021, which was later than desired. There was an increase for FY22 showing a total amount of \$135,277.56 as per the attached Order Form/Quote. FY22 was approved for \$128,888.20 through July 2021 Board Approval. Thus, an Amendment (increase) ECS was required to cover the total FY22 annual payment.
CPEP										
CRISIS SERVICES										
FORENSICS										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI										
INTERLOCALS										
LEASES										



Executive Contract Summary

Contract Section

Contractor*

Aramark Correctional Service, LLC

Contract ID #*

7849

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

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

Funding Information*

New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 277,254.00

Increase Not to Exceed*

\$ 132,746.00

Revised Total Not to Exceed (NTE)*

\$ 410,000.00

Fiscal Year* (?)

Amount* (?)

2022

\$ 410,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Provide food services for residents at the Respite, Rehabilitation and Re-Entry Center. This will include menu design, staffing, and equipment needed. Please see the attached document.

Director: Evelyn Locklin

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

current contract fy 2021

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Aramark Harris Food Proposal Letter_07.27.2021.pdf

950.31KB

Vendor/Contractor Contact Person

Name*

Gregory Thomas

Address*

Street Address

2300 Warrenville Road

Address Line 2

City

Downers Grove

State / Province / Region

IL

Postal / Zip Code

60515-1765

Country

US

Phone Number*

972-266-3020

Email*

thomas-gregory9@aramark.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 57,024.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ -7,350.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 57,024.00	543013

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 26,048.00	543013

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

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

Project WBS (Work Breakdown Structure* (?)
na

Requester Name SINGH, PATRICIA R.	Submission Date 8/6/2021
---	------------------------------------

Budget Manager Approval(s)

Approved by <i>Priscilla M. Ramirez</i>	Approval Date 8/6/2021
---	----------------------------------

Procurement Approval

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

Contract Owner Approval

Approved by

Kim Kopman

Approval Date

8/6/2021

Contracts Approval

Approve *

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

Approved by *

Staskeya Behn

Approval Date *

8/6/2021



Executive Contract Summary

Contract Section

Contractor*

REKRUITERS

Contract ID #*

7356

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 500,000.00

Increase Not to Exceed*

\$ 125,000.00

Revised Total Not to Exceed (NTE)*

\$ 625,000.00

Fiscal Year* (?) 2022 **Amount* (?)** \$ 125,000.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

INCREASE TO INCLUDE ADDT'L \$125K FROM UNIT 2200

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

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.*
2200	\$ 125,000.00	542000
Budget Manager SHELBY, DEBBIE C		Secondary Budget Manager LOERA, ANGELICA D

Provide Rate and Rate Descriptions if applicable* (?)

TEMPORARY RECRUITMENT/REPLACEMENT SERVICES

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

BOSWELL, SHAWNTI R

Submission Date

8/31/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/1/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

9/2/2021

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by *

Shasthya Behn

Approval Date *

9/2/2021



Executive Contract Summary

Contract Section

Contractor*

Saba Software, Inc.

Contract ID #*

6993

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center for Mental Health and IDD (formerly known as MHMRA of Harris county) and Saba Software, 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 type="checkbox"/> Competitive Proposal |
| <input checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount *

\$ 127,888.20

Increase Not to Exceed*

\$ 7,389.36

Revised Total Not to Exceed (NTE) *

\$ 135,277.56

Fiscal Year* (?)

2022

Amount* (?)

\$ 135,277.56

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* (?)

A compliant Learning Management System (LMS) to deliver high-quality training courses for employees Agency wide.

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2020-08/31/2021

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paige Faught

Address*

Street Address

4120 Dublin Boulevard

Address Line 2

City

Dublin

Postal / Zip Code

94568-3171

State / Province / Region

CA

Country

US

Phone Number*

512-573-5329

Email*

pfaught@csod.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 7,389.36	553002
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

ESCOBAR, NINFA

Submission Date

9/1/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/1/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

9/1/2021

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Shasthya Behn

Approval Date*

9/3/2021

EXHIBIT F-7

September 2021

INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

Harris County Community Supervision and Corrections Department

Contract ID #*

6139

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

Harris County Community Supervision and Corrections (HC CSCD) 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 checked="" type="checkbox"/> Other amendment |

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 (?)

Fiscal Year* (?)

2021

Funding Source*

County

Contract Description / Type* (?)

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

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

Program expansion of additional 38 beds for residential treatment program

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2019 - 8/31/2020 24 hour Residential treatment

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Habib Rehman

Address*

Street Address

49 San Jacinto Street

Address Line 2

Suite 600

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

713-755-2741

Email*

Habib.Rehman@csc.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
6401	\$ 118,514.00	540000 and 541000
Budget Manager		Secondary Budget Manager
WILLIAMS-WESLEY, SHEENIA L.		JILES, MONALISA

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name	Submission Date
WILLIAMS-WESLEY, SHEENIA L.	8/20/2021

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

8/20/2021

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

8/20/2021

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Belinda Stude

Approval Date*

8/23/2021



Executive Contract Summary

Contract Section

Contractor*

Texas A&M Engineering Experiment Station (TEES) Sponsored Research Services

Contract ID #*

2021-0212

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

Texas A&M Engineering Experiment Station (TEES) 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 inter-agency agreement

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2023

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* (?)

contracting with TEES from 9/1/2021 thru 8/31/2023 for negotiations for Energy Shares, will pay per invoice out of operational budget, per quote the cost of the work is \$42,618 for a two-year period.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY14 to present / negotiations for energy shares

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

TEES / Dr. James Egebrecht - Texas A&M Engineering
Experiment Station (TEES) Sponsored Research Services

Address*

Street Address

400 Harvey Mitchell Parkway South, Ste. 300

Address Line 2

City

College Station

Postal / Zip Code

77845-4375

State / Province / Region

TX

Country

US

Phone Number*

9798451508

Email*

jimeggebrecht@tamu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 0.00	569015
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote for at total of \$42,618 for a two-year period

as invoiced will pay out of operational budget

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name

HARPER, SARAH A

Submission Date

8/31/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/31/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/31/2021

Contracts Approval

Approve*

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

Approved by *

Shadeyia Behn

Approval Date *

8/31/2021

EXHIBIT F-8

September 2021 RATIFICATIONS



Executive Contract Summary

Contract Section

Contractor*

DATAVOX - LIFESIZE

Contract ID #*

7718

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

DATAVOX
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="radio"/> Competitive Bid | <input type="radio"/> Competitive Proposal |
| <input type="radio"/> Request for Proposal | <input type="radio"/> Sole Source |
| <input type="radio"/> Request for Application | <input type="radio"/> Request for Qualification |
| <input type="radio"/> Request for Quote | <input checked="" type="checkbox"/> Tag-On |
| <input type="radio"/> Interlocal | <input type="radio"/> Consumer Driven |
| <input type="radio"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other TIPS Contract# 170306 |

Funding Information *

New Contract Amendment

Contract Term Start Date* (?)

8/10/2021

Contract Term End Date* (?)

8/10/2022

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

Current Contract Amount *

\$ 76,000.00

Increase Not to Exceed *

\$ 9,000.00

Revised Total Not to Exceed (NTE) *

\$ 85,000.00

Email *

caseyb@datavox.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 9,000.00	553002
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

Provide Rate and Rate Descriptions if applicable * (?)

SEE ATTACHED

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

BOSWELL, SHAWNTI R

Submission Date

8/23/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/23/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cokinnala

Approval Date

8/25/2021

Contracts Approval

Approve *

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

Approved by*

Shashya Behn

Approval Date*

8/25/2021

EXHIBIT F-9



Policy No.	Subject: Code of Ethics Policy		
Agency Policy	Initial Board Approval Date: NA		
Sponsor: Legal Counsel	Last Board Approval Date: NA		
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE

The Harris Center for Mental Health and IDD ("The Center") requires its directors, officers, employees and contractors to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of The Center, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

2. APPLICABILITY

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

3. POLICY

The purpose of the Code of Ethics policy (the "Policy") is to increase awareness of potential conflicts of interest and to ensure that all Board of Trustees and personnel always demonstrate and adhere to the highest standards of ethical and professional conduct. The Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families and/or representative, working with other providers, and interacting in the community we serve.

A. Conflicts of Interest

Trustee:

No trustee shall participate in a vote or decision on a matter involving a business entity or contract in which the Trustee or any related person in the first degree by consanguinity or affinity has a substantial interest or take any steps, directly or indirectly, to influence or persuade other Trustees or any employee in connection with such matter, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business entity. A person has a substantial interest in a business entity if:

- (a) The person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
- (b) Funds received by the person from the business entity exceeds 10% of the person's gross income for the previous year.

A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.



If a Trustee or any related person has a substantial interest in a business entity or in real property, the Trustee, before a vote or decision on any matter involving the business entity or the real property, where it is reasonably foreseeable that any action on the matter will have a special economic effect on the business entity or on the value of the property distinguishable from its effect on the public, shall file an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter. Such affidavit shall be filed with the secretary of the Board of Trustees and shall be maintained in the records of the Center.

A Trustee shall not hold another office or position where one office is accountable or subordinate to the other, or where there is an overlap of powers and duties such that the Trustee could not independently serve in both positions.

Employee:

Except in the circumstances and on the conditions provided below, no employee shall participate in any decision or take any action in his or her capacity as an employee of the Center on a matter involving a business entity or real property in which the employee or any related person has an interest where it is reasonably foreseeable that a decision or action on the matter would confer an economic benefit on the business entity, the employee or related person.

Any employee engaged in providing clinical/rehabilitative services and/or support outside of Center employment must obtain prior written approval from their department head, appropriate Vice President and the Chief Executive Officer Providing such services and/or support may be allowed if it does not interfere with or violate the efficient operation of The HARRIS CENTER or Board of Trustees approved Code of Ethics. Employees may not use Agency facilities or Agency property to assist them in providing such outside services and/or support; nor can employees use the Center's resources, personnel, facilities, or equipment for purposes other than for Center business.

Trustee and/or Employee:

No Trustee, nor any employee, shall accept any employment, office, or other position which might be expected to impair the independence or the judgment of such person in the performance of his or her duties with the Center.

Examples of Conflict of Interest:

1. Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with The Harris Center.
2. Hiring or supervising family members or closely related persons.
3. Owning or having a substantial interest in a supplier or contractor of The Harris Center.



4. Having a personal interest, financial interest or potential gain in any Harris Center transaction.
5. Placing company business with a firm owned or controlled by a Harris Center employee or his or her family.
6. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to Harris Center employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

B. Nepotism

- (1) A Trustee or Chief Executive Officer may not hire as a paid officer or employee of the community center a person who is related to a member of the board of trustees by affinity within the second degree or by consanguinity within the third degree.
- (2) An officer or employee who is related to a member of the board of trustees in a prohibited manner may continue to be employed if the person began the employment not later than the 31st day before the date on which the member was appointed.
- (3) The officer or employee or the member of the board of trustees shall resign if the officer or employee began the employment later than the 31st day before the date on which the member was appointed.
- (4) If an officer or employee is permitted to remain in employment under subsection (2), the related member of the Board of Trustees may not participate in the deliberation of or voting on an issue on an issue that is specifically applicable to the officer or employee unless the issue affects the entire class or category of employees.

The term “relative” as used in this section means any person related to the Trustee or employee (not closer than Aunt, Uncle, or Cousin).

C. Commencement of Service

Upon appointment as a Trustee and upon the employment of any employee, each Trustee and each employee shall execute an acknowledgement that he or she has read this Code of Ethics, any and all changes, revisions, or additions as amended; agrees to abide by its terms and conditions; and represents to the Center that, to the best of his or her knowledge and belief, he or she is not aware of any prior or existing violations of such Code of Ethics.

D. Exchange of Gifts, Money and Gratuities

The Harris Center is committed to competing solely on the merit of our services. We should avoid any actions that create a perception that favorable treatment of outside entities by The Harris Center was sought, received, or given in exchange for personal business courtesies.



Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom The Harris Center does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law regulation or policies of The Harris Center or customers or would cause embarrassment or reflect negatively on The Harris Center's reputation.

Employees should always ask themselves whether it is appropriate to accept something from a person who wants, or may want, or may be seen to want, an official favor within their authority. It is unethical to accept or give a gift that is meant to sway a decision in favor of the gift-giver.

No Trustee or employee shall ask for, accept or agree to accept money, loans or anything of value as consideration for a decision or other exercise of discretion by a Trustee or employee.

A Trustee or employee shall reject any benefit for his or her past official actions in favor of another person.

No Trustee or employee shall exercise his or her official position without authority, fail to perform a required duty, or take or use any property of the Agency with the intent to obtain a personal benefit.

A Trustee or employee shall not misuse information that he or she receives, in advance other public entities, because of the Trustee's or employee's official capacity. A Trustee or employee shall not engage in any business activity that might lead to the disclosure of confidential information of the Agency or any of its consumers.

A Trustee or employee shall reject any job, favor, or other benefit that might tend, or is intended, to impair or influence his or her official conduct or independence.

Trustees and employees owe a duty of loyalty to the Agency and may not engage in any action on their own personal behalf, or that of another, which conflicts with the interests of the Agency.

No Trustee or employee shall engage in any related business activity or use a previous position of the Trustee or employee to gain any personal benefit for a period of one year following his or her separation as a Trustee or employee of the Agency.

No employee shall receive or accept compensation from any source other than the Agency, for the same services to the same consumer for which they receive compensation from the Agency.



E. Personal Fundraising

It is the policy of The Harris Center to minimize disruptions in the workplace cause by the unauthorized sale of items, solicitations of contributions, or the distribution of advertising materials. Furthermore, it is counterproductive for employees to feel pressured to contribute financially to any enterprise whether it is a for-profit or non-profit.

1. Fundraising and/or solicitation by or of employees during work hours and/or on Harris Center property without authorization from their immediate supervisor or designee is strictly prohibited.
2. Solicitation means any verbal or written communication which encourages, demands, or requests a contribution of money, time, effort or personal involvement for any enterprise. This includes, but is not limited to, charitable or personal profit activities such as, selling products of any kinds, raffle tickets, admissions to events and donations to assist persons experiencing a personal crisis.
3. Employees who wish to solicit on behalf of their children's schools, scouting programs, or other not-for-profit purposes, including for the benefit of a person or co-worker involved in a personal tragedy, must submit a written request to their immediate supervisor.
4. Employees may not initiate any fundraising and/or solicitation activities until written authorization has been obtained from their immediate supervisor.
5. The Harris Center's interoffice and email systems may not be used to communicate information about non-Harris Center sponsored fundraising activities.

F. Service Delivery

1. The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective and the least restrictive treatment alternative.
2. Ensure that consumer information is kept confidential according to applicable federal, state, and local laws.
3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
4. The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
5. The Harris Center recognizes the right of consumers to make choices about their own treatment, including the right to refuse treatment.

G. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.



No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a consumer or whose family is a consumer of The HARRIS CENTER.

All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence, and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

1. Place the needs of their consumers on their caseload at the center of any treatment-related decisions that you make about them and their lives.
2. Shall not disclose personal or financial information with consumers.
3. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
4. Refrain from connecting with their consumers on social media.
5. Maintain a courteous and respectful attitude with all consumers equally.
6. Do not give or accept gifts, loans, money, or other valuables to or from the consumer.
7. Always clarify your professional role with the consumer.

H. Witnessing of legal documents

1. Harris Center employees shall not agree to be a witness or sign as a witness on any legal documents (e.g., Declaration for Mental Health Treatment, durable power of attorneys, medical power of attorney, wills) a consumer presents.
2. Employees shall inform the consumer they will need to obtain their witnesses not employed or contracted by the Harris Center for legal documents.
3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

4. Related policies/Forms:

5. References: Rules/Regulations/Standards

- Community Centers, Tex. Health & Safety Code Ch. 534
- Regulation of Conflicts of Interest of Officers of Municipalities, Counties and Certain Other Local Governments, Tex. Local Government Code Chapter 171

Approver Signature _____ **Date** _____

EXHIBIT F-10



Policy No. BUS-R/I:I	Subject: Off-Premises Equipment Usage
Agency Policy	Initial Board Approval Date: November 2012
Sponsor: Admin Facilities	Last Board Approval Date: 08/2019
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Annual	New Board Approval Date: 9/29/2021

1. PURPOSE

This purpose of this policy is to ensure proper assignment and return of all property and equipment owned, leased, or in possession of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employee for both temporary and permanent use.

2. POLICY

All property and equipment owned, leased or in the possession of The Harris Center are assigned to a unit, a location and an employee. Most property will not leave the assigned unit. In the event that it is essential for property or equipment to be used off premises, written approval must be obtained from the Unit Director. Property and/or Equipment may either be signed out to an employee on a temporary basis to complete a specific assignment or on a longer-term basis if the location of the property or equipment is essential for day to day performance of the job. Property and/or equipment signed out to an employee becomes the financial responsibility of that employee. All property and equipment shall be returned to the Harris Center upon termination of employment or completion of a special assignment, internship or volunteer experience.

3. APPLICABILITY/SCOPE

This policy applies to all interns, volunteers, and staff employed by The Harris Center including, both direct and contracted employees. Property and equipment covered by this policy includes 1) all property and equipment with The Harris Center numbered inventory tags on it, including laptop computers, and 2) leased equipment or other equipment which represent a financial obligation of The Harris Center.

4. PROCEDURES

- A. TEMPORARY OFF-PREMISES USE OF EQUIPMENT
- B. PERMANENT ASSIGNMENT OF EQUIPMENT FOR OFF-PREMISES USE

5. RELATED POLICIES/FORMS:

Request to Transfer Property
Computer Equipment Procedure

BUS-R/I:3.001Laptop
BUS-R/I:I.IO

6. REFERENCES: RULES/REGULATIONS/STANDARDS

- A. CARF: Section 1., Subsection J., Technology

Approver Signature _____ Date _____

EXHIBIT F-11



Policy No.	Subject: Supervision of Peer Specialists		
Agency Policy	Initial Board Approval Date: NA		
Sponsor: Mental Health Administration	Last Board Approval Date: <u>5/15/20</u>		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date:

1. PURPOSE

To ensure effective ~~ensure the proper~~ supervision of Peer Specialists across all divisions and programs at The Harris Center.

2. POLICY

It is the policy of The Harris Center to provide supervision to all Peer Specialists consistent with state rules and laws. Peer Specialist supervision must focus on peer specialists' provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to the Harris Center, such as following organizational policy or other administrative matters.

3. APPLICABILITY/SCOPE

This policy will apply to all Peer Specialists across all divisions and programs at The Harris Center.

6. RELATED POLICIES/FORMS:

- Supervision Verification Form
- Direct Hours Tracking/Supervised Work Experience Form
- Supervision of Peer Specialists Procedure

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Peer Specialists, Texas Government Code §531.0999
Medical Assistance Program, Texas Human Resources Code §32.024(kk)
 Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter N

Approver Signature _____ Date _____

EXHIBIT F-12



Policy No. BUS-FB 1		Subject: Performance Reporting and Monitoring of Service Contracts	
AGENCY POLICY		Initial Board Approval Date: 07/16/1984	
Sponsor: <u>Lega Counsel</u>		Last Board Approval Date: 7/2020	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 9/29/2021

1. PURPOSE:

The purpose of this policy is to ensure The Harris Center establishes a process for the ongoing evaluation and monitoring of contracts for services.

2. POLICY:

It is the policy of The Harris Center to assess and monitor the business value, financial performance, productivity and promptly identify potential problems and compliance issues related to contracts for services. All service contracts must be audited at least once during the terms of the contract. Additional audits may be required as the need arises. Service contract agencies will be required to file monthly reports with the Harris Center, providing information specified by the Chief Executive Officer or delegate for use in monitoring performance under contracts.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center employees and programs and all contracts for goods and services. ~~All service contracts must be audited at least once during the terms of the contract. Additional audits may be required as the need arises.~~

~~Service contract agencies will be required to file monthly reports with MHMRA, providing information specified by the Executive Director for use in monitoring performance under contracts.~~

~~**4. PROCEDURES**~~

~~**5.4. RELATED POLICIES/FORMS (for reference only):**~~

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Contracts Management for Local Authorities, Title 25 Tex. Admin. Code Chapter 412, Subchapter B
Contracts Management for Local Authorities, Title 40 Tex. Admin. Code Chapter 2, Subchapter B

Approver Signature _____ Date _____

EXHIBIT F-13



Policy No.	Subject: Religious Accommodation		
AGENCY POLICY	Initial Board Approval Date: NA		
Sponsor:	Last Board Approval Date: NA		
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date:

1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities to all The Harris Center for Mental Health and Intellectual and Development Disabilities (The Harris Center) employees.

2. POLICY:

The Harris Center has a strong commitment to equal employment opportunities to all individuals, regardless of their religious beliefs and practices or lack thereof. Consistent with this commitment, The Harris Center will provide a reasonable accommodation of an applicant’s or employee’s sincerely held religious belief if the accommodation would resolve a conflict between the individual’s religious beliefs or practices and a work requirement, unless doing so would create an undue hardship for The Harris Center.

Any person who believes they need an accommodation because their religious beliefs, practices, or lack thereof, may request an accommodation from the Human Resources Department.

3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center, both direct and contracted employees.

4. PROCEDURES

- Religious Accommodations

5. RELATED POLICIES/FORMS (for reference only):

- Equal Employment Opportunity Policy
- Employment Policy
- Request for Reasonable Accommodation form

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center’s Policy and Procedure Handbook
- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §2000-a(1)(2)

Approver Signature _____ **Date** _____

EXHIBIT F-14



Policy No. CO: 1	Subject: Communication with the media and other entities
AGENCY POLICY	Initial Board Approval Date: 7/1/1992
Sponsor: Communications	Current Board Approval Date: 9/1/2020
<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE

To ensure all staff within The Harris Center for Mental Health and IDD communicates accurately, effectively, and consistently to all media sources to support the organization's mission and strategic plan.

2. POLICY

The Communications Department is the primary and official liaison to the media and shall be responsible for approving and/or coordinating the communication of The Harris Center information to the media and other entities. All staff should contact the Communications department for matters related to media contacts, crisis incidents and for general procedures regarding relations with the media.

Any information regarding an individual's identity and treatment is confidential and shall only be released in accordance with The Harris Center policies and procedures, along with state and federal laws and regulations. It is the policy of The Harris Center to comply with the Texas Public Information Act.

3. APPLICABILITY/SCOPE

All Harris Center staff must adhere to this policy when acting on behalf of The Harris Center. No employee is authorized to speak "off the record" on behalf of The Harris Center.

4. RELATED POLICIES/FORMS (for reference only):

- Media consent form
- Consent for release of confidential information

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- CARF Standard: Risk Management 1.G.3. Written procedures regarding communications, including media relations and social media.

Approver Signature _____ **Date** _____

EXHIBIT F-15



Policy No.	Subject: DUES AND MEMBERSHIP FEES		
Agency POLICY			Initial Board Approval Date: 3/1976
Sponsor: Finance Department			Current Board Approval Date: 9/23/20
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE

The purpose of this policy is to determine responsibility for payment of dues and membership fees.

2. POLICY

As a general rule the Agency will not assume the cost of any dues and professional memberships for employees unless exception is made by the Chief Executive Officer. The Agency will assume the expense for Agency memberships when appropriate. Where Agency memberships are not available for media purposes, etc., but must be vested in an individual, the individual shall be designated by the Chief Executive Officer.

If there are licenses, dues or membership fees which are conditions of employment, the employee assumes the expense. In cases where a specific fee is not a condition of employment, but becomes necessary as the result of an added job duty, the Agency will assume the expense for one (1) time only. At the time of renewal, the employee must assume the expense.

Dues and membership fees for an individual or Agency membership are approved at the discretion of the Chief Executive Officer.

3. APPLICABILITY/SCOPE

The Harris Center employees, contractors, interns and volunteers.

4. Related Policies/Forms:

None

5. References: Rules/Regulations/Standards

None

Approver Signature _____ Date _____

EXHIBIT F-16



Policy No. BUS-F/B:11.1	Subject: Mailing Services		
Agency POLICY		Initial Approval Date: NA	
Sponsor: FINANCE Mailing and Printing Services		Last Board Approval Date: 09/23/2020	
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 9/29/2021

1. PURPOSE:

The purpose of this policy is to establish clear expectations on utilization of the mailing services provided by The Harris Center for Mental Health and IDD.

2. POLICY:

The Harris Center will maintain a mailing permit by paying an annual fee to a third party vendor for the use of a mail metering service. The funding of said service is for the benefit of all recognized units of The Harris Center that have an assigned Unit Number issued by the Accounting Department. All business-related mail must be routed through the Mail Room for appropriate postage and shipping. Rates for shipping mail will be charged back to the Unit number that appears on the mailing medium e.g. envelope, box, etc.

Timely delivery, quality service and a worry free experience are what we value for our internal customers. We expect Units to assist in meeting these goals by ensuring outgoing mail items bear the approved Agency logo along with the Unit Number of the mailing department and a return address that includes an office number.

3. APPLICABILITY/SCOPE

All recognized Agency departments with a unit number assigned by the Accounting Department.

4. RELATED POLICIES/FORMS (for reference only):

None

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

None

Approver Signature _____ **Date** _____

EXHIBIT F-17



Policy No.	Subject: Management of Legal Documents & Litigation		
Agency Policy	Initial Approval Date: NA		
Sponsor: Legal Services Department	Last Board Approval Date: 06/24/2020		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 9/29/2021

1. PURPOSE

To ensure all staff of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) properly respond to service of lawsuits, court orders, legal documents, and other official notices.

2. POLICY

It is the policy of The Harris Center to comply and timely respond to lawsuits, court orders, legal documents or other official documents served on The Harris Center to avoid any delay in the legal proceedings and to protect the legal rights of The Harris Center, its staff and persons served.

The Harris Center’s Legal Services Department is administratively responsible for all legal matters related to The Harris Center, including management of litigation.

A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. The lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to The Legal Services Department and the Chief Executive Office for review. This will ensure service was proper and met legal requirements, will avoid delay and will protect the interests of The Harris Center, staff, volunteers, interns, contractors and persons served.

3. APPLICABILITY/SCOPE

All Harris Center Staff, contractors, volunteers, and interns.

4. Related policies/Forms:

- Subpoenas
- Search Warrants

5. References: Regulations/Standards/Statutes

Approver Signature _____ **Date** _____

EXHIBIT F-18



Policy No. ST/D:3	Subject: Organizational Development	
Agency Policy	Initial Approval Date: NA	
Sponsor: Organizational Development Department	Board Approval Date: 09/23/2020	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual
		New Board Approval Date: 9/29/2021

1. PURPOSE

To establish a uniform policy for the training and professional development of all employees, volunteers, interns, and contractors.

2. POLICY

It is the policy of The Harris Center to ensure its workforce, volunteers, interns, and contractors receive and maintain job-specific, competency training as required by federal and state regulations and laws, accreditation standards, licensing boards, and other contract specifications.

3. APPLICABILITY/SCOPE

All Harris Center employees, contractors, volunteers, and interns.

4. PROCEDURES

ST/D:3 Organizational Development

5. RELATED POLICIES/FORMS:

NEO Training Checklist
 Training Requirements Grid

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- CCBHC 1.c.2 - Cultural Competence and Other Training
- HIPAA Security and Privacy Rule, 45 CFR § 164.308; ~~HIPAA Privacy Rule~~, 45 CFR § 164.530
- IDD-BH Contractor Administrative Functions, 26 Tex. Admin. Code Ch. 301, Subchapter G, §301.331
- Behavioral Health Delivery System, 26 Tex. Admin Code Ch. 306, Subchapter F, §306.273, §306.325
- Service Coordination for Individuals with an Intellectual Disability, Title 40 Texas Administrative Code Part 1, Chapter 2, Subchapter L, §2.560

Approver Signature _____ Date _____

EXHIBIT F-19



Policy No. MED:20	Subject: Professional Review Committee		
AGENCY POLICY			Initial Approval Date: 4/25/18
Sponsor: Chief Medical Officer			Last Board Approval Date: 6/24/2020
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE

The purpose of this policy is to operationalize a Professional Review Committee (PRC), as a permanent committee and as an integral component of ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the competence of licensed providers. The PRC will act as the authorizing committee of peer review medical, nursing peer review, closed records review, Pharmaceutical and Therapeutic, sentinel events, Patient Safety Committee and critical incident review. The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated.

2. POLICY

This policy designates the PRC as the authorizing peer review committee and is ultimately accountable to the Executive Leadership and The Harris Center Board of Trustees for oversight of the peer review processes of all clinical services. The PRC shall approve all peer review committees.

3. APPLICABILITY/SCOPE

This policy is applicable to all Harris Center staff engaged in the delivery of healthcare services to patients. This policy applies to all our consumers, employees, contractors, volunteers and partners who access our services. This policy must be followed in conjunction with professional licensing standards and other Harris Center's policies and operational guidelines governing appropriate workplace conduct and behavior.

4. PROCEDURES

- Professional Review Committee Membership
- Professional Review Committee Meetings
- Standing Subcommittees
- Confidential and Privileged
- Critical Incident Review
- Sentinel Events
- Closed Records Review Committee
- Professional Qualitative Chart review

5. Related Policies/Forms:

- Closed Records Review Policy
- Nursing Peer Review Policy



- Medical Peer Review Policy
- Pharmacy and Therapeutics Committee
- Professional Review Committee Bylaws
- Patient Safety Committee

6. References - Rules/Regulations/Standards:

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- Texas Health & Safety Code §161.032
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 TAC Chapter 2 17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K

Approver Signature _____ **Date** _____

DRAFT

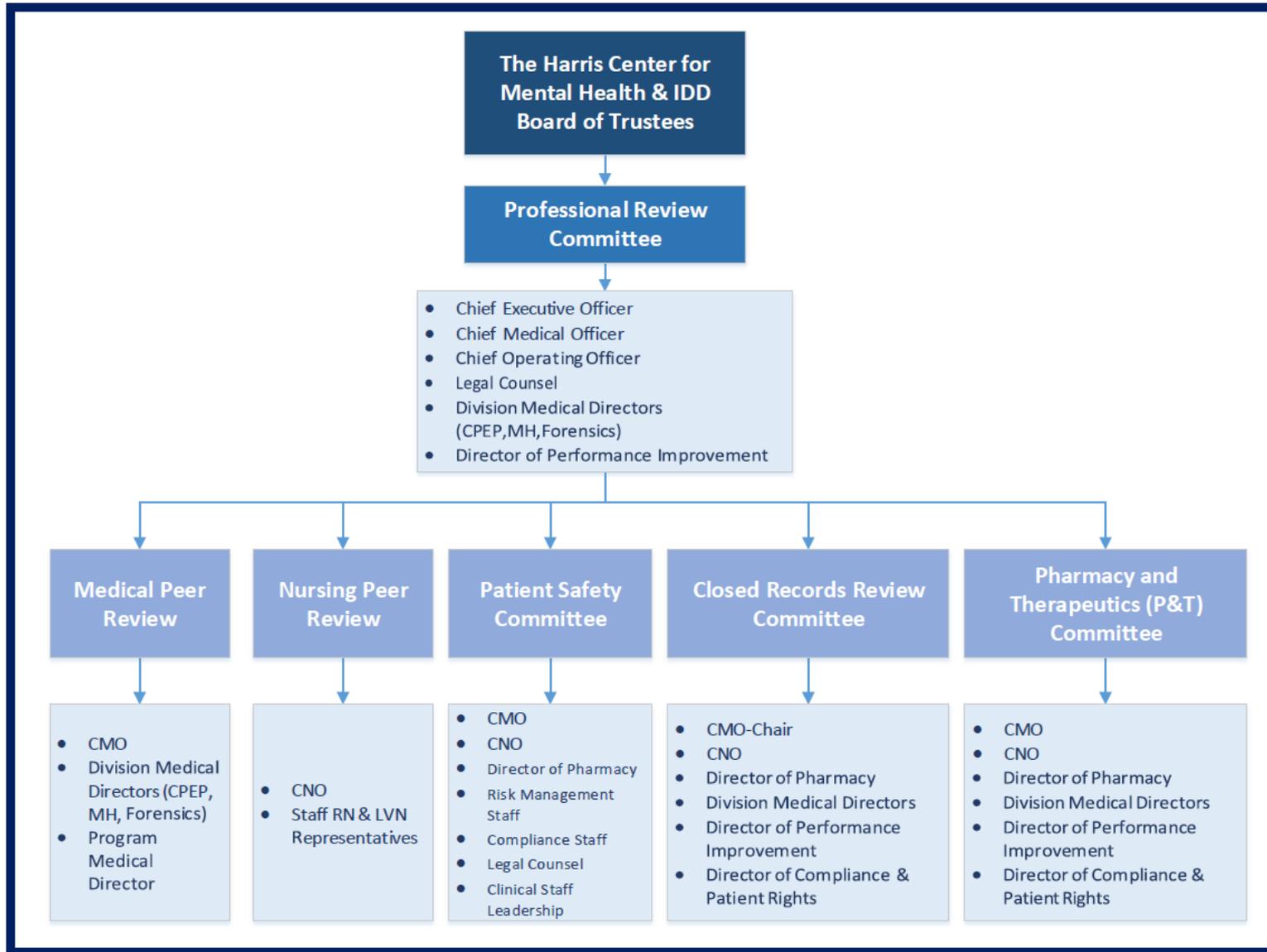


EXHIBIT F-20



Policy No.	Subject: Record Retention & Destruction Schedules		
AGENCY POLICY	Initial Approval Date: 5/2010		
Sponsor: LEGAL	Last Board Approval Date: NA		
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE:

The purpose of this policy is to ensure the appropriate retention and destruction of all Harris Center documentation.

2. POLICY:

It is the policy of The Harris Center to adhere to all federal, state, contract and/or grant record retention and destruction schedules. The Harris Center also maintains an agency-level retention and destruction schedule. When contracts, regulations or other legally binding agreements do not include record retention requirements, The Harris Center’s schedule shall be used. If an external schedule conflicts with the Harris Center schedule, the more conservative (longer retention timeline) shall be followed.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff, volunteers and contractors/vendors in all Departments.

4. PROCEDURES

5. RELATED POLICIES/FORMS (for reference only):

- a. The Harris Center’s Record Retention and Destruction Schedule

6. REFERENCES: RULES/REGULATIONS/STANDARDS

Approver Signature _____ **Date** _____

EXHIBIT F-21



Policy No. MED:18	Subject: Suicide/Homicide Prevention
AGENCY POLICY	Initial Approval Date:
Sponsor: Medical	New Board Approval Date:

1. PURPOSE

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

2. POLICY

It is the policy of The Harris Center to protect the health, safety and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in and respond to patients’ threats of harm to self or others or high risk behaviors.

3. APPLICABILITY/SCOPE

This policy applies in all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

4. PROCEDURES

- A. Suicide Awareness
- B. Homicide/Violence Awareness
- C. Crisis Assessment and Documentation
- D. Training

5. RELATED POLICIES/FORMS:

Incident Report INC: 9.001

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center’s Policy and Procedure Handbook

Screening and Assessment for Crisis Services and Admission into Local Mental Health Authority or Local Behavioral Health Authority Services-Local Mental Health Authority or Local Behavioral Health Authority Responsibilities, 26 Tex. Admin. Code, Ch. 306, Subchapter D, Division 2

Approver Signature _____ **Date** _____

EXHIBIT F-22



Policy No.	Subject: 3rd PARTY PARTICIPATON IN PATIENT SERVICES		
AGENCY POLICY	Initial Implementation Date: 01/21/2004		
Sponsor: Compliance Department	Last Board Approval Date: 06/24/2020		
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/29/2021

1. PURPOSE:

The purpose of this policy is to promote and support patients’ right to participation in treatment options and decisions about their behavioral healthcare.

2. POLICY:

It is the policy of The Harris Center to support patients’ right to consent to the presence and participation of legally authorized representatives, friends, relatives, and advocates in the provision of clinical services. The presence of an attorney or the agent of an attorney in any clinical activity, scheduled or unscheduled, must receive approval from the General Counsel, after consultation with the appropriate Chief Medical Officer or designee before such an event occurs.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center programs, employees, contractors and volunteers.

4. RELATED POLICIES/FORMS (for reference only):

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Protection of Clients and Staff-Mental Health Services, 25 Tex. Admin. Code, Subchapter E, Rule 404.154

Approver Signature _____ **Date** _____

EXHIBIT F-23



Policy No.	Subject: Travel Policy	
Agency POLICY	Initial Approval Date: 11/11/2015	
Sponsor: FINANCE	New Board Approval Date: 09/23/2020	
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual
		New Board Approval Date: 9/29/2021

1. PURPOSE:

The purpose of this policy is to reimburse employees for reasonable expenses incurred during the period they are employed with the Harris Center in connection with travel and other business on behalf of the Harris Center, subject to the guidelines outlined in this policy.

2. POLICY:

It is the policy of The Harris Center to reimburse staff for reasonable and necessary expenses incurred during approved work-related travel.

Employees seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid impropriety or the appearance of impropriety. Reimbursement is allowed only when reimbursement has not been, and will not be, received from other sources. If a circumstance arises that is not specifically covered in this travel policy, then the most conservative course of action should be taken.

All business-related travel paid with The Harris Center funds must comply with company expenditure procedures. As a tax-exempt center, The Harris Center does ~~“Not”~~ not pay sales taxes and employees will not be reimbursed.

Authorization and responsibility

Staff travel must be authorized. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. The traveler must submit a travel reimbursement form and supporting documentation to obtain reimbursement of expenses.

An individual may not approve his or her own travel or reimbursement. The travel reimbursement form must be signed by the Chief Executive Officer for travel over \$1,000.

Designated approval authorities are required to review expenditures and withhold reimbursement if there is reason to believe that the expenditures are inappropriate or extravagant.

Personal funds

Travelers should review reimbursement guidelines before spending personal funds for business travel to determine if such expenses are reimbursable. The Harris Center reserves the right to deny reimbursement of travel-related expenses for failure to comply with policies.

Travelers who use personal funds to facilitate travel arrangements will not be reimbursed until after the trip occurs and proper documentation is submitted.

Mileage

Employees are reimbursed at the current standard mileage reimbursement rate determined by the IRS.



Mileage will be calculated based on distance from main place of employment to travel destination or client site.

Per Diem

Employee meals while traveling will be reimbursed at the per diem rates as published by the Chief Financial and Administrative Officer.

Exceptions

Occasionally it may be necessary for travelers to request exceptions to this travel policy. Requests for exceptions to the policy must be made in writing and approved by the Chief Executive Officer or by the Chief Financial and Administrative Officer. Exceptions related to the Chief Executive Officer's or the Chief Financial and Administrative Officer's expenses must be submitted to the opposite person or to a member of the Board of Trustees for approval. In most instances, the expected turnaround time for review and approval is five business days.

Non-reimbursable Travel Expenses

The Harris Center will not reimburse the following items that may be associated with business travel:

- Airline club memberships
- Airline upgrades
- Baggage fees
- Business class for domestic flights or first class for all flights
- Childcare, babysitting, housesitting, or pet-sitting/kennel charges
- Commuting between home and the primary work location
- Costs incurred by traveler's failure to cancel travel or hotel reservations in a timely fashion
- Evening or formal wear expenses
- Haircuts and personal grooming
- Laundry and dry cleaning
- Passports, vaccinations and visas when not required as a specific and necessary condition of the travel assignment
- Personal entertainment expenses, including in-flight movies, headsets, health club facilities, hotel pay-per-view movies, in-theater movies, social activities and related incidental costs
- Travel accident insurance premiums or purchase of additional travel insurance
- Other expenses not directly related to the business travel

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center employees, contractors, interns and volunteers.

4. RELATED POLICIES/FORMS (for reference only):

BUS-FB 6 Travel Reimbursement Procedure

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approver Signature _____ Date _____

EXHIBIT F-24



Policy No.	Subject: Work Force Reduction		
Agency POLICY			Initial Approval Date: 08/2018
Sponsor: Human Resources Department			New Board Approval Date: 08/2018
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. PURPOSE

The purpose of this policy is to provide for an orderly and equitable transition in staffing when a work force reduction is necessary.

2. POLICY

As a result of budget constraints, business necessity, program redirections, or related justifications, administrative actions may be taken to reduce the number of budgeted positions and/or Agency employees. A key management concern will be to achieve targeted staffing levels in the least disruptive manner to the delivery of consumer services and affected employees. The Chief Executive Officer, working with the Board of Trustees, shall determine and approve programs, functions, or units to be discontinued or consolidated. It is the policy of The Harris Center decisions regarding workforce reduction will be coordinated by the Chief Executive Officer, appropriate Division Chief, General Counsel and the Vice President of Human Resources.

3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center for Mental Health & Intellectual and Developmental Disability (The Harris Center) including, both direct and contracted employees.

4. PROCEDURES

- A. Reduction Alternatives
- B. Workforce Reduction
- C. Veterans/Reservists
- D. Reduced Employee References

5. References: Rules/Regulations/Standards

Approver Signature _____ **Date** _____

EXHIBIT F-25

**September 2021
CORRECTION
AMENDMENTS OVER \$50K**

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 \$50,000 AND MORE

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS		*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
1		Agency-Wide Time Equipment, Software, Attendance System Maintenance and Support Services	\$235,904.19	\$80,000.00	\$315,904.19	09/01/21- 08/31/22	IT21.1147.08	Competitive Proposal	This Amendment is to increase NTE to pay additional support services during an extended "Go-Live" period.
	No	(CORRECTION) Kronos Incorporated							
		ADMINISTRATION							
		CPEP							
		CRISIS SERVICES							
		FORENSICS							
		INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
		INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
		INTERLOCALS							
		LEASES							
		MENTAL HEALTH SERVICES							
		PROGRAM MANAGEMENT							
		CROSS FISCAL YEAR CONTRACT RENEWALS							
		ADMINISTRATION							
		CRISIS SERVICES							
		FORENSICS							



Executive Contract Summary

Contract Section

Contractor*

Kronos Incorporated

Contract ID #*

6685

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

Kronos Incorporated 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 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 235,904.19

Increase Not to Exceed*

\$ 80,000.00

Revised Total Not to Exceed (NTE)*

\$ 315,904.19

Fiscal Year* (?)

2022

Amount* (?)

\$ 315,904.19

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* (?)

Additional hours for extended Go-Live date.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2020- 08/31/2021

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Gerald Connors

Address*

Street Address

900 Chelmsford St

Address Line 2

City

Lowell

Postal / Zip Code

01851

State / Province / Region

MA

Country

United States

Phone Number*

17275121904

Email*

gerald.connors@ukg.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 80,000.00	900020
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

\$400 per hour for 200 hours = \$80,000.00

Project WBS (Work Breakdown Structure)* (?)

IT21.1147.08

Requester Name

BEHN, SHASKYIA N.

Submission Date

9/23/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/23/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Anthony Jones

Approval Date

9/23/2021

Contracts Approval

Approve*

Yes

No, reject entire submission

Return for correction

Approved by*

Shaskyia Behn

Approval Date*

9/23/2021

EXHIBIT F-26

Transforming Lives Strategic Plan

September 2021 Update



Wayne Young, MBA, LPC, FACHE
Chief Executive Officer



Transforming Lives

Progress Report Summary

Goal	Objective	FYTD2021	FY2020
① Innovation	1.1 Care without limitations for Harris County residents	✓	✓
	1.2 Implement EHR based on latest technology	✓	●
	1.3 Data ecosystem – Data as a service	✓	✓
	1.4 CCBHC certification	✓	✓
	1.5 CARF accreditation	✓	✓
	1.6 Increase stakeholder score of innovation	✓	✓
② Access to Care	2.1 Add 7 new access points to care	✓	✓
	2.2 Increase number of individuals receiving services above contractual requirements	✓	✓
	2.3 Define and establish baselines for productivity and increase production	✓	✓
	2.4 Increase availability in 6 settings through extended hours of service	✓	✓
③ Integrated System	3.1 Establish model for integrated primary care, behavioral health, SUD, and IDD	✓	●
	3.2 Increase number of individuals receiving primary care	✓	✓
	3.3 Improved integrated primary care and behavioral health delivery system	✓	✓
	3.4 Integrate SUD services across Center Services	✓	✓
	3.5 Improve access to behavioral, medical, and SUD services for persons with IDD	✓	✓
④ Quality of Care	4.1 Achieve 100% competency in all 28 CARF BH accreditation domains	✓	✓
	4.2 Reduce suicide rate to 0 for Harris Center Programs	●	●
	4.3 Meet 100% of Agency quality care metrics of MACRA and CCBHC	✓	✓
	4.4 Reduce minutes in seclusion in PES	✓	✓
⑤ Community Leader	5.1 Increase number of formal collaborations	✓	✓
	5.2 Increase role in providing community outcomes/education	✓	✓
	5.3 Increase role in activities related to public policy/legislation	✓	✓
⑥ Organization of Choice	6.1 Increase overall patient satisfaction	✓	✓
	6.2 Increase overall employee satisfaction	✓	✓
	6.3 Decrease staff voluntary turnover	✓	✓
	6.4 Decrease the “days open” for vacant positions	✓	✓

Innovation: Care Without Limitations | Implement EHR



Transforming Lives

Goal 1: To become the most innovative Behavioral Health System in the country	2019	2020	2021
✓ Objective 1.1. Provide care without limitations – for Harris County Residents	50%	75%	100%
Key Strategies <ul style="list-style-type: none"> ✓ Implement and utilize Telepsych services utilizing existing platforms ✓ Pilot services with the Sheriff's Department ✓ Install Life-Size systems at Clinics to enable providers to work remotely ✓ Implement a program for patients to access services from their current location 	Result 2019: ✓ 2020: ✓ 2021: ✓ <i>See Next Slide</i> NEXT STEPS: <ul style="list-style-type: none"> • Evaluating the utilization of telehealth as a delivery mechanism for program services in light of COVID response lessons learned • Continue to develop or maintain care delivery models with expanding access points, including patients' current location, within the confines of state rules (billing guidelines, etc.) • Implemented Doximity (platform built for telehealth services) to support client-friendly access of services from their location 		
✓ Objective 1.2. Implementation of an EHR based on latest technology to improve care	50%	75%	100%
Key Strategies <ul style="list-style-type: none"> <input type="radio"/> Care Coordination – Facilitate care with other providers and the ability to share records <input type="radio"/> Clinical decision support tools – Behavioral Health Screening and Assessment Tools that provide alerts and reminders, diagnostic support, clinical guidelines, focused patient data reports, as well as summaries and reference information <input type="radio"/> Features which allow providers to monitor the medications patients are prescribed, and alert if the risk of a harmful drug interaction is present <input type="radio"/> Patient Engagement – The system will allow free flow of information between patient and provider 	Result 2019: ● 2020: ● 2021: ✓ <ul style="list-style-type: none"> • Epic live on April 10th, 2021 • Operational Support implemented with Harris Health Systems and The Harris Center teams • Optimization will continue through end of 2021 		

Telehealth Usage

6-month period: September 1 through February 28



	Clients	Services
Pre COVID (Sept 2019-Feb 2020)	1,999	2,945
During COVID (Sept 2020- Feb 2021)	13,881	36,642
Number Increase	11,882	31,697
Percent Increase	594%	1,076%

Innovation: Data Ecosystem | CCBHC Certification



Transforming Lives

Goal 1: To become the most innovative Behavioral Health System in the country	2019	2020	2021
✓ Objective 1.3. Data Ecosystem – Provide Data as a Service internally and externally	40%	60%	100%
Key Strategies <ul style="list-style-type: none"> ✓ Evolve our Data Warehouse into an environment able to be accessed by others ✓ Analytics Environment define health and scope into a data system that focuses on providing “Data as a Service” ✓ Data on demand internally and externally – Health Information Exchange (HIE) ✓ Monitor health of the population, identify populations at risk, determine effectiveness, quantify different factors, organize cost-effectiveness studies, support administrative functions, monitor adequacy of care ✓ Simplify data for staff use – Power BI dashboards available for leadership optimization and utilization 	Results: 2019: ✓ 2020: ✓ 2021: ✓ <ul style="list-style-type: none"> • Incident Command was able to utilize Division dashboards to ensure patient access and review provider activity during COVID event. Dashboards now reviewed with quarterly division Board updates. • Epic data is being pulled in our data warehouse to support downstream reporting and applications. • Evaluation of all agency reporting needs to build a formal request workflow. • Finance Dashboard introduced. 		
✓ Objective 1.4. Achieve Certification: Certified Community Behavioral Health Center (CCBHC)	100%		
Key Strategies <ul style="list-style-type: none"> ✓ Develop a list of evidence-based/best practices (EBP’s) that reflect Statewide Needs Assessment findings and support other Texas Program Initiatives – 11 evidence-based curriculums (SAMHSA ACT, IMR, etc.) ✓ Increase MOU/working arrangement for services (by 3 each year) – Added Career and Recovery Resources, Santa Maria Hostel, Galena Park ISD, and Montrose Counseling Center ✓ Formalize a working relationship with the VA for military consumers – Care Coordination Agreement complete ✓ Agency readiness by December 2018 for CCBHC review 	Results: 2019: ✓ CCBHC 3 year certification: 6/26/2019 2020: ✓ 2020: ✓ Next Steps <ul style="list-style-type: none"> • Continuous performance improvement and state of readiness. 		

Innovation: CARF Accreditation | Score of Innovation



Transforming Lives

Goal 1: To become the most innovative Behavioral Health System in the country	2019	2020	2021
✔ Objective 1.5. Obtain Accreditation: Commission on Accreditation of Rehabilitation Facilities	1yr	1yr	3yr
Key Strategies <ul style="list-style-type: none"> ✔ Identify what is expected/needed to achieve CARF Accreditation ✔ Develop a work plan and teams <ul style="list-style-type: none"> • Update and standardize policy and procedures (50% by September, 75% by October 2018, and 95% by December) ✔ Develop materials to educate staff, consumers, families, and community partners on CCBHC & CARF <ul style="list-style-type: none"> • Internal communications from Public Affairs, required employee training, education in the lobby 	Results: 2019: CARF on-site evaluation conducted 9/25 – 9/27 2020: ✔ 2021: ✔ <ul style="list-style-type: none"> • 3 year accreditation obtained (through 2/28/2022) • Continuous performance improvement and state of readiness. 		
🟡 Objective 1.6. Increase Stakeholder Score of Innovation	5.5	6.0	6.5
Key Strategies <ul style="list-style-type: none"> ✔ Develop and facilitate collaborative meetings with community partners, families, and persons served to inform them of our services ✔ Provide community partners with systematic data to increase understanding of its meaning, structure, and relationships to support decisions and policy making ✔ Develop The Harris Center information publications ✔ Enhance the design and use of social media ✔ Review and develop a plan to address the top 3 issues from the stakeholders feedback 	Results: 2019: Innovation 2019 survey: ✔ 6.6 2020: Innovation 2020 survey: ✔ 6.7 2021: Innovation 2020 survey: ✔ 6.5 <ul style="list-style-type: none"> • Published 2020 Annual Report (online and print) • Communications plan with a dashboard to track progress and analyze improvements implemented • Received Excellence Award from National Council for “INNOVATION AT WORK” • Recognition of Wayne Young as one of 2021’s Top 25 Innovators by Modern Healthcare Magazine 		

Innovation



New 26 SRO apartment building construction approved

June 2021



The Harris Center introduces Epic EHR and the MyHealth patient portal

April 2021



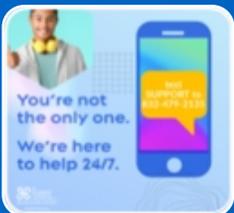
Expansion of the MCOT Rapid Response Program

May 2021



The Harris Center launches its Health Home program in collaboration with United Healthcare and Optum Health

February 2021



Emotional Support text line now live at The Harris Center

May 2021



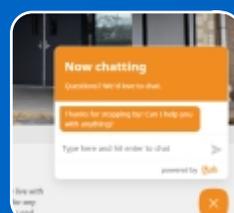
The Harris Center expands Primary Care services to clients

February 2020



The Harris Center receives 2021 Innovation Award from National Council for Behavioral Health

May 2021



New chat feature on external website

November 2020

Access: New Access Points | Exceed Service Targets



Transforming Lives

Goal 2: To improve access to care	2019	2020	2021
<p>✔ Objective 2.1. Add seven new access points to care</p>	4	6	7
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Create 2 satellite clinics by co-locating services with collaborative partners 2019 ✔ Create project plan and identify a location for PES #2 – planning stages for NPC renovation ✔ Created a jail diversion center ✔ Establish an Eligibility presence at the new Harris County Jail Joint Processing Center ✔ Establish eligibility service at Southeast CAS Clinic – pending COVID ✔ Add an additional CAS school-based site with a significant area ISD 	<p>Results: 2019: ✔ 2020: ✔ 2021: ✔</p> <p>Also:</p> <ul style="list-style-type: none"> • Established CAS clinic & eligibility at Airline • 3 new locations for NewSTART: NW, NE, SE Clinics • Substance Abuse Clinic at SW • Respite, Rehab and Re-entry 		
<p>✔ Objective 2.2. Increase the number of individuals receiving services above contract requirements</p>		3%	5%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Service target for persons with IDD ✔ Service target in community Adult Mental Health ✔ Service target In Child and Adolescent Services • Aspirational Service target in jail diversion center 	<p>Results: 2019: ✔ 2020: ✔ 2021: ✔</p> <p style="text-align: center;"><i>See next slide</i> <i>Held Harmless due to COVID</i></p>		

Performance Contract Service Targets



	FY2018 Service Target	FY2021 Strategic Plan Target (107% of FY2018 Service Target)	YTD July FY2021 Actual	YTD FY2021 Actual % vs. FY2021 Strategic Plan Target
IDD	854	914	828	91%
AMH	12,454	13,326	13,786	104%
CAS	2,719	2,909	3,226	<u>111%</u>
		Wt'd Average (IDD, AMH, CAS)*:		104%

*as of July YTD

Access: Increase Productivity | Extended Hours of Service



Transforming Lives

Goal 2: To improve access to care	2019	2020	2021
<p>✔ Objective 2.3. Define and establish baselines for productivity and implement processes to increase production</p>	5%	10%	15%
<p>Key Strategies</p> <ul style="list-style-type: none"> ● Utilize telemedicine to decrease impact of no-shows and down time ● Establish productivity targets for all providers ✔ Developed RVU-based provider compensation model ● Create strategies to reduce “no-shows” ● Define and establish baselines <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>J Taylor analysis 2018 - 2021: “MHC productivity per FTE has increased substantially – wRVUs & visits are up 35.75% and 17.23% respectively.”</p> </div>	<p>Results:</p> <p>2019: ●</p> <p>2020: ✔</p> <p>2021: ✔</p> <ul style="list-style-type: none"> • Physician compensation plan shadow period from Mar-Aug 2019, implemented FY2020 • Baselines and targets set for Therapists and Case Managers in Out Patient services. <p>Next Steps</p> <ul style="list-style-type: none"> • Baselines and processes applicable to NP/PAs to developed, implementation 9/1/2021 		
<p>✔ Objective 2.4. Increase availability in six settings through extended hours of service</p>	3	5	6
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Establish after hour availability at one outpatient clinic location ✔ Extend Initial LPHA Eligibility services through the weekend – tied to Key Strategy #1 ✔ Increase availability of employment services for persons with IDD and MH 	<p>Results:</p> <p>2019: ✔</p> <p>2020: ✔</p> <p>2021: ✔</p> <ul style="list-style-type: none"> • Weekend outpatient clinic suspended during COVID event <ul style="list-style-type: none"> • Adult: SW, NW, NE, SE • Child: SW planned after COVID • ICC now operating on Saturdays <p><i>Telehealth and telephone increased overall access.</i></p>		

Integrated Care: Establish Model | Expand Primary Care

Goal 3: To create a fully integrated system of care (BH, SUD, IDD and PC)	2019	2020	2021
<p> Objective 3.1. Establish Model for Integrated Primary Care, Behavioral Health, SUD and IDD Service Delivery</p>	75%	100%	
<p>Key Strategies</p> <ul style="list-style-type: none">  Develop definition and description of integrated mental health and primary care services for The Harris Center including substance abuse use disorders, and intellectual/developmental disabilities  Determine necessary components of an integrated mental health and primary medicine delivery model(s) that is population based  Identify evidenced based practices (EBP) to support delivery model  Cross discipline training on EBPs and application of best practices to support delivery model  Establish Integrated Care implementation Team  Determine locations and sites of services  Determine collaborative partners for integrated primary care, mental health, IDD and SUD services  Establish Contracts or MOUs with identified primary care providers for physical health, substance use/abuse and IDD services –El Centro  Develop processes for seamless transitions across services as determined by consumer needs  Establish Strategic Facilities Plan 	<p>Results:</p> <p>2019:  Achieved 60% of Key Strategies</p> <p>2020:  On target pending COVID</p> <p>2021: </p> <p>Patient access to primary care (absent COVID): 3-5 days per week at SE, thru FQHC El Centro 2 days per week at SW, thru UofH 3 days per week at NW, in collaboration with UofH 2 days per week NE, in collaboration with UofH 7 days per week at Jail Diversion</p> <p>Substance Abuse Clinic License: SW</p> <ul style="list-style-type: none"> • New Director of Integrated Care • Integrated care training and job descriptions • Episcopal Health Grant for Integrated Care Model • CCBHC Expansion Grant 		
<p> Objective 3.2. Increase number of individuals receiving primary care health services</p>	2000	2500	3000
<p>Key Strategies</p> <ul style="list-style-type: none">  Onsite primary care services at 4 behavioral health service sites 5 days per week  Extend hours of primary care services during all hours of mental health clinics operations  Provide primary care services by onsite providers or telehealth services at each mental health site 	<p>Results:</p> <p>2019:  1,189</p> <p>2020:  5,200</p> <p>2021:  5,328 from June 2021 update</p> <p>Better care coordination, focus, and self-reporting allowed by State for DSRP</p> <p>Added primary care physician and nurse practitioner to allow for complete medical coverage for the four clinics.</p>		

Integrated Care: Primary Care & Behavioral Health | SUD Services



Transforming Lives

Goal 3: To create a fully integrated system of care (BH, SUD, IDD and PC)	2019	2020	2021
<p>✔ Objective 3.3. Improved integrated primary care and behavioral health delivery system</p>	30%	80%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Established data driven processes – implemented tobacco and alcohol abuse screening tools, routine lab work ✔ Create EHR that provides access to all primary care and behavioral health providers ✔ Implement EHR that supports one integrated treatment plan for all individuals ✔ Establish weekly integrated treatment team staffings ✔ Enhance population-based behavioral and medical screening tools as practice standard with data that is available to all providers – implemented tobacco and alcohol abuse screening tools, routine lab work ✔ Establish primary medicine healthcare providers as part of The Harris Center service delivery <p style="margin-left: 400px;">} Selection of Harris Health (Epic)</p>	<p>Results: 2019: ✔ 2020: ✔ 2021: ✔</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Hired Director of Integrated Care, continued progress among the key strategies and plan to further develop our ability to integrate primary care into our delivery system • Social Determinants of Health Survey – 7,000 patients completed • Optum care coord program started 		
<p>✔ Objective 3.4 Integrate substance use disorders services across Center Services</p>	75%	100%	
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Research and identify best practices for intervention and reduction of substance use and abuse in persons with mental health disorders, IDD and histories of trauma ✔ Provide staff training regarding methods of recognition, identification and intervention of SUDs in population served ✔ Enhance methods for screening and determination of substance use/abuse service needs in population served ✔ Create a speakers bureau for community education regarding substance use disorders with a focus on middle and high school populations ✔ Engage Peer Support Specialist and Peer Educators for consumer support and education ✔ Identify community partners in school systems and higher education ✔ Identify most reported substances of abuse in population served – alcohol, marijuana, cocaine, amphetamines ✔ Develop information and education materials in multiple languages for consumer education and training ✔ Determine method and type of medication assisted therapies (MAT) interventions to implement in The Harris Center 	<p>Results: 2019: ✔ 2020: ✔ 2021: ✔</p> <p>Accomplishments:</p> <ul style="list-style-type: none"> • Substance Abuse Clinic License • PEERS program development • Co-Occurring Focus <p>Member of Speakers Bureau provided education to students at the Teen Summit (teenage students) about substance abuse and mental illness.</p>		

Integrated Care: Improve Access for Persons with IDD



Transforming Lives

Goal 3: To create a fully integrated system of care (BH, SUD, IDD and PC)	2019	2020	2021
✔ Objective 3.5. Improve access to behavioral, medical, and SUD services for persons with IDD	50%	75%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Establish collaborations with community experts regarding healthcare needs and disparities in the IDD population <ul style="list-style-type: none"> • Partnered with Baylor Transitional Clinic for unmet health care needs and consultation for those we serve with IDD ✔ Establish consulting services with identified community expert regarding population health needs of persons with IDD <ul style="list-style-type: none"> • Partnership with Baylor Transitional Clinic ✔ Provide consultation to community behavioral health entities regarding care and management of the person with IDD experiencing a mental health crisis or who is in need of mental health services <ul style="list-style-type: none"> • Accomplished via The Harris Center’s IDD Crisis Response Team ✔ Establish resource information regarding healthcare providers who have integrated the needs of the IDD population in their service delivery <ul style="list-style-type: none"> • List of PCPs and other resources in the community who provide services for individuals with an IDD diagnosis made available via information brochure ✔ Identify best practices to identify and develop interventions to meet behavioral health needs and substance use/abuse in the IDD population <ul style="list-style-type: none"> • Identified behavioral health best practices and included in training to MH, CPEP, and Forensics divisions as well as community behavioral health providers who may be serving similar populations as The Harris Center • Research into best practices in progress regarding substance abuse services for individuals with IDD diagnosis ✔ Enhance methods to screen and detect substance use/abuse disorders that may go undetected in the IDD population ✔ Provide community education and forums regarding comprehensive IDD services <ul style="list-style-type: none"> • Done on a routine basis to educate ISDs, family members, and other community providers ✔ Engage community, parents and guardians in educational events related to meeting the needs of the IDD population <ul style="list-style-type: none"> • Done on a routine basis to educate ISDs, family members, and other community providers ✔ Implement center-wide educational programs for all staff regarding IDD needs and services <ul style="list-style-type: none"> • IDD provides training to community stakeholders, health care entities, law enforcement, and Center staff 	<p>Results:</p> <p>2019: ✔</p> <p>2020: ✔</p> <p>2021: ✔</p> <ul style="list-style-type: none"> • All individuals are now screened at intake related to Substance Abuse Disorders. • Selected by HHSC for Learning Collaborative to develop best practices for providing services to IDD individuals with MH needs. • Individuals are assessed for SA upon intake for IDD services. Should a SA issue be identified the individual will be referred for SA services as appropriate based on their functioning level and assessed need. • The best practice for the provision of a SA service to an individual with IDD would be through the SA provider. • The occurrence of IDD/SA diagnoses through the LIDDA intake and assessment process has been very rare. 		

Quality:

CARF Competency | Reduce Suicide Rate to Zero



Transforming Lives

Goal 4: To continuously improve quality of care	2019	2020	2021
<p>✔ Objective 4.1. Achieve 100% competency in all 10 CARF BH accreditation domains</p>	40%	70%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Review CARF certification qualifications ✔ Create plan to systematically assess all BH CARF domains for areas of improvement ✔ Initiated PI for areas of deficiency <ul style="list-style-type: none"> • After mock survey, PI provided recommendations for improvement and track/report milestones ✔ Completed mock survey of CARF review <ul style="list-style-type: none"> • Mock survey conducted in June 2019 	<p>Results:</p> <p>2019: CARF on-site evaluation conducted 9/25 – 9/27</p> <p>2020: ✔</p> <p>2021: ✔</p> <ul style="list-style-type: none"> • 3 year accreditation obtained (through 2/28/2022) • Continuous performance improvement and maintenance 		
<p>● Objective 4.2. Reduce Suicide Rate to Zero for Harris Center Clinical Programs</p>	0.0001	0.00005	0.000
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Initiate Zero suicide educational campaign for staff in all clinical care settings <ul style="list-style-type: none"> • Established Zero Suicide Task Force • Educational campaign development on-going ✔ Implement universal screening of suicide risk in all clinical settings (i.e., C-SSRS) <ul style="list-style-type: none"> • Columbia Suicide, PHQ-9 ✔ Review and ensure suicide risk is systematically addressed in all clinical settings ✔ Create Safety plan template for all clinical programs for high risk patients ● Monitor Implementation of Harm Reduction strategies in Plans-of-Care for high risk patients ● Incorporate technology aids and tools to monitor, screen, for suicide risk – Epic will aid in notifying providers 	<p>Results:</p> <p>2019: ● 0.00045</p> <p>2020: ● 0.00041</p> <p>2021: ● 0.00028</p> <ul style="list-style-type: none"> • Recorded AS+K Training as a part of the suicide care continuing education plan now be available via The Desk • Offered 4 virtual training opportunities as the Regional Suicide Care Support Center during the quarantine • Hosted an in-person Applied Suicide Intervention Skills Training (ASIST). 24 new trainers in our region from over 10 different LMHAs and comm orgs. • Collaborated with Tarrant County to support Region 1 and Region 3 LMHAs with Zero Suicide Implementation • Taken on national leadership roles in suicide care for AAS (Loss Division Chair) and AFSP (Chapter Leadership Council) • Represented the agency at various state and national conferences 		

Quality: MACRA & CCBHC Metrics | Reduce Time in Seclusion



Transforming Lives

Goal 4: To continuously improve quality of care	2019	2020	2021
<p>✔ Objective 4.3. Meet 100% of Agency quality care metrics of MACRA and CCBHC</p>	50%	75%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Implement a Qualified Clinical Data Registry (QCDR) <ul style="list-style-type: none"> • Allows physicians to be certified for Meaningful Use and provides national quality standard metrics ✔ Monitor scorecard for agency metrics <ul style="list-style-type: none"> • DSRIP scorecard monitored by Operations ● Provide consistent feedback and training of direct care staff on quality care targets ✔ Initiate PI for areas of deficiency 	<p>Results: 2019: ● 2020: ✔ 2021: ✔</p> <p><i>Have received exemption from MACRA relative to consumer portal – which will be rectified with EPIC.</i></p>		
<p>✔ Objective 4.4. Reduce Minutes in Seclusion in PES</p>	84.03	79.83	75.84
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Establish baseline hours and rate ✔ Roll out educational campaign to staff <ul style="list-style-type: none"> • PES leadership has informed all medical and nursing staff of the initiative along with a new psych tech trainer dedicated to educate on de-escalation techniques ✔ Educational trainings and update for physician, nursing, psych tech, and Admin staff on de-escalation techniques <ul style="list-style-type: none"> • Transition to Handle With Care ● Assessment and improvement of physical care environment <ul style="list-style-type: none"> • Review of physical environments • Harris Center Program Director and Harris Health Environmental Services Manager complete monthly rounds to ensure cleanliness of patient care and public areas at NPC 	<p>Results: 2019: ✔ FY19 Average = 82.78 minutes 2020: ✔ FY20 Average = 79.33 minutes 2021: ✔ FY20 Average = 60.84 minutes*</p> <p style="text-align: right;"><i>* As of July 2021</i></p>		

Community Leadership: Collaborations | Outcomes & Education | Legislation



Transforming Lives

Goal 5: To serve as a community leader in all aspects of behavioral health and IDD	2019	2020	2021
<p>✔ Objective 5.1. Increase the Agency’s number of formal collaborations</p>	3	4	5
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Increase Agency’s presence in the community through development and implementation of formal marketing/communications plan. ✔ Proactively seek out & engage organizations serving individuals with behavioral health and IDD needs who are not currently partnering with the Agency. ✔ Increase the Agency’s formal education affiliations 	<p>Results:</p> <p>2019: ✔ As of Sep 2019: 32 Educational Affiliation Agreements</p> <p>2020: ✔ As of Sep 2020: 45 Educational Affiliation Agreements</p> <p>2021: ✔ As of Sep 2021: 65 Educational Affiliation Agreements</p>		
<p>✔ Objective 5.2. Increase the Agency’s role in providing community outcomes/education</p>	33%	66%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ Develop a formal Speakers Bureau that trains staff to represent the Agency and facilitates requests for community presentations ✔ Create or partner with a Behavioral Health Community Advisory Committee with membership that includes community stakeholders/partners and those with lived experience. ✔ Coordinate and offer qrt’ly trainings that include CEUs for community stakeholders/partners that showcase expertise within the Agency 	<p>Results: Domestic violence and human trafficking, Harris County Public Health, Kelsey-Seybold, Baylor College of Medicine, residency rotations, PA Internship program to commence in July.</p> <p>2019: ✔</p> <p>2020: ✔</p> <p>2021: ✔ Competency and Sanity Evaluation Unit designated as approved provider of professional development by the Texas Psychological Association. Peer Counselors can now provide Smoking Cessation Training (MD Anderson)</p>		
<p>✔ Objective 5.3. Increase the Agency’s role in activities related to public policy/legislation</p>	33%	66%	100%
<p>Key Strategies</p> <ul style="list-style-type: none"> ✔ <i>Provide routine communication to all members of the Harris County state legislative delegation, Harris County Commissioners’ Court, and Houston City Council.</i> ✔ Develop formal process to identify and promote the Agency’s legislative platform/priorities. ✔ Increase participation in policy-related collaboratives both locally and at the state level. 	<p>Results:</p> <ul style="list-style-type: none"> • Communication and coordination with elected bodies • Legislative priority platform presented to Board • Collaborations: NAMI, MHA, CJCC, IDD PAC, Texas Council, MH Needs Council, NBHP, BHAC, Collective MH/SUD Planning Group, Greater Houston Public Policy Workgroup <p>2019: ✔</p> <p>2020: ✔</p> <p>2021: ✔</p>		

Community Presentations



Recruiters share important tips for job seekers

Presenter: Brian Calhoun, Physician recruiter



Mental Health and Law Enforcement Partnerships - MHCA

Presenters: Wayne Young, CEO and Keena Pace, COO



From Padawan to JEDI (Justice, Equality, Diversity and Inclusion)

Presenter: Wayne Young, CEO



Mental Health Jail Diversion in Harris County, Texas – NATCON21

Presenter: Wayne Young, CEO



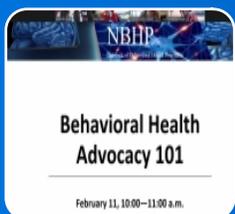
Mayor's Challenge to prevent veteran suicides among service members, veterans and their families

Presenter: Sarah Strang, MCOT Program Director



Organizational Development and Strategy

Presenter: Lesleigh Robertson, VP, Human Resources and OD



Behavioral Health Advocacy 101

Presenter: Amanda Jones, Dir. Of Gov't and Public Affairs



How has the pandemic affected mental and overall population health?

Presenters: Wayne Young, CEO and Keena Pace, COO

Organization of Choice:

Patient Satisfaction | Employee Satisfaction



Transforming Lives

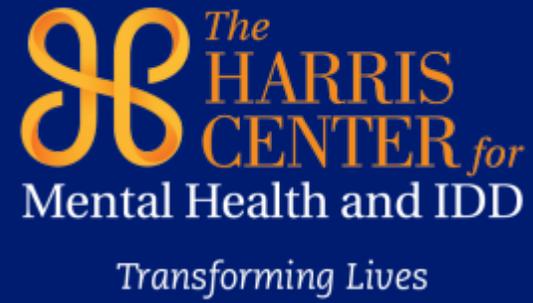
Goal 6: To become the organization of choice for both persons served and employees	2019	2020	2021
✓ Objective 6.1. Increase Overall Patient Satisfaction from the FY18 Baseline of 82.97% (+1%)	83.8%	~84.6%	~85.5%
Key Strategies <ul style="list-style-type: none"> ● Reactivate the Respect Committee and begin a center-wide respect campaign in relation to patient care. <ul style="list-style-type: none"> • Standards of Behavior Task Force established to develop guidelines for all employees to commit to and model ● Work with clinic business offices to ensure clear and reliable patient billing. ✓ Educate patient reception staff in customer service (e.g., helpfulness, respect, compassion, etc.). ● Engage all staff to facilitate the improvement of work space appearance (e.g., organization, orderliness, cleanliness, etc.). <ul style="list-style-type: none"> • Established the Space Force to standardize workplace appearance 	Results: 2019: ✓ FY2019 Average = 87.81% 2020: ✓ FY2020 Average = 89.12% 2021: ✓ FY2021 Average = 88.60%		
● Objective 6.2. Increase Overall Employee Satisfaction from the FY18 Baseline of 138.2 (+1%)	139.6	~141.0	~142.3
Key Strategies <ul style="list-style-type: none"> ● Review compensation plan to assure that we have the right titles, salaries, and staff classifications in support of a regularly reviewed compensation plan. <ul style="list-style-type: none"> • Creel Group engaged to advise on staff compensation ● Develop and implement technological environment which supports an employee's performance and success. <ul style="list-style-type: none"> • Implementing new EHR, improving wi-fi coverage, LifeSize rollout for audio/video conferencing capabilities ✓ Develop strategies for non-monetary, contingent rewards for staff, and staff recognition. <ul style="list-style-type: none"> • Established Reward and Recognition Committee, implemented the Snappy platform for spot gifts ✓ Develop and implement strategies to improve respect and to facilitate horizontal and vertical communication across the Center <ul style="list-style-type: none"> • Commenced Rounding for Outcomes by Senior Leadership, periodic video communications, town hall meetings 	Results: 2019: ✓ Overall Score 145.8 2020: ✓ Overall Score 147.7 2021: ✓ Overall Score 146.2		

Organization of Choice: Reduce Turnover | Days Open for Vacant Positions



Transforming Lives

Goal 6: To become the organization of choice for both persons served and employees	2019	2020	2021
✔ Objective 6.3. Decrease Staff Voluntary Turnover from the FY18 Baseline of 16.25% (-5%)	15.75%	~15.25%	~14.75%
Key Strategies <ul style="list-style-type: none"> ● Develop internal accommodations for staff such as center-wide CEU opportunities. <ul style="list-style-type: none"> • Progressing in organizing opportunities for continuing education credits ● Identify an internal career ladder for center employees. <ul style="list-style-type: none"> • Work in progress on staff compensation and career ladder ✔ Develop strategies for non-monetary, contingent rewards for staff. <ul style="list-style-type: none"> • Established Reward and Recognition Committee, implemented the Snappy platform for spot gifts ✔ Provide training to managerial staff to interview and select applicants for hire. <ul style="list-style-type: none"> • Updated hiring manager interview tips, plan in progress to train managers on applicant screening process 	Results: 2019: ✔ = 13.13% 2020: ✔ = 8.55% 2021: ✔ = 12.9%		
● Objective 6.4. Decrease the “Days Open” for Vacant Positions from FY18 Baseline of 68.42 Days (-5%)	65.0	~61.6	~58.2
Key Strategies <ul style="list-style-type: none"> ● Develop innovative recruitment strategies. <ul style="list-style-type: none"> • Comprehensive recruitment strategy and planning in progress ● Improve the center’s branding and marketing strategies. <ul style="list-style-type: none"> • Marketing/Communications plan draft in progress ✔ Re-evaluation of the continuation of vacant positions past 30 days. <ul style="list-style-type: none"> • HR Generalists work with hiring managers to assess each vacant position past 30 days ✔ Post vacancies that are current and needed (no place holder position postings). 	Results: 2019: ✔ 61.08 2020: ✔ 60.76 2021: ✔ 55.94		



2022 – 2024 Strategic Plan

Goal	2022	2023	2024
<p>Develop and Implement 3 Clinical Care Pathways (one per year) and measure their adherence.</p> <ul style="list-style-type: none"> Enhanced Training : Suicide screening, assessment and care management . (AIM Model) Create Suicide BPA in EPIC Build including Suicide Toolkit Monitor Results of use Risk and Protective factors in clinical note when PHQ-9 is 15 or above, Positive Columbia or Positive suicidal ideation in Mental Status note. Monitor Results of the use of Safety Plan related to Moderate Risk Category level . Monitor results and give feedback back to clinical staff on completion of BPA. 	Yr 1 of Pathway 30%	Yr 2 of Pathway 50%	Yr 3 of Pathway 70%
<p>Minutes in seclusion</p> <ul style="list-style-type: none"> Seclusion minutes- Establish target average for next three fiscal years Evaluate reduction in the number of seclusions and impacts to other emergency intervention measures. Educational trainings and update for physician, nursing, psych tech, and Admin staff on de-escalation techniques Incorporate trauma informed care strategies to reduce seclusion minutes 	61.73	61.11	60.49
<p>Increase percentage of security officers and medical staff trained in zero suicide</p> <ul style="list-style-type: none"> Train all new incoming officers at the mid-point of their new employee training cycle on the principles of zero suicide. Collaborate with HCSO Training Department regarding the appropriate place to roll out the Zero Suicide training to current staff. Train HCSO Medical Providers on the principles of zero suicide and roll the training out via key medical leadership. Train HCSO Mental Health Deputies Train HCSO Deputies at sensitive/clinical units (Admin Separation, Mental Health Infirmary; Medical Infirmary; Mental Health Step down units). Train regular deputies in housing units Train deputies assigned to courts 	25%	50%	75%

Goal	2022	2023	2024
<p>Increase 7 day face-to-face follow-up rates for HCPC and SMHF discharges</p> <ul style="list-style-type: none"> Develop a plan to ensure all patients at Harris County Psychiatric Center are seen by Harris Center at admission Develop a flow in coordination with Harris County Psychiatric Center to have patients seen at discharge Develop protocols to do outreach for patients to assist them in connecting with outpatient providers Develop the coordination to do referrals via warm handoffs between all providers Continue to increase collaboration between MH and IDD for youth services 	75%	77%	79%
<p>Decrease 30 day readmission rates to HCPC/SMHFs</p> <ul style="list-style-type: none"> Develop a plan to ensure all patients at Harris County Psychiatric Center are seen by Harris Center at admission Develop a flow in coordination with Harris County Psychiatric Center to have patients seen at discharge Develop protocols to do outreach for patients to assist them in connecting with outpatient providers Develop the coordination to do referrals via warm handoffs between all providers Start up an Assertive Community Treatment (ACT) program at a third Clinic (Southeast and Northwest Clinics have established programs) Continue to increase collaboration between MH and IDD for youth services Expand the HCPC high utilizer program to identify additional active patients who are readmitting 	10.25%	9.75%	9.25%
<p>Number of individuals with a history of mental illness housed</p> <ul style="list-style-type: none"> Partner with the Coalition for the Homeless to house homeless individuals with mental illness Continue to develop housing options for homeless individuals with mental illness Partner with City and County Housing Authorities to obtain vouchers for housing 	(10%) 306	(20%) 334	(30%) 361

Goal	2022	2023	2024
<p>Increase percentage of employees participating in Harris Center sponsored professional development education 20% annually.</p> <ul style="list-style-type: none"> Identify Continuing Education hour requirements by Function/License Identify approved and accredited Continuing Education content –prof'l development and required CE Communicate Education Opportunities Track participation by Function/License, and Survey participants for satisfaction Host Professional Development and/or CE events 	20%	40%	60%
<p>Decrease the “days open” for vacant positions from 2021 baseline</p> <ul style="list-style-type: none"> Build a talent pipeline through proactive sourcing of candidates Automate the hiring process utilizing technology to increase communication with applicants and leaders, transparency with operational leaders, and efficiency over life cycle of applicants Develop structured interview process to obtain consistent and reliable outcomes 	56	50	45
<p>Achieve progressively improving overall employee engagement scores compared to industry</p> <ul style="list-style-type: none"> Develop and implement career ladders for at risk jobs Increase learning and development opportunities Implement leadership competencies for each career level Continue to constructively improve working conditions (Cut-The-Tape) 	50 th %	60 th %	70 th %
<p>Increase overall patient satisfaction</p> <ul style="list-style-type: none"> Revamp training methods to incorporate Trauma Informed Care elements Develop broader training for staff on patient partnerships and engagement techniques with patients Create an agency wide customer service protocol, trainings, and refresher trainings Monitor program specific results and develop action plans as needed 	89%	90%	91%
<p>Board Approved Capital Facilities Plan Complete Each Year</p> <ul style="list-style-type: none"> Develop overall completion plan with operational leaders Coordinate and communicate completion plan with procurement and contracts Report progress or issues to operational leaders and Board on a consistent basis 	Y/N	Y/N	Y/N

Integration

Goal	2022	2023	2024
<p>Increase the number of patients receiving Primary Care at The Harris Center</p> <ul style="list-style-type: none"> • Fully implement the Certified Community Behavioral Health Center grant, hiring the additional primary care providers • Develop and implement billing for services to increase funds available for growth • Continue developing The Harris Center’s relationship with the University of Houston • Improve on referral and staffing protocols to encourage full integration of services • Develop strategies for training staff to deliver weight management guidance to patients • Hire a full-time dietician to develop classes and training materials for staff to use with patients • Continue to expand number of medical providers at each of the four main outpatient clinics • Develop the ability to deliver integrated services remotely and target underserved areas 	1,100	1,200	1,300
<p>Reduce the cost of care as measured by the OPTUM project</p> <ul style="list-style-type: none"> • Improve percentage of patients receiving diabetes screening • Increase patient adherence to medications • Decrease patient all cause readmissions • Increase follow up to patients post discharge 	10%	12%	15%
<p>Average monthly 3rd Party Prescriptions Filled *</p> <ul style="list-style-type: none"> • Monitor Patient Satisfaction Survey suggestions and continuously improve our services to maintain quality • Implement delivery service to provide convenience to the patients, especially those with transportation issues • Educate all Harris Center Staff and prescribers on the value of getting patient RX’s filled at The Harris Center Pharmacies Encourage - “One Stop Shopping” • Implement Prescriber and Nursing Pharmacy Satisfaction Surveys to validate and continuously improve our clinic pharmacies • Implement IVR (integrate voice response) system to notify patients (text/email) of refills and allow for auto refill for approved medications 	2,300	2,415	2,536

*metric estimation subject to change

Access

Goal	2022	2023	2024
<p>Add 10 access points across the agency targeting underserved communities (specifically including the number of IDD site expansions indicated)</p> <ul style="list-style-type: none"> • Collaborate with MH Division and open satellite service sites for IDD staff at MH locations. • One additional IDD coffeehouse or day habilitation program in the northeast area • Detox • State Hospital Step down • Additional H2H Beds • The Villas at Eastwood (co-locate with HCHA) • City Navigation Center • Precinct 2 Hubs • 2 Children’s Co-Locations • Telehealth Intake HUB 	6 (incl 1 IDD site)	8 (incl 2 IDD sites)	10 (incl 2 IDD sites)
<p>Add service strategies that either extend clinic hours and availability or enhance service array offered to persons served</p> <ul style="list-style-type: none"> • Re-establish weekend hours at outpatient clinic sites • Add evening and extended hours of service at outpatient clinics • Add “Clubhouse” type operations in the outpatient clinics • Review adding/expanding evidence based practices • Expanded offerings of Mental Health First Aid • Increase the number of peers who are certified 	6	8	10
<p>Develop 5 additional programs to enhance ability to deliver substance use treatment</p> <ul style="list-style-type: none"> • Enhance training to our employees regarding substance use treatments • Establish Medication Assisted Treatment process and protocols for outpatient • Create a Detox program • Provide Suboxone training to increase number of providers who can administer buprenorphine for the treatment of opioid use disorders • Develop and implement a full smoking cessation program 	3	4	5

Community

Goal	2022	2023	2024
<p>Increase Total Number Served From top 20 Focus Zip Codes 2.5% per year</p> <ul style="list-style-type: none"> Identify opportunities to co-locate or expand physical footprint Identify opportunities for education, training and awareness with community Leverage Harris Center community outreach and support infrastructure to improve awareness and relationships with natural supports Develop and implement targeted communications plan 	3,865	3,962	4,061
<p>Increase participation in educating community and natural supports (including faith-based and service entities) regarding mental health/IDD issues and where to find support (Mental Health First Aid)</p> <ul style="list-style-type: none"> IDD will add additional trainings in the community Training groups with NAMI Implement Survivors of Suicide Loss Support Groups Increase Mental First Aid and other community outreach trainings 	1,200	1,500	1,875

Innovation

Goal	2022	2023	2024
<p>Enroll persons served in MyChart</p> <ul style="list-style-type: none"> • Educate users on the benefits and features • Staff will encourage and assist with MyChart setup • Targeted Marketing and education campaign on MyChart • Host educational sessions on MyChart 	10%	20%	30%
<p>Implement a Telehealth Hub</p> <ul style="list-style-type: none"> • Initial structure of the hub design and approval by management team • Video platform selection • Build Telehealth module in Epic • On Board Clinician and Physicians to support the Hub • Digital Marketing of the hub • Improve ability to schedule an appointment • Provide functionality for same day appointments • Provide ability for cross coverage at all locations • Partner with community agencies for physician coverage needs 	Implementation	1,000	5,000
<p>Build a Harris Center Application</p> <ul style="list-style-type: none"> • Select a new platform for the new Harris Center external website (Content Management System) • Build a new The Harris Center Website • Develop new content with communications and division leaders • Design initial interface and features for the mobile app/site and approval from management team • Develop mobile app/site • Digital Marketing of the Harris Center App 	Implementation	1,000	5,000
<p>The number of MCOT Rapid Response calls from HPD 911/CCD that did not require law enforcement assistance on scene requested by the MCOT Rapid Response Team.</p> <ul style="list-style-type: none"> • Increase appropriate MCOT Rapid response referrals • Partner with law enforcement to provide extensive training to clinicians and law enforcement • Advocate for the expansion of dispatch call codes eligible for CCD 	50%	60%	75%

EXHIBIT F-27

September 2021

NEW CONTRACTS UNDER 50k

FY21 NEW CONTRACTS		*CROSS FISCAL YEAR CONTRACTS		*MULTI-YEAR CONTRACTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	Ascend HR Corp.	No	Recruitment Services		\$49,000.00	09/01/21- 08/31/22	GR	Sole Source	This contract will allow for the partnership with vendor to assist in recruitment efforts to identify candidates for open positions within the Agency.
2	United Way of Greater Houston	No	Rental Agreements		\$780.00	09/01/21- 08/31/22	GR	N/A	This Agreement is established for the Agency to host annual events such as LDI and Employee Recognition Luncheon.
CPEP									
3	P-Emergency Evacuation	No	Emergency Evacuation Services		\$45,150.00	09/01/21- 08/31/22	GR	RFQuote	A request from CPEP and IDD for emergency evacuation for patients and medical staff was received on September 1, 2020. Facilities that provide room and meals when there is a need to evacuate patients and medical staff due to natural disasters or other emergencies. The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Eunice Davis, Director of Risk Management and Transportation, Robert Stakem, VP of IDD Services, Lily Pan, Director of Respite & Day Habilitation Services, Kim Kommayer, VP of Crisis Services. Fourteen (14) vendors were contacted. Received four (4) responses and one (1) not to participate because they did not provide meals. Four (4) responses were deemed responsive and evaluated by the Project Team. The vendors could not guarantee that rooms would be available when the Agency experiences an emergency evacuation. For this reason, the team decided to select all five (5) vendors, in case one does not have any vacancy, the next facility will be contacted until one location can provide lodging and meals. The five (5) selected vendors are: Carolina Creek Camps & Retreat Center, Highland Lakes Camp & Conference Center, Lakeview Camp & Retreat Center, Latham Springs & Retreat Center and Messiah's Ranch. It is estimated that there will be fifty (50) people evacuated from IDD and one hundred and twenty-five (125) people evacuated from CPEP. A total of one hundred and seventy-five (175) patients and medical staff will require lodging and three meals a day during evacuation. The estimated total NTE is \$45,150.00. The NTE will cover \$15,050.00 per day (3 days) to be funded annually.
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									



Executive Contract Summary

Contract Section

Contractor*

ASCEND HR CORP

Contract ID #*

2021-0209

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center for Mental Health and IDD
Ascend HR Corp

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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 49,000.00

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 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* (?)

This contract will allow for the partnership with Ascend Corp to assist in recruitment efforts to identify qualified candidates for open positions within The Harris Center.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2021 assisted with CMO Search

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

Yes No Unknown

Please provide an explanation*

Ascend Corp is not a HUB

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Leah Ramsey

Address*

Street Address

20333 Texas 249

Address Line 2

Suite 200

City

Houston

Postal / Zip Code

77070-2617

State / Province / Region

TX

Country

US

Phone Number*

281-940-5057

Email*

leah@ascendhrcorp.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 49,000.00	592000

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

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure* (?)
VARIES

Requester Name TURCIOS, LIVIA E	Submission Date 8/26/2021
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Budget Manager Approval(s)

Approved by <i>Erica Brown</i>	Approval Date 8/26/2021
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Procurement Approval

File Upload (?)

Approved by <i>Sharon Brauner</i>	Approval Date 8/26/2021
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Contract Owner Approval

Approved by <i>Lesleigh Robertson</i>	Approval Date 8/26/2021
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* <i>Shasteya Behn</i>	Approval Date* 8/26/2021
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Executive Contract Summary

Contract Section

Contractor *

United Way of Greater Houston

Contract ID # *

2021-0193

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/21/2021

Parties * (?)

The Harris Center for Mental Health and IDD and United Way of Greater Houston

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 Rental Agreement |

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

9/1/2021

Contract Term End Date * (?)

8/31/2022

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

Fiscal Year * (?)

2022

Amount * (?)

\$ 780.00

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* (?)

This agreement is established for The Harris Center to utilize the United Way of Greater Houston to host agency events such as LDI and Employee Recognition Luncheon.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21, FY20

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

United Way of Greater Houston

Supporting Documentation Upload (?)

United Way Contract - New.pdf 105.65KB

Vendor/Contractor Contact Person

Name*

Antoinette Fernandez

Address*

Street Address

50 Waugh Drive

Address Line 2

City

Houston

Postal / Zip Code

77007-5813

State / Province / Region

TX

Country

US

Phone Number*

713-685-2316

Email*

Afernandez@unitedwayhouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 780.00	549005

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	Submission Date
MCGILL, VALERIE R	7/19/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/19/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

8/6/2021

Contracts Approval

Approve*

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

Approved by*

Shadeyia Behn

Approval Date*

8/6/2021



Executive Contract Summary

Contract Section

Contractor*

Emergency/Evacuation Master Pool

Contract ID #*

2021-0215

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center, Carolina Creek Camps & Retreat Center, Latham Springs Camp Retreat Center, Lakeview Camp & Retreat Center, and Highland Lakes Camp & Conference 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 45,150.00

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 utilize the facilities to relocate consumers in the event of an emergency and/or evacuation notices. NTE will cover 3 day stay at the highest rate

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 (?)

Due Diligence Letter - Emergency Evacuation Project final jb.pdf	172.36KB
Supporting Documents for Emergency-Evacuation Vendors.pdf	2.75MB
Emergency Evacuation ECS Breakdown.xlsx	15.82KB

Vendor/Contractor Contact Person

Name*

Master Pool

Address*

Street Address

N/A

Address Line 2

N/A

City

State / Province / Region

N/A

N/A

Postal / Zip Code

Country

N/A

N/A

Phone Number*

Master Pool

Email*

Contracts@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3390	\$ 12,900.00	595031
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 4,128.00	595031
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 5,160.00	595031
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9247	\$ 1,548.00	595031
Budget Manager	Secondary Budget Manager	
OSHMAN, JODEL	KORNMEYER, KIMBERLY A	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 7,998.00	595031
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 2,064.00	595031
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 6,192.00	595031
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 5,160.00	595031
Budget Manager	Secondary Budget Manager	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	
Provide Rate and Rate Descriptions if applicable* (?)		
\$41 - \$86 for lodging and meals per day per person		
Project WBS (Work Breakdown Structure)* (?)		
N/A		
Requester Name	Submission Date	
MACKINNEY, EGGLA	9/1/2021	

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Approval Date

9/1/2021

Approved by

Jodel Oshman

Approval Date

9/1/2021

Approved by

Priscilla M. Ramirez

Approval Date

9/2/2021

Procurement Approval

File Upload (?)

Approved by

Nina Cook

Approval Date

9/2/2021

Contract Owner Approval

Approved by

D. Anthony Robinson

Approval Date

9/2/2021

Contracts Approval

Approve *

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

Approved by *

Shakya Behn

Approval Date *

9/2/2021



Due Diligence for Emergency Evacuation RFQ Project# PUR-FY21-0085

A request from CPEP and IDD for emergency evacuation for patients and medical staff was received on September 1, 2020. Facilities that offer room and meals is needed to evacuate patients and medical staff due to natural disasters or other emergencies that require vacating the premises.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Eunice Davis, Director, Risk Management & Transportation, Robert Stakem, VP, IDD Services, Lily Pan, Director, Res & Day Hab Services, Kimberly Kormmayer, VP, Crisis Services.

Fourteen (14) vendors were contacted. Received four (4) responses and one (1) not to participate because they did not provide meals. Four (4) responses were deemed responsive and evaluated by the project team.

The vendors cannot guarantee that rooms will be available when the Agency experiences an emergency evacuation. For this reason, the team decide to select all four vendors so if one does not have vacancy the next facility will be contacted until one of the locations can provide lodging and meals.

Four (4) vendor quotes provided for Emergency Evacuation Facilities:

1. Carolina Creek Camps & Retreat Center – Quote \$59.00 for lodging and meals (pricing is per day for each person).
2. Highland Lakes Camp & Conference Center – Quote \$41.00 for lodging and meals (pricing is per day for each person).
3. Lakeview Camp & Retreat Center – Quote \$86.00 for lodging and meals (pricing is per day for each person).
4. Latham Springs & Retreat Center – Quote \$60.00 for lodging and meals (pricing is per day for each person).

It is estimated that there will be fifty (50) people evacuated from IDD and one hundred and twenty-five (125) people evacuated from CPEP. A total of one hundred and seventy-five (175) patients and medical staff will require lodging and three meals a day during evacuation.

The estimated total NTE (Not to Exceed) is \$15,050.00 per day to be funded annually subject to availability of the budget each year.

The Funding Source is Unit# 1117, GL Account# 595031.

Submitted By:

James Blunt
Digitally signed by James
Blunt
Date: 2021.08.13
18:16:43 -05'00'

James Blunt, C.P.M.
Buyer II

Recommended by:

**Sharon
Brauner**
Digitally signed by Sharon
Brauner
Date: 2021.08.16
08:11:47 -05'00'

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

Sean Kim
Digitally signed by Sean
Kim
Date: 2021.08.16
13:09:59 -05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section

Contractor*

Pitney Bowes

Contract ID #*

2021-0211

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

Pitney Bowes 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* (?)

8/30/2021

Contract Term End Date* (?)

8/30/2026

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 9,233.88

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 Harris Center's Mail Room handles all incoming and outgoing letters, packages, and other materials. To streamline this process, the Mail Room would need sufficient machinery to process the large amounts of mail funneled through and out of our organization. A postage machine is essential in ensuring our mail is delivered in an efficient and timely manner. Annual funding rate is \$9,233.88. This is a 60 month term and the 5 year NTE is \$46,169.40.

Contract Owner*

Scott Rule

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Last five years.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

PITNEY BOWES PROPOSAL 8-2021.pdf

1.93MB

Vendor/Contractor Contact Person

Name*

Ronald Eldemire

Address*

Street Address

13101 NW Freeway #312

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77040

Country

US

Phone Number*

713-256-4814

Email*

ronnie.eldemire@pb.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 9,233.88	577000

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

Provide Rate and Rate Descriptions if applicable* (?)

Rate: \$769.49 per month

Annual rate: \$9,233.88

Term: 60 months (5 years): NTE: \$46,169.40

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
BOREN, KAREN	8/27/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/27/2021

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

8/27/2021

Contract Owner Approval

Approved by

Scott D Rule

Approval Date

8/30/2021

Contracts Approval

Approve*

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

Approved by*

Shakya Behn

Approval Date*

8/30/2021



**Due Diligence Project PUR-FY22-0209
9401 Southwest Freeway – Postage Machine**

Purchasing received a request from the Print Shop/Mailroom on Wednesday, August 12, 2021. The Postage Machine lease expires October 29, 2021, located in the Mailroom at 9401 Southwest Freeway, Houston, Texas 77074.

Three (3) vendor quotes were received:

1. Pitney Bowes Inc. – BuyBoard Tag-On: Contract No.576-18 – Pricing - 60 Month Lease - \$769.49 per month
2. Quadient – Smart Buy Tag-On: Contract No. 985-L1 - Pricing – 60 Month Lease - \$799.46 per month
3. On Demand Incorporated – 60 Month Lease - \$495.00 per month (equipment did not meet end-user requirements)

Pitney Bowes, Quadient and On Demand Incorporated are not Historically Underutilized Business (HUBs).

Mailroom Staff and Director’s recommendation is to move forward with:

Pitney Bowes Inc.

Rate: \$769.49 per month
Annual Funding \$9,233.88
Term: 60 Months (5 Years): NTE: \$46,169.40 (Contract Start date: October 30, 2021)

Funding Source is Unit 1107, GL Account# 577000

Submitted By:

CARLOS TRASLAVINA
Digitally signed by
 CARLOS TRASLAVINA
 Date: 2021.08.17
 08:37:56 -05'00'

Carlos Traslavina
 Purchasing Buyer I

Recommended By:

Sharon Brauner
Digitally signed by Sharon
 Brauner
 Date: 2021.08.17
 08:44:31 -05'00'

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

Sean Kim
Digitally signed by Sean
 Kim
 Date: 2021.08.17
 11:26:11 -05'00'

Sean Kim, MBA, CPA
 Chief Financial and Administrative Officer

EXHIBIT F-28

September 2021

RENEWALS UNDER 50k

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$50,000

		CONTRACT RENEWALS *CROSS FISCAL YEAR CONTRACT RENEWALS *MULTI-YEAR CONTRACT RENEWALS							
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	Harris County Department of Education	No	Agency-Wide Records Management Services	\$43,047.48	\$32,897.16	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
2	J. Taylor & Associates, Inc.	No	Consulting Service for the Agency's Provider Compensation Program	\$30,000.00	\$30,000.00	09/01/21- 08/31/22	GR	N/A	Annual renewal of agreement
3	Letsos Company	No	HVAC & Mechanical Services at the Pasadena Cottages (2122 Wichita, Pasadena, Texas)	\$7,710.36	\$10,000.00	09/01/21- 08/31/22	FM20.1126.09 FM21.1126.19 FM22.1126.11 - Current Capital Project	RFQuote	Capital project FM20.1129.09 to replace the gas furnaces at Pasadena Cottages was put on hold due to COVID-19. It was carried over in FY21 as FM21.1126.19. The gas furnace was replaced in Cottage B with an electric furnace. Project is now carried over in FY22 to replace gas furnace in Cottage A with an electric furnace.
4	Robert Half International, Inc.	No	Temporary Staffing, Recruitment Services Agency Wide	\$49,000.00	\$49,000.00	09/01/21- 08/31/22	GR		Annual renewal of agreement and to expansion of scope to provide IT Services Agency-Wide.
5	Todd and Troy Electrical Contractors dba TNT Electrical Contractors	No	Electrical Services at the Pasadena Cottages (2122 Wichita, Pasadena, Texas)	\$43,521.50	\$24,530.00	09/01/21- 08/31/22	FY20- FM20.1126.09 FY21- FM21.1126.19 FY22- FM22.1126.11 - Current Capital Project	RFQuote	Capital project FM20.1129.09 to replace the gas furnaces at Pasadena Cottages was put on hold due to COVID-19. It was carried over in FY21 as FM21.1126.19. The gas furnace was replaced in Cottage B with an electric furnace. Project is now carried over in FY22 to replace gas furnace in Cottage A with an electric furnace. The Agency is contracting with TNT to provide all of the necessary electrical work in order to make the upgrade and complete the project. Cost per quote for Cottage A: \$22,300.00 Contingency: \$2,230.00 Total Increase By: \$24,530.00
CPEP									
CRISIS SERVICES									

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2021 NTE AMOUNT	FY2022 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
6	Christina Kasprzak	No	Consultant Services	\$6,825.00	\$6,825.00	09/01/21- 08/31/22	State Funds	N/A	Annual renewal agreement
7	Naomi Younggren	No	Consultant Agreement	\$14,400.00	\$14,000.00	09/01/21- 08/31/22	State Funds	N/A	Annual renewal agreement
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								
	LEASES								
	MENTAL HEALTH SERVICES								
	PROGRAM MANAGEMENT								
	CROSS FISCAL YEAR CONTRACT RENEWALS								
	ADMINISTRATION								
	CPEP								
	CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	INTERLOCALS								

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current FY21 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 FY2022 starting with Section “B”. In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	5080
Contractor Name:	Harris County Department of Education
Interlocal Agreement:	
Service (brief description):	Agency-Wide Records Management Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$43,047.48
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1101, 1128, 1110, 1122, 1119, 1105
G/L Code(s):	571002
FY21 Purchase Order Number:	CT140545
Contract Requester:	Nina Cook
Contract Owner:	Nina Cook

B. EVALUATION OF FY21 PERFORMANCE:

1. Have there been any significant performance deficiencies within 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 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 FY2022:

Please provide the NTE for FY22 \$32,897.16. FY22 Rate(s) Varies - Based on boxes stored by each unit UNIT_Varies - Based on units participating in Program (See Attached Spreadsheet)

GL CODE 571002. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

FY 2022 Not to Exceed Amount for Master Pooled Contracts: _____.

E. CONTRACT FUNDING SOURCE: _____ 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) Y or (N) _____
2. Will the scope of the Services change? (Y) Y or (N) _____, if yes, provide brief description.

3. Is the payment deadline different than net (45)? If yes, please provide the net days _____ [i.e. net 30, net 10].
4. Are there any changes in the Performance Targets change? (Y) _____ or (N) N
5. Are there any changes to the Submission deadlines for notes or supporting documentation? (Y) _____ or (N) N

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract Nina Cook | Sean Kim.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract Carlos Traslavina | Nina Cook.

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2021.06.11 16:52:04 -05'00' (Signature). REQUIRED

Contract Owner: Nina Cook (Printed Name)

Nina Cook (Signature). REQUIRED

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



CONTRACT EVALUATION AND RENEWAL FORM FY 2022 CONTRACTS PROCESS

The current **FY 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 **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION - NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	2021-01377
Contractor Name:	J. Taylor & Associates, Inc. ("JTaylor")
Interlocal Agreement:	No
Service (brief description):	Consulting Service for the Agency's Provider Compensation Program
Term for Off-Cycle Only:	N/A
RFP, RFQ, RFA, Sole Source, Bid or Tag-on	N/A - Professional Consulting Service
Contract NTE (your current budget):	\$30,000.00
Rate(s)/Rate(s) Description:	Professional Fee(s): \$30,000.00 with standard hourly rates from \$50.00 up to \$390.00. Additional travel, data, administrative/clerical fees may apply
Unit(s) Served:	1101
G/L Code(s):	542000
FY21 Purchase Order Number:	CT141073
Contract Requestor:	Linda Arceneaux
Contract Owner:	Scott Rule

B. EVALUATION OF FY21 PERFORMANCE:

1. Have there been any significant performance deficiencies within FY21? YES NO
2. Were services delivered as specified in the Contract? YES NO
3. Did Contractor perform duties in a manner consistent with standards of the profession?
YES NO
4. Did Contractor adhere to the contracted schedule (if applicable)? YES NO
5. Were reports, billing and/or invoices submitted in a timely manner? YES NO
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? YES NO
7. Did Contractor render services consistent with Agency policy and procedures? YES NO
8. Did Contractor maintain legally required standards for certification, licensure, and/or training?
YES NO

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 FY 2022 with this Contractor YES NO
2. REASON: _____

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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 FY2022:

Please provide the NTE for FY22 \$30,000.00. FY22 Rate(s) \$50-\$390/hr., as needed UNIT 1101 GL CODE 542000

*If NTE is split between more than two units, please attach Financial sheet as necessary.

List all applicable units/GL codes (verify with Budget Manager)..

Rate	Rate Description	Unit Served	GL Code
\$			

FY 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? YES NO
2. Will the scope of the Services change? YES NO
3. Is the payment deadline different than net (45): If yes, please provide the net days. YES NO
[i.e., net 30, net 10] _____
4. Are there any changes in the Performance Targets? YES NO
5. Are there any changes to the Submission deadlines for notes or supporting documentation?
YES NO

If YES, please attach additional pages as necessary.

G. RESPONSIBLE PARTY

Please state the name of the Staff Responsible for reviewing and approving monthly invoices for this Contract –

APPROVALS:

Scott D Rule

Digitally signed by Scott D Rule
Date: 2021.08.11 15:55:25 -05'00'

Scott Rule, CBO (Signature of Staff Responsible for this contract in FY2022)

Erica Brown

Digitally signed by Erica Brown
Date: 2021.07.15 14:54:33 -05'00'

Erica Brown (Signature of the Budget Manager)

Scott Rule, CBO (Vice President/Contract Owner)

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current **FY21** 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 **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	2021-0044
Contractor Name:	Letsos Company
Interlocal Agreement:	
Service (brief description):	HVAC & Mechanical Services @ Pasadena Cottages
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$7,710.36
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1126
G/L Code(s):	900040
FY21 Purchase Order Number:	CT140887
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

1. Is the Contract being renewed for **FY2022** with this Contractor? (Y) X__ (N) ___.
2. REASON: Captial project FM20.1129.09 to replace the gas furnaces at Pasadena Cottages was put on hold due to Covid 19. It was carried over in FY21 as FM21.1126.19 at which time, only Cottage B's gas furnace was replaced with an electric furnace. This project is being carried

RECEIVED AUG 31 2021

over into FY22 in order to replace the gas furnaces inside Cottage A with electric furnaces as FM22.1126.11.

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 FY2022:

Please provide the NTE for FY22___\$10,000.00_. FY22 Rate(s)_waiting for final quote UNIT_1126 GL CODE__900040__. If Contract is a multi-year term, please provide the following.

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

FY 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)___X__ or (N)___, if yes, provide brief description. ___work will be done on Cottage A_____
3. Is the payment deadline different than net (45)? If yes, please provide the net days __n/a___ [i.e. net 30, 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** for this Contract___Todd McCorquodale_____.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract___Oscar Garcia_____.

APPROVALS:

Budget Manager: _____Erica Brown_____ (Printed Name)

Erica Brown Digitally signed by Erica Brown
Date: 2021.08.31 10:51:23 -05'00' (Signature). REQUIRED

Contract Owner: ___Todd McCorquodale_____ (Printed Name)

Todd McCorquodale Digitally signed by Todd
McCorquodale
Date: 2021.08.31 12:17:45 -05'00' (Signature). REQUIRED

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

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current **FY21** 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 **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	2020-0007
Contractor Name:	Robert Half International Inc.
Interlocal Agreement:	No
Service (brief description):	Temporary Staffing, Direct Hire and Other Employer Services for Agency-Wide purpose of filling positions throughout the Agency.
Term for Off-Cycle Only:	11/18/2020 – 8/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	Bid and Tag-on
Contract NTE (your current budget):	\$49,000.00
Rate(s)/Rate(s) Description:	Hourly Bill Rate - \$111.60
Unit(s) Served:	1101
G/L Code(s):	592000
FY21 Purchase Order Number:	CT140776
Contract Requester:	Livia Turcios
Contract Owner:	Lesleigh Robertson

B. EVALUATION OF FY21 PERFORMANCE:

1. Have there been any significant performance deficiencies within 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 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 FY2022:

Please provide the NTE for FY22_\$49,000_____. FY22 Rate(s)_____. UNIT_1101____
GL CODE__540500____. If Contract is a multi-year term, please provide the following.

FY23 _____, FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____, FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

FY 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)____
2. Will the scope of the Services change? (Y) ____ or (N) ____, if yes, provide brief description.

3. Is the payment deadline different than net (45)? If yes, please provide the net days _____ [i.e. net 30, 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 for this Contract__Lesleigh Robertson_____.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract__Lesleigh Robertson_____.

APPROVALS:

Budget Manager: __Erica Brown____ (Printed Name)

Erica Brown Digitally signed by Erica Brown
Date: 2021.08.20 09:43:56 -05'00' (Signature). REQUIRED

Contract Owner: __Lesleigh Robertson____ (Printed Name)



(Signature). REQUIRED

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

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current **FY21** 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 **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	2021-0043
Contractor Name:	Todd & Troy Electrical Contractors dba TNT Electrical Contractors
Interlocal Agreement:	
Service (brief description):	Electrical Services @ Pasadena Cottages
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$43,521.50
Rate(s)/Rate(s) Description:	
Unit(s) Served:	1126
G/L Code(s):	900040
FY21 Purchase Order Number:	CT140924
Contract Requester:	Sarah Harper
Contract Owner:	Todd McCorquodale

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X__ (N) ___.
2. REASON: Captial project FM20.1129.09 to replace the gas furnaces at Pasadena Cottages was put on hold due to Covid 19. It was carried over in FY21 as FM21.1126.19 at which time, only

RECEIVED AUG 31 2021

Cottage B's gas furnace was replaced with an electric furnace. This project is being carried over into FY22 in order to replace the gas furnaces inside Cottage A with electric furnaces as FM22.1126.11.

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 FY2022:

Please provide the NTE for FY22 \$24,530.00_. FY22 Rate(s)__\$22,300 + \$2230 contingency UNIT__1126 GL CODE__900040. If Contract is a multi-year term, please provide the following.

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

FY 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)____, if yes, provide brief description. WILL BE DOING WORK IN COTTAGE A FOR FY22 FM22.1126.11
3. Is the payment deadline different than net (45)? If yes, please provide the net days n/a [i.e. net 30, 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 for this Contract__Todd McCorquodale_____.

Please state the name of the Responsible Staff that will review and approve monthly invoices for this Contract____Oscar Garcia_____.

APPROVALS:

Budget Manager: _____ Erica Brown_____ (Printed Name)

Erica Brown Digitally signed by Erica Brown
Date: 2021.08.31 10:54:06 -05'00' (Signature). REQUIRED

Contract Owner: _____ Todd McCorquodale_____ (Printed Name)

Todd McCorquodale Digitally signed by Todd
McCorquodale
Date: 2021.08.31 12:17:21 -05'00' (Signature). REQUIRED

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

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current **FY21** 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 **FY2022** starting with Section “B”. In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	7656
Contractor Name:	Christina Kasprzak
Interlocal Agreement:	
Service (brief description):	Consultant Services
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$6,825.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	3360
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140583
Contract Requester:	Marlene Hollier/ Margo Childs
Contract Owner:	Marlene Hollier

B. EVALUATION OF FY21 PERFORMANCE:

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

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

C. RENEWAL DETERMINATION:

1. Is the Contract being renewed for FY2022 with this Contractor? (Y) X__ (N) ___.
2. REASON:
Consultant servjce are required due to reevaluation of the needs for the program..

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 FY2022:

Please provide the NTE for FY22_\$6,825.00_ ____. FY22 Rate(s)_see attachment __ UNIT__3360 GL CODE _542000 _____. If Contract is a multi-year term, please provide the following.

FY23 _____ . FY23 Rate(s) _____ UNIT _____ GL CODE _____
FY24 _____ . FY24 Rate(s) _____ UNIT _____ GL CODE _____

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

FY 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__, if yes, provide brief description.

3. Is the payment deadline different than net (45)? N/A If yes, please provide the net days _____ [i.e. net 30, 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** for this Contract_____ Robert Stakem, Jr.. VP – IDD Services_____.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract_____ Marlene Hollier, Director – ECI Services_____.

APPROVALS:

Budget Manager: _____ Mamie Adams-Austin _____ (Printed Name)

_____ *Mamie Adams-Austin* _____ (Signature).

REQUIRED

Contract Owner: _____ Robert Stakem, Jr. _____ (Printed Name)

_____ *Robert Stakem* _____ (Signature). **REQUIRED**

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

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022 CONTRACTS PROCESS**

The current **FY21** 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 **FY2022** starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	7682/ 2020-0022
Contractor Name:	Naomi Younggren
Interlocal Agreement:	
Service (brief description):	Consultant Agreement
Term for Off-Cycle Only:	
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	
Contract NTE (your current budget):	\$14,400.00
Rate(s)/Rate(s) Description:	
Unit(s) Served:	3360
G/L Code(s):	542000
FY21 Purchase Order Number:	CT140592
Contract Requester:	Marlene Hollier/ Margo Childs
Contract Owner:	Marlene Holllier

B. EVALUATION OF FY21 PERFORMANCE:

1. Have there been any significant performance deficiencies within 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 FY2022 with this Contractor? (Y) (N) ___.
2. REASON:
Program reevaluations determined there was a need for the consultant services.

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 FY2022:

Please provide the NTE for FY22 \$14,000.00 ____ . FY22 Rate(s) _see attachment _ UNIT_ 3360 __ GL CODE_542000 ____ . If Contract is a multi-year term, please provide the following.

FY23 ____ . FY23 Rate(s) ____ UNIT ____ GL CODE ____
FY24 ____ . FY24 Rate(s) ____ UNIT ____ GL CODE ____

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

FY 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__, if yes, provide brief description.

3. Is the payment deadline different than net (45)? N/Alf yes, please provide the net days _____ [i.e. net 30, 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** for this Contract__Robert Stakem, Jr., VP – IDD Services_____.

Please state the name of the **Responsible Staff** that will review and approve monthly invoices for this Contract__Marlene Hollier, Director – ECI Services_____.

APPROVALS:

Budget Manager: ____Mamie Adams-Austin____ (Printed Name)

Mamie Adams-Austin_____(Signature).
REQUIRED

Contract Owner: __Robert Stakem, Jr.____ (Printed Name)

Robert Stakem by M. Adams
(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-29

September 2021

AMENDMENTS UNDER 50k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$50,000

FY21 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS			*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION										
1	DISA Global Solutions, Inc.	No	Pre-Employment Drug Screening Testing	\$39,000.00	\$10,000.00	\$49,000.00	09/01/20- 08/31/21	GR	Sole Source	Amendment for increased need of pre-employment drug screening as a result of an increase in hiring volumes.
2	WEX Health, Inc. dba WEX	No	FSA Administrator Agency Wide	\$29,000.00	\$4,826.80	\$33,826.80	09/01/20- 08/31/21	GR	N/A	Amendment to increase funds to cover the invoice for May 2021 and August 2021.
3	WEX Health, Inc. dba WEX	No	Cobra Administrator Agency Wide	\$11,777.00	\$3,159.00	\$14,936.00	09/01/20- 08/31/21	GR	N/A	Amendment to increase funds to cover the invoice for May 2021 and August 2021.
CPEP										
CRISIS SERVICES										
FORENSICS										
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES										
4	CC Assessment Services, Inc.	No	Psychological Testing/Evaluations	\$24,500.00	\$12,000.00	\$36,500.00	11/27/20 - 08/31/21	GR	N/A	To increase the NTE to cover invoices for services for the duration of FY21.
5	Destinee Smith	No	Community First Choice Day Habilitation/Community	\$11,750.00	\$2,000.00	\$13,750.00	10/13/20- 08/31/21	State Grant	N/A	To amend the current contract to pay for additional hours awarded to the Individual.
6	Josefa Yanez Hernandez	No	Community First Choice Day Habilitation/Community	\$14,751.00	\$1,000.00	\$15,751.00	09/01/20- 08/31/21	State Grant	N/A	To amend the current contract to pay for additional hours awarded to the Individual.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI										
INTERLOCALS										
LEASES										
MENTAL HEALTH SERVICES										
PROGRAM MANAGEMENT										



Executive Contract Summary

Contract Section

Contractor*

DISA Global Solutions, Inc.

Contract ID #*

7069

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

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

\$ 39,000.00

Increase Not to Exceed*

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 49,000.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 49,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Increased need of pre-employment drug screening due to hiring volume and expansions

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2019-8/31/2020

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Fredoria Cartwright

Address*

Street Address

10900 Corporate Centre Drive

Address Line 2

Suite 250

City

Houston

State / Province / Region

TX

Postal / Zip Code

77041-5194

Country

US

Phone Number*

(281)673-2400

Email*

support@disa.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 10,000.00	543025
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

Drug Screens \$36.75

TB Testing \$38.32

X-Ray \$40.75

Project WBS (Work Breakdown Structure* (?)

varies

Requester Name

SAMPSON, STACIE

Submission Date

8/25/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/25/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

8/26/2021

Contracts Approval

Approve*

• Yes

No, reject entire submission

Return for correction

Approved by *

Shaskya Behn

Approval Date *

8/26/2021



Executive Contract Summary

Contract Section

Contractor*

WEX Health, Inc.

Contract ID #*

5749

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

THC and WEX33826.80

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 Agmt for Admin of FSA |

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*

\$ 29,000.00

Increase Not to Exceed*

\$ 4,826.80

Revised Total Not to Exceed (NTE)*

\$ 33,826.80

Fiscal Year* (?) 2021 Amount* (?) \$ 33,826.80

Funding Source* General Revenue (GR)

Contract Description / Type* (?)

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

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

Requesting an increase to cover the Invoice for 05/2021 and 08/2021

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2019 - 08/31/2020

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

- Yes No Unknown

Please provide an explanation*

WEX is not a HUB

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

WEX Health, Inc.

Address*

Street Address

P.O. Box 9258

Address Line 2

City

Fargo

State / Province / Region

ND

Postal / Zip Code

58106

Country

USA

Phone Number*

1-877-765-6810

Email *

accounting@discoverybenefits.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1108	\$ 4,826.80	543039
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure * (?)

None

Requester Name	Submission Date
GERNER, VALINDA G.	8/30/2021

Budget Manager Approval(s)**Approved by***Erica Brown***Approval Date**

8/30/2021

Contract Owner Approval**Approved by***Lesleigh Robertson***Approval Date**

8/30/2021

Contracts Approval**Approve ***

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

Approved by **Shastleya Behn***Approval Date ***

8/30/2021



Executive Contract Summary

Contract Section

Contractor*

WEX Health, Inc.

Contract ID #*

5748

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

THC and WEX

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 Agmt for Admin of COBRA |

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*

\$ 11,777.00

Increase Not to Exceed*

\$ 3,159.00

Revised Total Not to Exceed (NTE)*

\$ 14,936.00

Fiscal Year* (?)

Amount* (?)

2021

\$ 14,936.00

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* (?)

Requesting increase to pay May 2021 Invoice and August 2021 Invoice

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2019-08/31/2020

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

Yes No Unknown

Please provide an explanation*

WEX is not a HUB

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

WEX Health, Inc.

Address*

Street Address

P.O. Box 9258

Address Line 2

City

Fargo

Postal / Zip Code

58106

State / Province / Region

ND

Country

United States

Phone Number*

18777656810

Email*

accounting@discoverybenefits.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 3,159.00	543039
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure* (?)

None

Requester Name

GERNER, VALINDA G.

Submission Date

8/30/2021

Budget Manager Approval(s)**Approved by***Erica Brown***Approval Date**

8/30/2021

Contract Owner Approval**Approved by***Loulaigh Robertson***Approval Date**

8/31/2021

Contracts Approval**Approve***

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

Approved by**Shaskeyia Behn***Approval Date***

8/31/2021

Contract Section **Contractor***

CC Assessment Services, Inc.

Contract ID #*

7871

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center for Mental Health and IDD and CC Assessment Services, 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 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 checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Professional Services Agreement |

Funding Information*

- New Contract • Amendment

Contract Term Start Date* (?)

11/27/2020

Contract Term End Date* (?)

8/31/2021

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

N/A

Current Contract Amount*

\$ 24,500.00

Increase Not to Exceed*

\$ 12,000.00

Revised Total Not to Exceed (NTE)*

\$ 36,500.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 36,000.00

Funding Source*

State

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

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

We are requesting an increase to PO/CT 140748 to cover the invoices for services rendered for the duration of FY21 (through August 31, 2021).

Contract Owner*

Robert Stakem

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

11/27/20 - 08/31/21 to assist the agency with eligibility assessments/evaluations for consumers

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

CC Assessment Services, Inc

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Catherine Lewis, Owner

Address*

Street Address

13030 Terrace Run Lane

Address Line 2

City

Houston

Postal / Zip Code

77044

State / Province / Region

Texas

Country

USA

Phone Number*

859-322-8673

Email*

catherine.lewis@ccassessments.org

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 36,500.00	540503

Budget Manager

ADAMS-AUSTIN, MAMIE L

Secondary Budget Manager

STAKEM, ROBERT P

Provide Rate and Rate Descriptions if applicable* (?)

\$350.00 per assessment/evaluation

Project WBS (Work Breakdown Structure* (?)

N/A

Requester Name

CHILDS, MARGO S

Submission Date

8/11/2021

Budget Manager Approval(s)**Approved by***Mamie Adams-Austin***Approval Date**

8/11/2021

Contract Owner Approval**Approved by***Robert Stakem***Approval Date**

8/19/2021

Contracts Approval**Approve***

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

Approved by**Belinda Stude***Approval Date***

8/20/2021



Executive Contract Summary

Contract Section

Contractor*

Destinee Smith

Contract ID #*

7851

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

Destinee Smith, The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 11,750.00

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 13,750.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 13,750.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

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

Per IPC, the individuals has received additional hours on plan which has caused the need of an increase to contractor contract.

Contract Owner*

Robert Stakem

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Destinee Smith

Address*

Street Address

17431 Hoover Gardens Drive

Address Line 2

City

Houston

Postal / Zip Code

77095-6984

State / Province / Region

TX

Country

US

Phone Number*

7139708338

Email*

smith.destinee1996@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 1,000.00	543005

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 1,000.00	543009

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure* (?)

n/a

Requester Name ANTHONY, PATRINA R	Submission Date 8/26/2021
---	-------------------------------------

Budget Manager Approval(s)

Approved by <i>Mamie Adams-Austin</i>	Approval Date 8/26/2021
---	-----------------------------------

Contract Owner Approval

Approved by <i>Robert Stakem</i>	Approval Date 8/26/2021
--	-----------------------------------

Contracts Approval

Approve *

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

Approved by * <i>Shaslyja Behn</i>	Approval Date * 8/26/2021
--	-------------------------------------



Executive Contract Summary

Contract Section

Contractor*

Josefa Yanez

Contract ID #*

6965

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/3/2021

Parties* (?)

Josefa Yanez, The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 14,751.00

Increase Not to Exceed*

\$ 1,000.00

Revised Total Not to Exceed (NTE)*

\$ 15,751.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 15,751.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Individual was award additional hours for this IPC year

Contract Owner*

Robert Stakem

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2020-8/31/2021

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Josefa Yanez Hernandez

Address*

Street Address

514 Rosamond Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77076-3344

Country

US

Phone Number*

7139708338

Email*

patrina.anthony@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 500.00	543005

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 500.00	543009

Budget Manager ADAMS-AUSTIN, MAMIE L	Secondary Budget Manager STAKEM, ROBERT P
--	---

Provide Rate and Rate Descriptions if applicable* (?)

\$9.00 per hour for individuals with LON of 1 & 5

\$10.00 per hour for individuals with LON 8 & 5

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name ANTHONY, PATRINA R	Submission Date 8/18/2021
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

8/18/2021

Contract Owner Approval

Approved by

Robert Stakem

Approval Date

8/19/2021

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/20/2021



Executive Contract Summary

Contract Section

Contractor*

CARAHSOFT

Contract ID #*

7844

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

 CARAHSOFT
 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 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 DIR-TSO-4288 |

Funding Information*
 New Contract • Amendment

Contract Term Start Date* (?)

10/1/2021

Contract Term End Date* (?)

10/2/2022

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

Current Contract Amount*

\$ 17,100.00

Increase Not to Exceed*

\$ 4,291.80

Revised Total Not to Exceed (NTE)*

\$ 21,391.80

Fiscal Year* (?)

2022

Amount* (?)

\$ 4,291.80

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The price increased due to the number of envelopes per year and 10 professional hours.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT140580

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

- | | |
|--|----------|
| FY22_CARASOFT_ECS.pdf | 752.48KB |
| Carahsoft - DocuSign - 08.05.2021 - Harris Center Quote 30661709.pdf | 186.94KB |

Vendor/Contractor Contact Person

Name*

CARASOFT/JENNIFER YEATER

Address*

Street Address

11493 Sunset Hills Road

Address Line 2

SUITE 100

City

Reston

State / Province / Region

VA

Postal / Zip Code

20190

Country

US

Phone Number*

571.662.3397

Email *

JENNIFER.YEATER@CARAHSOFT.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 4,291.80	90021
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable * (?)

SEE ATTACHMENT

Project WBS (Work Breakdown Structure * (?)

N/A

Requester Name

BOSWELL, SHAWN TI R

Submission Date

8/10/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/10/2021

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

8/10/2021

Contracts Approval

Approve *

 Yes No, reject entire submission Return for correction

Approved by *

Shasthya Behn

Approval Date *

8/10/2021

EXHIBIT F-30

**September 2021
Affiliation Agreements, Grants,
MOU's and Revenues
Information Only**



Executive Contract Summary

Contract Section

Contractor *

Lone Star College

Contract ID # *

2021-0214

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/21/2021

Parties * (?)

The Harris Center for Mental Health and IDD and Lone Star College

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

9/1/2021

Contract Term End Date * (?)

8/31/2026

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

Fiscal Year * (?)

2022

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 Lone Star College focusing on their LCDC certification to complete clinical internships as part of their academic requirements. These students will utilize the skills learned while adhering to agency policy 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*

School is not a HBCU

Community Partnership* (?)

Yes No Unknown

Specify Name*

Lone Star College

Supporting Documentation Upload (?)

OGC-S-2016-05 Education Affiliation Agreement (06-21).pdf 222.6KB

Vendor/Contractor Contact Person

Name*

Sheremetria Davis

Address*

Street Address

4141 Victory Drive

Address Line 2

City

Houston

Postal / Zip Code

77088

State / Province / Region

TX

Country

United States

Phone Number*

281.810.5647

Email*

sheremetria.davis@lonestar.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	Submission Date
ROBERTSON, VALERIE R	9/1/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/1/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

9/1/2021

Contracts Approval

Approve *

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

Approved by *

Shasthya Behn

Approval Date *

9/2/2021



Executive Contract Summary

Contract Section

Contractor*

The College of Health Care Professions

Contract ID #*

2021-0213

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center for Mental Health and IDD and The College of Health Care Professions Medical Assistant Certification 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2022

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 College of Health Care Professions Medical Assistant Certification Program to complete externships as part of their academic requirements with The Harris Center for Mental Health and IDD. These students will utilize the skills learned while adhering to agency policy 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*

School is not a HBCU

Community Partnership* (?)

Yes No Unknown

Specify Name*

The College of Health Care Professions

Supporting Documentation Upload (?)

Affiliation Agreement 05.2021.doc.docx

35.8KB

Vendor/Contractor Contact Person

Name*

Janay Warren

Address*

Street Address

2550 N. Loop W

Address Line 2

Suite 300

City

Houston

Postal / Zip Code

77092

State / Province / Region

TX

Country

United States

Phone Number*

(832) 333-9050

Email*

jwarren@chcp.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 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	Submission Date
ROBERTSON, VALERIE R	9/1/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/1/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ladleigh Robertson

Approval Date

9/1/2021

Contracts Approval

Approve*

 Yes No, reject entire submission Return for correction

Approved by*

Shadleyia Bohn

Approval Date*

9/2/2021





Executive Contract Summary

Contract Section

Contractor*

University of Houston

Contract ID #*

2021-0198

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

The Harris Center for Mental Health and IDD and University of Houston's Clinical Psychology 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* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 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 checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input checked="" 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 type="checkbox"/> Other |

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

This agreement will allow students enrolled in the Clinical Psychology program to complete clinical experiences with The Harris Center. The students will utilize the skills and knowledge gained while abiding by the agency's policies and procedures.

Contract Owner*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Several agreements with different programs at UH

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

- Yes No Unknown

Please provide an explanation*

UH is not a HBCU

Community Partnership* (?)

- Yes No Unknown

Specify Name*

University of Houston

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jack M. Fletcher

Address*

Street Address

3695 Cullen Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77004

Country

United States

Phone Number*

8328422004

Email *

jackfletcher@uh.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
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
ROBERTSON, VALERIE R

Submission Date
8/11/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/11/2021

Procurement Approval

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

8/12/2021

Contracts Approval

Approve*

• Yes

No, reject entire submission

Return for correction

Approved by*

Shadeya Behn

Approval Date*

8/12/2021





Executive Contract Summary

Contract Section

Contractor*

The American Indian Center of Houston

Contract ID #*

NA 2021-0204

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

The American Indian Center 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 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* (?)

8/13/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 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 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 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* (?)

The care coordination agreement serves to confirm that mutual understanding of The Harris Center for Mental Health and IDD and the following referral partner: American Indian Center of Houston

Director: Sarah Strang

Contract Owner*

Kim Kommayer

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*

American Indian Center of Houston

Supporting Documentation Upload (?)**Vendor/Contractor Contact Person****Name***

Nikki McDonald, Program Director

Address*

Street Address

2000 South Dairy Ashford Road Suite 550

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77077-5700

Country

US

Phone Number*

(346) 374-8516

Email*

NMcDonald@tunica.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 0.00	0

Budget Manager OSHMAN, JODEL	Secondary Budget Manager KORNMAYER, KIMBERLY A
--	--

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure* (?)

na

Requester Name SINGH, PATRICIA R.	Submission Date 8/13/2021
---	-------------------------------------

Budget Manager Approval(s)

Approved by



Approval Date
8/18/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date
8/18/2021

Contracts Approval

Approve*

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

Approved by*



Approval Date*
8/19/2021



Executive Contract Summary

Contract Section

Contractor*

The Council on Recovery - Recovery Support Services - MOU

Contract ID #*

2021-0210

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/21/2021

Parties* (?)

The Council on Recovery - Recovery Support Services 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 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

State

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

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

Provide recovery coaching services and referrals to clients seeking recovery

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 (?)

The Council on Recovery - Recovery Support Services, MOU.pdf 137.19KB

Vendor/Contractor Contact Person

Name*

Mary Beck, President and CEO

Address*

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77007-7407

Country

US

Phone Number*

713-942-4100

Email*

mbeck@councilonrecovery.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	8/27/2021

Budget Manager Approval(s)

Approved by	Approval Date
<i>Debbie Chambers Shelby</i>	8/27/2021

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Michael Downey</i>	8/27/2021

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shashyia Behn</i>	8/27/2021