

REVISED
Full Board Meeting
October 27, 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, September 29, 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-October
(*EXHIBIT F-2 Sean Kim*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Program Committee Report and/or Action
(*B. Hellums, Chair*)
 - D. Audit Committee Report and/or Action
(*L. Moore, Chair*)
 - E. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - F. The Harris Center Foundation Board Report and/or Action
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
 - A. Approve FY'22 Year-to-Date Budget Report-October
(*EXHIBIT F-3 Sean Kim*)
 - B. October 2021 New Contracts Over 50K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. October 2021 Contract Renewals Over 50K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. October 2021 Contract Amendments Over 50K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. October 2021 Interlocal Agreements
(*EXHIBIT F-7 Silvia Tiller*)
 - F. Accessibility Plan
(*EXHIBIT F-8*)

- G. Substance Use Disorder Plan
(EXHIBIT F-9)
- H. Infection Control Plan
(EXHIBIT F-10)
- I. Business Associate Policy
(EXHIBIT F-11)
- J. Plan of Care Policy
(EXHIBIT F-12)
- K. Cash Receipts & Bank Deposits
(EXHIBIT F-13)
- L. Declaration of Mental Health Treatment
(EXHIBIT F-14)
- M. Delegation and Supervision of Certain Nursing Acts
(EXHIBIT F-15)
- N. Delegations in the Absence of the Chief Executive Officer (CEO)
(EXHIBIT F-16)
- O. Emergency Codes, Alerts and Response
(EXHIBIT F-17)
- P. Employee Performance Evaluations
(EXHIBIT F-18)
- Q. Employment
(EXHIBIT F-19)
- R. Financial Assessments
(EXHIBIT F-20)
- S. Inquiries on Employees
(EXHIBIT F-21)
- T. Obligation to Identify Individuals or Entities Excluded from
Participation In Federal Health Care Programs
(EXHIBIT F-22)
- U. Petty Cash
(EXHIBIT F-23)
- V. Subpoenas
(EXHIBIT F-24)

VII. REVIEW AND COMMENT

- A. Information Technology Roadmap FY2022-FY2024
(EXHIBIT F-25 Mustafa Cochinwala)
- B. Strategic Plan FY2022-2024
(Wayne Young)
- C. Board Committee Assignments
(Shaukat Zakaria)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

- **In accordance with §551.071 of the Texas Government Code, Consultation with Attorney regarding potential litigation related to a Contractual Dispute with NOW Solutions. Shannon Fleming, Sr. Legal Counsel and Silvia Tiller, Director of Contracts & Real Estate**

- **In accordance with §551.071 of the Texas Government Code, Consultation with General Counsel regarding litigation, Cause #4:20-CV-00142, Margaret Mitchell v. Community Health Choice Texas, Inc. et. al. Kendra Thomas, General Counsel**

- **In accordance with §551.071 of the Texas Government Code, Consultation with General Counsel regarding litigation, Cause 202108238, Shadawn McCants v. City of Houston & the Harris Center. Kendra Thomas, General Counsel**

- **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 & Real Estate**

- **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Northwest Clinic located at 3737 Dacoma, Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**

- **Pursuant to Tex. Government Code §551.074, Discussion regarding the Performance Evaluation of the Chief Executive Officer (CEO). Board of Trustees**

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

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

- A. **October 2021 New Contracts Under 50K
(EXHIBIT F-26)**
- B. **October 2021 Contract Renewals Under 50K
(EXHIBIT F-27)**

- C. October 2021 Contract Amendments Under 50K
(EXHIBIT F-28)
- D. October 2021 Affiliation Agreements, Grants, MOU's and Revenues-
Information Only
(EXHIBIT F-29)

XIII. ADJOURN



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



EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: September 29, 2021

**TRUSTEES
IN ATTENDANCE:** Dr. George Santos, Vice Chairperson
Dr. Lois Moore, Vice Chairperson
Mr. Gerald Womack
Judge Bonnie Hellums
Dr. Robin Gearing-Videoconference
Mr. Jim Lykes

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

1. Declaration of Quorum

Dr. George Santos, Vice Chairperson, called the meeting to order at 9:30 a.m. noting that a quorum of the Board was in attendance.

2. Public Comments

Dr. George Santos, Vice Chairperson, announced the floor is open for public comments. There were no public comments made.

3. Approval of Minutes

MOTION BY: WOMACK

SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Wednesday, August 25, 2021 as presented under Exhibit F-1, are approved.

4. **Chief Executive Officer's Report** was provided by CEO Wayne Young
Mr. Young provided a Chief Executive Officer report to the Board.
5. **Committee Reports and Action were presented by the respective chairs:**
 - A. Resource Committee Report and/or Action- G. Womack, Chair
 1. FY'21 Year-to-Date Budget Report- September
 - 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-Mrs. Hellums provided an updated.
 - D. Audit Committee Report and/or Action-L. Moore, Chair
 - E. Governance Committee Report and/or Action-J. Lykes, Chair
 1. Annual Board Training-Mr. Lykes provided an update.
 2. Board Committee Assignments-Mr. Lykes provided an update.

6. **Consent Agenda**

MOTION: Dr. Moore moved to approve Consent Agenda items A through F and G1 through G16 with the exception of agenda item G11

SECOND: G. Womack seconded the motion.

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through F and G1 through G16 were approved agenda items. Consent agenda item G11 was not approved.

- A. Approve FY'21 Year-to-Date Budget Report-September
- B. September 2021 New Contracts Over 50K
- C. September 2021 Contract Renewals Over 50K
- D. September 2021 Contract Amendments Over 50K
- E. September 2021 Interlocal Agreements
- F. September Contract Ratifications
- G. Policies
 1. Code of Ethics
 2. Off Premises Equipment Usage
 3. Peer Specialist Supervision
 4. Performance Reporting & Monitoring of Service Contracts
 5. Religious Accommodations

- 6. Communication with the Media
- 7. Dues & Fees
- 8. Mail Services
- 9. Management of Legal Documents & Litigation
- 10. Organizational Development
- 11. Professional Review Committee
- 12. Record Retention
- 13. Suicide and Homicide Prevention
- 14. Third Party Participation in Patient Services
- 15. Travel
- 16. Workforce Reduction

7. Consider and Recommend Action

A. Kronos, Inc. - September 2021 Contract Amendment over \$50,000 (Correction)

MOTION BY: WOMACK

SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Kronos, Inc. - September 2021 Contract Amendment over \$50,000 (Correction) as presented, are approved.

8. Review and Comment

A. Strategic Plan-Mr. Young presented the Strategic Plan

9. Executive Session

At 10:49 a.m. Vice Chairperson Dr. George Santos announced the Board would enter into Executive Session for the following reasons:

- Pursuant to Tex. Government Code §551.07 4, Discussion regarding the Performance Evaluation of the Chief Executive Officer (CEO) and Consideration of Approval of CEO Evaluative 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 any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

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: HELLUMS SECOND: WOMACK

Motion passed with unanimous affirmative votes

The meeting was adjourned at 11:28 A.M.

Respectfully submitted,

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

DRAFT

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report

For the First Month and Year to Date Ended September 30, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on October 19, 2021

The Harris Center for Mental Health & IDD

October 19, 2021

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

The monthly financial report for September 30, 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 First Month and Year to Date Ended September 30, 2021

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,575	\$ 22,698	\$ (2,123)
Expenditures	<u>22,873</u>	<u>25,593</u>	<u>2,719</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,298)</u>	<u>\$ (2,894)</u>	<u>\$ 596</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 826</u>	<u>\$ 166</u>	<u>\$ 660</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the First Month and Year to Date Ended September 30, 2021

	Month Ended September 30, 2021				One Month Ended September 30, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 4,161,641	\$ 4,827,929	\$ (666,288)	c -14%	\$ 4,161,641	\$ 4,827,929	\$ (666,288)	-14%
PAP / Samples	821,442	1,025,891	(204,449)	-20%	821,442	1,025,891	(204,449)	-20%
Interest	4,829	4,166	663	d 16%	4,829	4,166	663	16%
State General	9,981,833	9,988,112	(6,279)	0%	9,981,833	9,988,112	(6,279)	0%
State Grants	1,086,905	1,189,480	(102,575)	e -9%	1,086,905	1,189,480	(102,575)	-9%
Federal Grants	2,052,746	2,442,371	(389,625)	f -16%	2,052,746	2,442,371	(389,625)	-16%
3rd party billings	2,466,053	3,220,432	(754,379)	g -23%	2,466,053	3,220,432	(754,379)	-23%
Total Revenue	20,575,449	22,698,381	(2,122,932)	h -9%	20,575,449	22,698,381	(2,122,932)	-9%
Total Expenses:								
Salaries and Fringe	15,850,073	17,481,336	1,631,263	i 9%	15,850,073	17,481,336	1,631,263	9%
Travel	56,088	180,418	124,330	69%	56,088	180,418	124,330	69%
Contracts and Consultants	1,674,474	1,859,223	184,749	10%	1,674,474	1,859,223	184,749	10%
HPCPC Contract	2,359,790	2,369,793	10,003	0%	2,359,790	2,369,793	10,003	0%
Supplies and Drugs	1,242,329	1,365,704	123,375	9%	1,242,329	1,365,704	123,375	9%
Equipment (Purch, Rent, Maint)	352,893	620,214	267,321	j 43%	352,893	620,214	267,321	43%
Building (Purch, Rent, Maint)	208,517	587,815	379,298	k 65%	208,517	587,815	379,298	65%
Vehicle (Purch, Rent, Maint)	35,077	40,702	5,625	14%	35,077	40,702	5,625	14%
Telephone and Utilities	235,991	245,640	9,649	4%	235,991	245,640	9,649	4%
Insurance, Legal, Audit	142,498	145,295	2,797	2%	142,498	145,295	2,797	2%
Other	692,596	646,331	(46,265)	-7%	692,596	646,331	(46,265)	-7%
Claims Denials	23,157	50,035	26,878	54%	23,157	50,035	26,878	54%
Total Expenses	22,873,483	25,592,506	2,719,023	l 11%	22,873,483	25,592,506	2,719,023	11%
Excess of Revenues over (under) Expenditures before Other Sources	(2,298,034) a	(2,894,125)	596,091		(2,298,034)	(2,894,125)	596,091	
Funds from other sources:								
Use of fund balance - CapEx	57,284	-	57,284		57,284	-	57,284	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	531,106	531,106	-		531,106	531,106	-	
Waiver 1115 Revenues	2,528,811	2,528,811	-		2,528,811	2,528,811	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	6,620	-	6,620		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 825,787	\$ 165,792	\$ 659,995		\$ 825,787 b	\$ 165,792	\$ 659,995	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of September 30, 2021

	Ending Balance		Increase/(Decrease)	
	August 31, 2021	September 30, 2021	September	
Assets				
Cash and Cash Equivalents	\$ 130,455,663	\$ 153,731,898	\$ 23,276,235	a
Inventory - includes RX	289,631	286,471	(3,160)	b
Prepaid Expenses	3,117,385	5,635,567	2,518,182	c
A/R Medicaid, Medicare, 3rd Party	14,003,832	14,597,309	593,477	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	24,988,105	14,261,671	(10,726,434)	d
A/R DSRIP	-	2,528,811	2,528,811	
Total Current Assets	<u>165,948,793</u>	<u>184,135,904</u>	<u>18,187,111</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	9,851,725	9,851,725	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	14,930,427	14,987,710	57,283	
Total Property, Plant & Equipment	<u>78,104,170</u>	<u>78,161,453</u>	<u>57,283</u>	
TOTAL ASSETS	<u>\$ 244,052,963</u>	<u>\$ 262,297,357</u>	<u>\$ 18,244,394</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 27,441,448	\$ 44,373,075	\$ 16,931,627	e
Accrued Payroll and Accounts Payables	25,808,100	26,936,640	1,128,540	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,249,548</u>	<u>71,309,715</u>	<u>18,060,167</u>	
State Escheatment Payable	34,157	71,596	37,439	
Total Non Current Liabilities	<u>34,157</u>	<u>71,596</u>	<u>37,439</u>	
TOTAL LIABILITIES	<u>53,283,705</u>	<u>71,381,311</u>	<u>18,097,606</u>	
General Fund Balance	15,560,089	14,885,086	(675,003)	g
Nonspendable				
Investment in Inventories	289,631	286,471	(3,160)	
Investment In Fixed Assets	78,104,170	78,161,453	57,283	
Assigned:				
Current Capital Projects	23,620,608	23,563,325	(57,283)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	35,668,857	63,142,906	27,474,049	i
COVID-19 eFMAP Reserve	1,469,158	1,469,158	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>163,294,373</u>	<u>190,090,259</u>	<u>26,795,886</u>	
Year to Date Excess Revenues over (under) Expenditures	27,474,885	825,787	(26,649,098)	
TOTAL FUND BALANCE	<u>190,769,258</u>	<u>190,916,046</u>	<u>146,788</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 244,052,963</u>	<u>\$ 262,297,357</u>	<u>\$ 18,244,394</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended September 30, 2021

I. Comparison of Revenue and Expenses

- a. For the month of September 2021, the first month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$2,298,034.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$825,787 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
- c. Harris County and Local is unfavorable to budget by \$666,288 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Interest is favorable to budget by \$663 because budgeted interest for the year has been adjusted to align more closely with the current interest rate environment.
- e. State grants are unfavorable to budget by \$102,575 primarily due to timing of expenses related to 6160 apartment construction and unfilled positions.
- f. Federal grants are unfavorable to budget by \$389,625 primarily due to unfilled positions eligible for federal reimbursement.
- g. Third Party Billings are unfavorable to budget by \$754,379.
- h. Total Revenue is unfavorable to budget by \$2,122,932.
- i. Salaries and Fringe Benefits are favorable to budget by \$1,631,263 due to various unfilled positions at this time.
- j. Equipment is favorable to budget by \$267,321 due to timing of expenses.
- k. Building is favorable to budget by \$379,298 due to timing of expenses related to 6160 Apartments.
- l. Total Expenses are favorable to budget by \$2,719,023.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended September 30, 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)
	8/31/2021	9/30/2021	September
Cash-General Fund Bank of America	\$ 2,785,888	\$ 2,236,299	\$ (549,589)
Cash-General Fund Chase	14,386,976	34,362,467	19,975,491
Cash-BOA ACH Vendor	224,302	651,344	427,042
Cash-FSA-Discovery	170,657	192,719	22,062
Petty Cash	9,300	5,700	(3,600)
Investments-Texpool General Fund	1,001,595	1,001,617	22
Investments-Texpool Self Insurance	2,288,964	2,289,016	52
Investments-Texpool Prime	52,063,342	61,566,211	9,502,869
Investments-Texas Class	57,524,639	51,426,525	(6,098,114)
	<u>\$ 130,455,663</u>	<u>\$ 153,731,898</u>	<u>\$ 23,276,235</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)
	8/31/2021	9/30/2021	September
Inventory-Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	40,250	18,750
Supplies Used	(8,190)	(30,100)	(21,910)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 289,631</u>	<u>\$ 286,471</u>	<u>\$ (3,160)</u>

- c. Prepaid Expenses increased 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 September 30, 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable decreased in September.

	Ending Balance		Increase (Decrease)
	8/31/2021	9/30/2021	September
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	70,450	73,714	3,264
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	75,010	81,834	6,824
General Accounts Receivable	1,846,008	2,581,805	735,797
Harris County Juvenile Probation	889,653	966,959	77,306
Harris County Community Supervision	408,882	404,245	(4,637)
Harris County Sheriff's Department	3,397,004	3,350,131	(46,873)
ICFMR	179,641	170,352	(9,289)
ECI Administrative Claiming	(84,269)	(35,116)	49,153
TCOOMMI-Special Needs	466,001	452,338	(13,663)
TDCJ-Parole	61,500	61,500	-
TDCJ-Substance Abuse	53,550	52,367	(1,183)
TCOOMMI-Juvenile	202,514	143,491	(59,023)
Jail Diversion	3,188,451	2,447,334	(741,117)
ECI	318,929	491,982	173,053
ECI Respite	154	-	(154)
ECI SNAP	20,396	30,296	9,900
HUD-Safe Havens	371,737	371,737	-
PATH-Mental Health Block Grant	82,249	79,617	(2,632)
MH Block Grant	6,263,208	-	(6,263,208)
MH Block Grant-Coordinated Specialty Care	133,209	99,984	(33,225)
Title XX Social Services	1,160,631	-	(1,160,631)
TANFF to Title XX Block Grant	3,382,017	-	(3,382,017)
DSHS SAPT Block Grant	104,843	170,142	65,299
Enhanced Community Coordinator	156,766	86,111	(70,655)
Subtotal, A/R-Other	\$ 22,840,748	\$ 12,173,037	\$ (10,667,711)

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended September 30, 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	8/31/2021	9/30/2021	September
DSHS Mental Health First Aid	\$ 20,409	\$ 19,304	\$ (1,105)
HHSC ZEST-Zero Suicide	40,896	108,426	67,530
HCC Open Door	691,815	259,827	(431,988)
HCS	22,416	22,416	-
Tx Home Living Waiver	(142,945)	(121,525)	21,420
Federal DSHS Disaster Assistance	1,351,918	841,685	(510,233)
DPP-BHS	-	790,438	790,438
Helpline Contracts	74,786	52,145	(22,641)
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	27,194	55,050	27,856
Grand Total A/R - Other	\$ 24,988,105	\$ 14,261,671	\$ (10,726,434)

- e. Unearned Income increased due to receipt 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 decreased due to operations.
- h. Current Capital Projects decreased due to expenses related to Board approved Capex projects.
- i. Waiver 1115 Reserves increased due to recognition of DSRIP net profit from FY21.
- j. Days of Operations in Reserve for Total Agency is 144 days versus 100 days for the prior month.

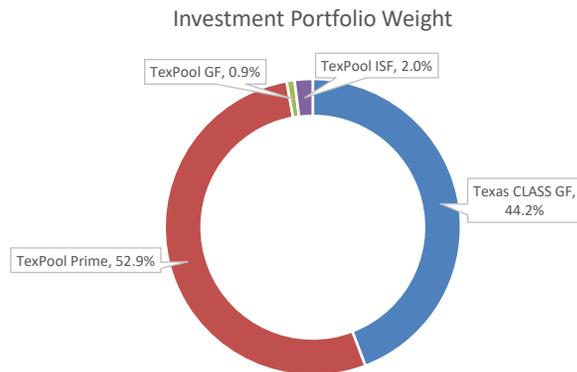
III. Investment Portfolio

- a. Total investments as of September 30, 2021, is \$116,283,368 of which 100% is in government pools. (Texas Class 44% and TexPool 56%)
- b. Investments this month yielded interest income of \$4,829.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 September 30, 2021

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 57,524,639	\$ -	\$ (6,100,000)	\$ 1,886	\$ 51,426,525	44.2%	0.048%
<i>TexPool</i>							
TexPool Prime	52,063,342	\$ 9,500,000	\$ -	2,868	61,566,211	52.9%	0.062%
TexPool General Fund	1,001,594			23	1,001,617	0.9%	0.022%
TexPool Internal Service Fund	2,288,964			52	2,289,016	2.0%	0.022%
<i>TexPool Sub-Total</i>	<i>55,353,900</i>	<i>9,500,000</i>	<i>-</i>	<i>2,943</i>	<i>64,856,844</i>	<i>55.8%</i>	<i>0.060%</i>
Total Investments	\$ 112,878,540	\$ 9,500,000	\$ (6,100,000)	\$ 4,829	\$ 116,283,368	100%	0.054%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **0.055%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **0.048%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of September 30, 2021 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

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

Report for September 2021

Vendor	Description	Monthly Not-To-Exceed*	Sep-21	YTD Total (Sept 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,303,446	\$1,303,446
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$196,819	\$196,819
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,023,866	\$2,023,866
Cigna Dental	Dental Insurance	\$100,000	\$76,964	\$76,964

* 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 September 2021 Payments of Liabilities for Employee Benefits = 11% of Expenditures.

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report

For the First Month and Year to Date Ended September 30, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on October 19, 2021

The Harris Center for Mental Health & IDD

October 19, 2021

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

The monthly financial report for September 30, 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 First Month and Year to Date Ended September 30, 2021

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 20,575	\$ 22,698	\$ (2,123)
Expenditures	<u>22,873</u>	<u>25,593</u>	<u>2,719</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,298)</u>	<u>\$ (2,894)</u>	<u>\$ 596</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 826</u>	<u>\$ 166</u>	<u>\$ 660</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the First Month and Year to Date Ended September 30, 2021

	Month Ended September 30, 2021				One Month Ended September 30, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 4,161,641	\$ 4,827,929	\$ (666,288)	c -14%	\$ 4,161,641	\$ 4,827,929	\$ (666,288)	-14%
PAP / Samples	821,442	1,025,891	(204,449)	-20%	821,442	1,025,891	(204,449)	-20%
Interest	4,829	4,166	663	d 16%	4,829	4,166	663	16%
State General	9,981,833	9,988,112	(6,279)	0%	9,981,833	9,988,112	(6,279)	0%
State Grants	1,086,905	1,189,480	(102,575)	e -9%	1,086,905	1,189,480	(102,575)	-9%
Federal Grants	2,052,746	2,442,371	(389,625)	f -16%	2,052,746	2,442,371	(389,625)	-16%
3rd party billings	2,466,053	3,220,432	(754,379)	g -23%	2,466,053	3,220,432	(754,379)	-23%
Total Revenue	20,575,449	22,698,381	(2,122,932)	h -9%	20,575,449	22,698,381	(2,122,932)	-9%
Total Expenses:								
Salaries and Fringe	15,850,073	17,481,336	1,631,263	i 9%	15,850,073	17,481,336	1,631,263	9%
Travel	56,088	180,418	124,330	69%	56,088	180,418	124,330	69%
Contracts and Consultants	1,674,474	1,859,223	184,749	10%	1,674,474	1,859,223	184,749	10%
HPCPC Contract	2,359,790	2,369,793	10,003	0%	2,359,790	2,369,793	10,003	0%
Supplies and Drugs	1,242,329	1,365,704	123,375	9%	1,242,329	1,365,704	123,375	9%
Equipment (Purch, Rent, Maint)	352,893	620,214	267,321	j 43%	352,893	620,214	267,321	43%
Building (Purch, Rent, Maint)	208,517	587,815	379,298	k 65%	208,517	587,815	379,298	65%
Vehicle (Purch, Rent, Maint)	35,077	40,702	5,625	14%	35,077	40,702	5,625	14%
Telephone and Utilities	235,991	245,640	9,649	4%	235,991	245,640	9,649	4%
Insurance, Legal, Audit	142,498	145,295	2,797	2%	142,498	145,295	2,797	2%
Other	692,596	646,331	(46,265)	-7%	692,596	646,331	(46,265)	-7%
Claims Denials	23,157	50,035	26,878	54%	23,157	50,035	26,878	54%
Total Expenses	22,873,483	25,592,506	2,719,023	l 11%	22,873,483	25,592,506	2,719,023	11%
Excess of Revenues over (under) Expenditures before Other Sources	(2,298,034) a	(2,894,125)	596,091		(2,298,034)	(2,894,125)	596,091	
Funds from other sources:								
Use of fund balance - CapEx	57,284	-	57,284		57,284	-	57,284	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	531,106	531,106	-		531,106	531,106	-	
Waiver 1115 Revenues	2,528,811	2,528,811	-		2,528,811	2,528,811	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	6,620	-	6,620		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 825,787	\$ 165,792	\$ 659,995		\$ 825,787 b	\$ 165,792	\$ 659,995	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of September 30, 2021

	Ending Balance		Increase/(Decrease)	
	August 31, 2021	September 30, 2021	September	
Assets				
Cash and Cash Equivalents	\$ 130,455,663	\$ 153,731,898	\$ 23,276,235	a
Inventory - includes RX	289,631	286,471	(3,160)	b
Prepaid Expenses	3,117,385	5,635,567	2,518,182	c
A/R Medicaid, Medicare, 3rd Party	14,003,832	14,597,309	593,477	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	24,988,105	14,261,671	(10,726,434)	d
A/R DSRIP	-	2,528,811	2,528,811	
Total Current Assets	<u>165,948,793</u>	<u>184,135,904</u>	<u>18,187,111</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	9,851,725	9,851,725	-	
Vehicles	1,605,231	1,605,231	-	
Construction in Progress	14,930,427	14,987,710	57,283	
Total Property, Plant & Equipment	<u>78,104,170</u>	<u>78,161,453</u>	<u>57,283</u>	
TOTAL ASSETS	<u>\$ 244,052,963</u>	<u>\$ 262,297,357</u>	<u>\$ 18,244,394</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 27,441,448	\$ 44,373,075	\$ 16,931,627	e
Accrued Payroll and Accounts Payables	25,808,100	26,936,640	1,128,540	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,249,548</u>	<u>71,309,715</u>	<u>18,060,167</u>	
State Escheatment Payable	34,157	71,596	37,439	
Total Non Current Liabilities	<u>34,157</u>	<u>71,596</u>	<u>37,439</u>	
TOTAL LIABILITIES	<u>53,283,705</u>	<u>71,381,311</u>	<u>18,097,606</u>	
General Fund Balance	15,560,089	14,885,086	(675,003)	g
Nonspendable				
Investment in Inventories	289,631	286,471	(3,160)	
Investment In Fixed Assets	78,104,170	78,161,453	57,283	
Assigned:				
Current Capital Projects	23,620,608	23,563,325	(57,283)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	35,668,857	63,142,906	27,474,049	i
COVID-19 eFMAP Reserve	1,469,158	1,469,158	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>163,294,373</u>	<u>190,090,259</u>	<u>26,795,886</u>	
Year to Date Excess Revenues over (under) Expenditures	27,474,885	825,787	(26,649,098)	
TOTAL FUND BALANCE	<u>190,769,258</u>	<u>190,916,046</u>	<u>146,788</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 244,052,963</u>	<u>\$ 262,297,357</u>	<u>\$ 18,244,394</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended September 30, 2021

I. Comparison of Revenue and Expenses

- a. For the month of September 2021, the first month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$2,298,034.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$825,787 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
- c. Harris County and Local is unfavorable to budget by \$666,288 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Interest is favorable to budget by \$663 because budgeted interest for the year has been adjusted to align more closely with the current interest rate environment.
- e. State grants are unfavorable to budget by \$102,575 primarily due to timing of expenses related to 6160 apartment construction and unfilled positions.
- f. Federal grants are unfavorable to budget by \$389,625 primarily due to unfilled positions eligible for federal reimbursement.
- g. Third Party Billings are unfavorable to budget by \$754,379.
- h. Total Revenue is unfavorable to budget by \$2,122,932.
- i. Salaries and Fringe Benefits are favorable to budget by \$1,631,263 due to various unfilled positions at this time.
- j. Equipment is favorable to budget by \$267,321 due to timing of expenses.
- k. Building is favorable to budget by \$379,298 due to timing of expenses related to 6160 Apartments.
- l. Total Expenses are favorable to budget by \$2,719,023.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended September 30, 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
	8/31/2021	9/30/2021	(Decrease) September
Cash-General Fund Bank of America	\$ 2,785,888	\$ 2,236,299	\$ (549,589)
Cash-General Fund Chase	14,386,976	34,362,467	19,975,491
Cash-BOA ACH Vendor	224,302	651,344	427,042
Cash-FSA-Discovery	170,657	192,719	22,062
Petty Cash	9,300	5,700	(3,600)
Investments-Texpool General Fund	1,001,595	1,001,617	22
Investments-Texpool Self Insurance	2,288,964	2,289,016	52
Investments-Texpool Prime	52,063,342	61,566,211	9,502,869
Investments-Texas Class	57,524,639	51,426,525	(6,098,114)
	<u>\$ 130,455,663</u>	<u>\$ 153,731,898</u>	<u>\$ 23,276,235</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
	8/31/2021	9/30/2021	(Decrease) September
Inventory-Central Supplies	\$ 11,138	\$ 11,138	\$ -
Supplies Purchased	21,500	40,250	18,750
Supplies Used	(8,190)	(30,100)	(21,910)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 289,631</u>	<u>\$ 286,471</u>	<u>\$ (3,160)</u>

- c. Prepaid Expenses increased 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 September 30, 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable decreased in September.

	Ending Balance		Increase (Decrease)
	8/31/2021	9/30/2021	September
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	70,450	73,714	3,264
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	75,010	81,834	6,824
General Accounts Receivable	1,846,008	2,581,805	735,797
Harris County Juvenile Probation	889,653	966,959	77,306
Harris County Community Supervision	408,882	404,245	(4,637)
Harris County Sheriff's Department	3,397,004	3,350,131	(46,873)
ICFMR	179,641	170,352	(9,289)
ECI Administrative Claiming	(84,269)	(35,116)	49,153
TCOOMMI-Special Needs	466,001	452,338	(13,663)
TDCJ-Parole	61,500	61,500	-
TDCJ-Substance Abuse	53,550	52,367	(1,183)
TCOOMMI-Juvenile	202,514	143,491	(59,023)
Jail Diversion	3,188,451	2,447,334	(741,117)
ECI	318,929	491,982	173,053
ECI Respite	154	-	(154)
ECI SNAP	20,396	30,296	9,900
HUD-Safe Havens	371,737	371,737	-
PATH-Mental Health Block Grant	82,249	79,617	(2,632)
MH Block Grant	6,263,208	-	(6,263,208)
MH Block Grant-Coordinated Specialty Care	133,209	99,984	(33,225)
Title XX Social Services	1,160,631	-	(1,160,631)
TANFF to Title XX Block Grant	3,382,017	-	(3,382,017)
DSHS SAPT Block Grant	104,843	170,142	65,299
Enhanced Community Coordinator	156,766	86,111	(70,655)
Subtotal, A/R-Other	\$ 22,840,748	\$ 12,173,037	\$ (10,667,711)

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended September 30, 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	8/31/2021	9/30/2021	September
DSHS Mental Health First Aid	\$ 20,409	\$ 19,304	\$ (1,105)
HHSC ZEST-Zero Suicide	40,896	108,426	67,530
HCC Open Door	691,815	259,827	(431,988)
HCS	22,416	22,416	-
Tx Home Living Waiver	(142,945)	(121,525)	21,420
Federal DSHS Disaster Assistance	1,351,918	841,685	(510,233)
DPP-BHS	-	790,438	790,438
Helpline Contracts	74,786	52,145	(22,641)
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	27,194	55,050	27,856
Grand Total A/R - Other	<u>\$ 24,988,105</u>	<u>\$ 14,261,671</u>	<u>\$ (10,726,434)</u>

- e. Unearned Income increased due to receipt of State GR funds.
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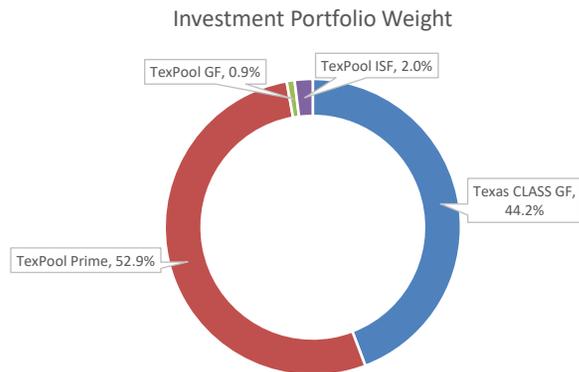
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The Harris Center for Mental Health and IDD
 Investment Portfolio
 September 30, 2021

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 57,524,639	\$ -	\$ (6,100,000)	\$ 1,886	\$ 51,426,525	44.2%	0.048%
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TexPool Prime	52,063,342	\$ 9,500,000	\$ -	2,868	61,566,211	52.9%	0.062%
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TexPool Internal Service Fund	2,288,964			52	2,289,016	2.0%	0.022%
<i>TexPool Sub-Total</i>	<i>55,353,900</i>	<i>9,500,000</i>	<i>-</i>	<i>2,943</i>	<i>64,856,844</i>	<i>55.8%</i>	<i>0.060%</i>
Total Investments	\$ 112,878,540	\$ 9,500,000	\$ (6,100,000)	\$ 4,829	\$ 116,283,368	100%	0.054%



3 Month Weighted Average Maturity (Days) 1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio 0.055%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) 0.048%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of September 30, 2021 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

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

Report for September 2021

Vendor	Description	Monthly Not-To-Exceed*	Sep-21	YTD Total (Sept 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,303,446	\$1,303,446
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$196,819	\$196,819
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,023,866	\$2,023,866
Cigna Dental	Dental Insurance	\$100,000	\$76,964	\$76,964

* 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 September 2021 Payments of Liabilities for Employee Benefits = 11% of Expenditures.

EXHIBIT F-4

October 2021
NEW CONTRACTS OVER 50k

FY22 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	Geaux 2 Group, LLC	Yes	Consulting Services for Building Automation Upgrade Project		\$90,000.00	09/01/21- 08/31/22	FM22.1126.02	RFQualification	Contracting with the Vendor as the Owner's Representative for the building automation upgrade project.
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									
PROGRAM MANAGEMENT									

CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
CROSS FISCAL YEAR CONTRACT RENEWALS								
ADMINISTRATION								
CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
INTERLOCALS								
LEASES								
MENTAL HEALTH								
MULTI-YEAR CONTRACTS								
ADMINISTRATION								
2 inNet-Innovation Network Technologies	Yes	IT Security- SOC Services Project		\$124,928.66	11/01/21- 10/31/24	IT22-1147.03	RFQuotes/ TIPS Tag-On #2001058	A request from Information Technology Department for an additional IT security monitoring service for The Harris Center, received on Wednesday, September 15, 2021. IT requested quotes from the following vendors. Recommendation is based on the vendor having a tag-on contract with TIPS and the lowest price. This service will provide 24/7 monitoring, analysis, response, and remediation of malicious activity for the Agency's endpoints, servers, network devices, and cloud applications. FY22: \$124,928.66 FY23: \$124,928.66 FY24: \$124,928.66 The total NTE for the three (3) years is \$374,785.98



Executive Contract Summary

Contract Section

Contractor*

Geaux 2 Group LLC

Contract ID #*

2021-0223

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

Geaux 2 Group LLC and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <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* (?)

\$ 90,000.00

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* (?)

contracting with Geaux 2 Group as the Owner's Representative for the building automation upgrade project FM22.1126.02

Geaux 2 Group is a women owned business and their HUB status is still in process

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 - consultant services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Estimate_1005_from_Geaux_2_Group_LLC.pdf 49.35KB

Vendor/Contractor Contact Person

Name*

Geaux 2 Group / Brandon Firor

Address*

Street Address

31803 Tree Farm Lane

Address Line 2

City

Fulshear

State / Province / Region

TX

Postal / Zip Code

77441-4384

Country

US

Phone Number*

8325158538

Email*

brandon@geaux2group.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 90,000.00	900040

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

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

Project WBS (Work Breakdown Structure)* (?)
FM22.1126.02

Requester Name HARPER, SARAH A	Submission Date 9/2/2021
--	------------------------------------

Budget Manager Approval(s)

Approved by <i>Erica Brown</i>	Approval Date 9/2/2021
--	----------------------------------

Procurement Approval

File Upload (?)

Approved by <i>Sharon Brauner</i>	Approval Date 9/7/2021
---	----------------------------------

Contract Owner Approval

Approved by <i>Todd McCorqudale</i>	Approval Date 9/7/2021
---	----------------------------------

Contracts Approval

Approve*

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

Approved by* <i>Shaskeyia Behn</i>	Approval Date* 9/7/2021
--	-----------------------------------





Executive Contract Summary

Contract Section

Contractor*

Innovative Network Technology Corp

Contract ID #*

2021-0234

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/19/2021

Parties* (?)

Innovative Network Technology Corp (inNet) 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 TIPS 2001058

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/1/2021

Contract Term End Date* (?)

10/31/2024

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

11/1/2021 - 10/31/2024

Fiscal Year* (?)

2022

Amount* (?)

\$ 124,928.66

Fiscal Year* (?)

2023

Amount* (?)

\$ 124,928.66

Fiscal Year* (?)

2024

Amount* (?)

\$ 124,928.66

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* (?)

The Harris Center needs to add additional IT Security Monitoring to expand and enhance our IT Security Incident Response capabilities. This service will provide 24/7 monitoring, analysis, response, and remediation of malicious activity for The Harris Center endpoints, servers, network devices, and cloud applications.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/2020 - 08/2021 Unitrends Support Reseller

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 (?)

deepwatch MSA for Harris Center for Mental Health 9.7.21.pdf	203.62KB
InNet-Proposal_5002-0.pdf	119.92KB
IT Security - SOC Services_Project Due Diligence Letter-October	185.74KB
fy2022 signed Completed.pdf	
TIPS 200105_Technology_Solutions_Contract_InNet.pdf	2.92MB

Vendor/Contractor Contact Person

Name*

Bryan Ritter

Address *

Street Address

5729 Lebanon Road

Address Line 2

Suite 144

City

Frisco

Postal / Zip Code

75034

State / Province / Region

TX

Country

US

Phone Number *

512-294-0604

Email *

britter@innetworktech.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 124,928.66	900022
Budget Manager		Secondary Budget Manager
BROWN, ERICA S.		CAMPBELL, RICARDO

Provide Rate and Rate Descriptions if applicable* (?)

Year 1 - Qty 1 - \$124,928.66
 Year 2 - Qty 1 - \$124,928.66
 Year 3 - Qty 1 - \$124,928.66

Project WBS (Work Breakdown Structure)* (?)

IT22_1147_03
 SOC as a Service

Requester Name

HURST, RICHARD B

Submission Date

9/22/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/22/2021

Procurement Approval

File Upload (?)

Approved by

Sharon Braunor

Approval Date

9/22/2021

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

9/23/2021

Contracts Approval

Approve *

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

Approved by *

Shadeyia Behm

Approval Date *

9/23/2021



Due Diligence for IT Security – SOC Services Project Project# PUR-FY22-0216

A request from Information Technology Department for an additional IT security monitoring service for The Harris Center, received on Wednesday, September 15, 2021. IT requested quotes from the following vendors:

1. Blacklake Security Quote: \$382,297.78 for 3-year service.
2. inNet - Innovation Network Technologies (TIPS Tag-on and HUB vendor): \$374,785.98 for 3-year service.
3. Set Solutions, Inc. (Choice Partners Tag-on vendor): \$404,785.98 for 3-year service.
4. Carousel Industries (Choice Partners Tag-on vendor): \$404,786.00 for 3 year service.

The Information Technology Department's recommendation is to move forward with the Historically Underutilized Business (HUB) vendor that has a tag-on contract with TIPS and has the lowest price.

inNet – Innovation Network Technologies

The service is to be funded annually subject to availability of the budget each year.

FY22: \$124,928.66
 FY23: \$124,928.66
 FY24: \$124,928.66

The total NTE (Not to Exceed) for the three (3) years is \$374,785.98.

The Funding Source is IT22-1147.03 (Unit# 1147, GL Account# 900022).

Submitted By:

James Blunt
Digitally signed by James Blunt
 Date: 2021.09.21
 12:08:36 -05'00'

James Blunt, C.P.M.
 Buyer II

Recommended By:

Sharon Brauner
Digitally signed by Sharon Brauner
 Date: 2021.09.21
 12:47:01 -05'00'

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

Sean Kim
Digitally signed by Sean Kim
 Date: 2021.09.21
 14:19:36 -05'00'

Sean Kim, MBA, CPA
 Chief Financial and Administrative Officer



Executive Contract Summary

Contract Section

Contractor*

Set Solutions, Inc.

Contract ID #*

2021-0240

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

12/1/2021

Contract Term End Date* (?)

11/30/2024

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

12/1/2021 - 11/30/2024

Fiscal Year* (?)

2022

Amount* (?)

\$ 102,659.25

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* (?)

Credential Protection, Session Isolation, Recording, ability to manage local admin credentials on the endpoint, remote VPN-less Access with contextual MFA and Access Management and risk-based SSO; delivered as a Service.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

08 21-031KN Set Solutions_Vnd Rsp.pdf	167.61KB
107400-CyberArk EPM-AAAQ7122.pdf	176.98KB
DUE DILIGENCE PRIVILEGE ACCESS MANAGMENT .pdf	138.61KB
Project Request - PAM (Privileged Access Management).pdf	38.38KB
RE 20-031 KN.msg	354.5KB
Set Solutions _ Choice Partners _ Choice Partners Cooperative.pdf	56.24KB

Vendor/Contractor Contact Person

Name*

Teresa Cheney

Address*

Street Address

815 Walker Street

Address Line 2

Suite 550

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

713-956-6600

Email*

tcheney@setsolutions.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 102,659.25	900022
Budget Manager	Secondary Budget Manager	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Provide Rate and Rate Descriptions if applicable* (?)

\$87,079.25 for 3yr software as a service
\$15,580.00 for 1 yr implementation and training

Project WBS (Work Breakdown Structure)* (?)

IT22_1147_02

Requester Name	Submission Date
HURST, RICHARD B	9/29/2021

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/29/2021

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/29/2021

Contract Owner Approval

Approved by

Muscata Cookinwala

Approval Date

9/29/2021

Contracts Approval

Approve*

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

Approved by *

Shadleya Behm

Approval Date *

9/29/2021



DUE DILIGENCE
TAG ON VIA REQUEST FOR QUOTES FY22-0218
PRIVILEGED ACCESS MANAGEMENT (PAM)

Purchasing received a request from the IT Department for Privileged Access Management (PAM) September 2021. The request is for a three (3) year subscription for PAM to increase the level of security and access control within our information systems. PAM prevents the misuse and compromise of administrator accounts.

Quotes were obtained from three (3) vendors, Set Solutions, Inc., CDW-G and Carahsoft. No HUB vendors were located. All three vendors' contracts are available to The Harris Center via tag on cooperatives.

Set Solutions, Inc. - \$102,659.25
CDW-G- \$107,848.00
Carahsoft - \$113,591.84

IT's recommendation is to move forward with Set Solutions, Inc. The selection is based on lower cost. The contract with Set Solutions, Inc. is 21/031KN-55 through Choice Partners Cooperative tag on contract opportunity. The Harris Center is a member of Choice Partners, which is the Harris County Department of Education Purchasing Cooperative.

FY22 Total NTE: \$102,659.25

The Funding Source is Unit 1147 (IT Infrastructure Project), GL Account 900022 (IT Support) and Project Accounting Code IT22-1147-02.

Digitally signed by
Frances Otto
Date: 2021.09.28
08:53:39 -05'00'

Frances Otto, CTCD
Buyer II

Digitally signed by Nina
Cook
Date: 2021.09.28
12:28:43 -05'00'

Nina Cook, MBA, CTPM
Director of Purchasing

Digitally signed by Sean
Kim
Date: 2021.09.28
13:01:56 -05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

RECEIVED SEP 28 2021

EXHIBIT F-5

October 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	
<i>CROSS FISCAL YEAR CONTRACT RENEWALS</i>									
ADMINISTRATION									
CPEP									
CRISIS SERVICES									
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH									
1	TC Practice Management, LLC dba Texas Clinic	No	Medications Assistant Treatment for Integrated Family Planning Opiod Response Program	\$90,000.00	\$90,000.00	12/01/21- 11/30/22	County Funds	Contractor approved by Harris County Public Health	Annual funding received from Revenue Interlocal contract with Harris County Public Health
PROGRAM MANAGEMENT									
<i>MULTI-YEAR CONTRACTS</i>									
ADMINISTRATION									
CPEP									
CRISIS SERVICES									



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2020-0016

Contractor Name*

TC Practice Management, LLC

Service Provided* (?)

Outpatient Medication-Assisted Treatment Services for the Integrated Family Planning Opioid Response Program. Funds received from revenue contract with HC Public Health.

Term for Off-Cycle Only*

12/01/21-11/30/22

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 Contractor approved by HC Public Health |

Contract NTE* (?)

\$90,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

2705

G/L Code(s)*

547003

Current Fiscal Year Purchase Order Number*

CT140922 (FY21 PO pending)

Contract Requestor*

Debbie Shelby

Contract Owner*

Mike Downey

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2705	\$ 90,000.00	547003
Budget Manager*		Secondary Budget Manager*
SHELBY, DEBBIE C		LOERA, ANGELICA D

Fiscal Year* (?)	Amount* (?)
2023	\$ 7,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s) 

Approved by

Debbie Chambers Stidky

Contract Owner Approval 

Approved by

Michael Downey

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behm

Approval Date *

9/29/2021

EXHIBIT F-6

October 2021
AMENDMENTS OVER 50k



Executive Contract Summary

Contract Section



Contractor*

Global Software, LLC d/b/a insightsoftware

Contract ID #*

2021-0140

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/19/2021

Parties* (?)

Global Software, LLC d/b/a insightsoftware 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 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* (?)

6/30/2021

Contract Term End Date* (?)

6/29/2024

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

Yes off-cycle, from June 2021 to June 2024

Current Contract Amount*

\$ 43,241.01

Increase Not to Exceed*

\$ 12,658.64

Revised Total Not to Exceed (NTE)*

\$ 55,899.65

Fiscal Year* (?)

Amount* (?)

2022

\$ 55,899.65

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* (?)

Excel plug-in used to generate reports by connecting directly to ROSS and other databases (as needed). Eliminates copy/paste - reducing time spent building monthly reports and ad-hoc reports.

The amendment is to increase the number of users.

Contract Owner*

Sean Kim

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

June 30, 2021

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

Yes No Unknown

Please provide an explanation*

This is a single source, the only provider of this software package.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center 3 Power license proposal.pdf	465.69KB
DUE DILIGENCE FINANCIAL REPORTING SOFTWARE.pdf	226.59KB

Vendor/Contractor Contact Person



Name*

Thomas Vigdor

Address *

Street Address

8529 Six Forks Road

Address Line 2

Suite 400

City

Raleigh

Postal / Zip Code

27615

State / Province / Region

NC

Country

US

Phone Number *

919-372-4690

Email *

thomas.vigdor@insightsoftware.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1122	\$ 12,658.64	551002
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Provide Rate and Rate Descriptions if applicable* (?)

Annual Maintenance Fee - 1,981.31

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

PAICK, DANIEL S

Submission Date

9/27/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/27/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sean Kim

Approval Date

9/27/2021

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

9/27/2021

EXHIBIT F-7

October 2021

INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Harris County Public Health

Contract ID #*

7826

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/19/2021

Parties* (?)

Harris County Public Health and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

12/1/2020

Contract Term End Date* (?)

9/30/2022

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

Fiscal Year* (?)

2022

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 Revenue

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

Amend terms of the agreement for the Integrated Family Planning Opioid Response because the grant was extended.

Contract Owner*

Keena Pace

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

12-01-2020 to 11-30-2021

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Radie Said, MBA

Address*

Street Address

2223 West Loop South

Address Line 2

City

Houston

Postal / Zip Code

77027

State / Province / Region

TX

Country

US

Phone Number*

832-927-7355

Email*

Radie.Said@phs.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2705	\$ 0.00	000000
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

0.0

Project WBS (Work Breakdown Structure)* (?)

0.0

Requester Name	Submission Date
SHELBY, DEBBIE C	9/24/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/24/2021

Contract Owner Approval

Approved by

Anthony Jones

Approval Date

9/26/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

9/27/2021



Executive Contract Summary

Contract Section

Contractor*

Houston Independent School District and The Harris Center

Contract ID #*

2021-0235

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/19/2021

Parties* (?)

Houston Independent School District and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 10,000.00

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 **Interlocal Agreement**

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

The Harris Center's Print Shop offers in-house printing and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment. The Houston Independent School District is able to provide these services to The Harris Center at a reduced cost.

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 few years. Specialty printing services.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Linda Morris

Address*

Street Address

4400 West 18th Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092-8501

Country

US

Phone Number*

713-556-6027

Email*

linda.morris@HoustonISD.org

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 10,000.00	596001

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 BOREN, KAREN	Submission Date 9/22/2021
---------------------------------------	-------------------------------------

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/22/2021

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/22/2021

Contract Owner Approval

Approved by

Scott D Rule

Approval Date

9/22/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

9/23/2021



EXHIBIT F-8



Accessibility Plan

The philosophy of The Harris Center for Mental Health and IDD (The Harris Center) and its Board, is that all people should have access to services, programs, and activities in which they have an interest. Consistent with that philosophy, the Board of Trustees and staff of The Harris Center adopt the following, which we will review, and modify as appropriate, annually.

The purpose of this Accessibility Plan is to promote accessibility and remove barriers. The Harris Center addresses accessibility concerns to enhance the quality of life for those served in our programs and services, implement nondiscriminatory employment practices, meet legal and regulatory requirements, and to meet the expectations of stakeholders in the area of accessibility. This report and improvement plan is meant to enhance access to programs, services, facilities, and the community.

Because we feel persons with disabilities face a variety of challenges, we have prioritized attitudinal, architectural, communication, employment, transportation, environmental, and financial barriers as those that we want to impact in a positive manner.

ATTITUDINAL: Staff and board members will continuously involve themselves in training related to the abilities and limitations of persons with disabilities while learning to enhance their strengths and minimizing the impact of their limitations. Attitudinal barriers may include the terminology and language that the organization uses in its literature or when it communicates with individuals with disabilities, other stakeholders and the public, how individuals with disabilities are viewed and treated by the organization, their families and the community, whether or not client input is solicited and used, whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities. Our existing policies on Consumer/Patient Rights and involvement of consumers in the development of their individual plans will help support this effort. We will continue the use of Patient Satisfaction Survey's for input.

ARCHITECTURAL: ~~Facility Services and Risk Management will have shared responsibility in evaluating the accessibility needs of consumers, employees and visitors with advice from Safety Committees and stakeholders. Although primary responsibility rests with Facility Services, with support from Risk Management and Safety Committees have primary responsibility for evaluating the accessibility needs of consumers; all staff members are charged with this responsibility.~~ Safety Officers (and managers) as part of their quarterly self-inspections are also evaluating any barriers that might cause our buildings, grounds, vehicles, etc., to be inaccessible to persons served. Plans for corrective action are reviewed by VP's, Directors/Practice Managers, Risk Management and Director of Facility Services, with implementation occurring as soon as practical and as monies are identified in the budget. Budgeting for this activity will be a

Commented [TK1]: Review this sentence.



continuous effort. Transitional plans will be developed for each barrier identified.

COMMUNICATION: Recognizing our communication is essential in achieving our mission, our organization will continue to make communication training available to our staff and members of the board. We will continue to address these barriers by making presentations at local business, civic, religious, political, and other groups as appropriate in order to enhance the communication issues for persons served. We have over 300 staff members who can translate, as well as full time interpreters for persons whose primary language is not English. We also have contracts with multiple vendors to provide services to ~~the deaf and/or hard of hearing~~ [persons with hearing impairments](#) and for other [persons who speak](#) foreign languages. We will continue to expand the contractors to ensure availability for language needs.

The Communication Department is updating The Harris Center website to include closed caption for the videos that are posted and they are looking at ways to enhance communications to those we serve.

EMPLOYMENT: One important aspect of our organization, and consistent with our goal of maximizing self-sufficiency, is the eventual employment of the persons that we serve. Employment provides individuals meaningful daily activities so they feel productive, useful and successful. Employment is a fundamental part of life for people with and without disabilities. It provides a sense of purpose, shaping who we are and how we fit into our community. Meaningful work has also been associated with positive physical and mental health benefits and is a part of building a healthy lifestyle as a contributing member of society. Because it is so essential to people's economic self-sufficiency, as well as self-esteem and well-being, people with disabilities and older adults with chronic conditions who want to work should be provided the opportunity and support to work competitively within the general workforce in their pursuit of health, wealth and happiness. All individuals, regardless of disability and age, can work – and work optimally with opportunity, training, and support that build on each person's strengths and interests. Individually tailored and preference based job development, training, and support should recognize each person's employability and potential contributions to the labor market.

The Harris Center recognizes the Americans with Disabilities Act ([ADA](#)) and its policies prohibit discrimination in all employment practices including job application procedures, hiring, firing, advancement, compensation, training and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment related activities. The Harris Center reviews and updates policies as needed.

TRANSPORTATION: Every effort will be made to increase the chances of success for our consumers by helping to identify and remove transportation barriers that exist for these we



serve. Regarding current agency vehicles:

- will try to make them accessible to our consumers;
- purchase accessible vehicles; or
- utilize qualified vendors to provide accessible transportation services.

Staff will collaborate with local transportation services such as Metro System and will act as advocates for persons with disabilities to encourage the continued expansion of accessible public transportation options.

ENVIRONMENTAL: Recognizing environmental factors can have a profound effect on the individuals we serve as well as agency staff, our organization will continue to ensure all area community services sites are free from environmental barriers. Such barriers as insufficient lighting, equipment, and hazards will be assessed and a plan of action developed, if needed, in regularly scheduled Facility Services departmental meetings. Upon discovering a barrier exists, a corrective action plan will be developed. Implementation of this plan will occur as soon as practical and as monies are identified in the budget. As with architectural barriers, budgeting for this activity will be a continuous effort.

Although the organization does not conduct a formal assessment in this area, staff are aware of the need to accommodate reasonable requests in this area. Examples of general environmental adaptations include light alarms for individuals with hearing impairment, hearing protection, climate control, vehicle modifications such as seat belt extenders and lifts, ergonomic accommodations such as chairs, tables, and computer screens, and other modifications such as revised work schedules that have been made to meet requests.

FINANCIAL: Staff and board members of The Harris Center understand the importance of finances and the direct impact finances have on agency personnel, individuals served, and the community at large. The Harris Center will strive to maintain sufficient funds for each and every program of the agency. The organization also pledges to educate at local levels and state levels regarding the need for increased funds. In the event that financial barriers do occur, such as insufficient funding within a program, the Executive Leadership will meet to evaluate the best possible options to support the needs of those being served.

Assessment and Work Plan

The agency will use the Accessibility Plan Review Tool to assist in the creation of an agency wide detailed work plan.

The Accessibility Plan will aid in the removal of barriers that limit access to programs and services and will provide a detailed outline of the steps to remove the barriers and necessary



steps to achieve a barrier-free environment. If the time period for achieving compliance is to be longer than one year, the work plan will identify interim steps to provide program access. The work plan will identify person(s) responsible for implementing the plan.

The Harris Center will create an annual report. This report will include progress made in the removal of identified barriers and areas needing improvement. Copies of the Accessibility Plan will be made available upon request to clients, employees, stakeholders, and the public. Alternative formats will be available upon request.

DRAFT

EXHIBIT F-9



Transforming Lives

Substance Use Recovery Services

***Detoxification Program – Residential
OPERATIONAL PLAN***

FY2022

Approved By: _____ Date: _____

Wayne Young, CEO/Executive Director
THE HARRIS CENTER Mental Health and IDD

Program Description

Introduction and Overview

This Operational Plan is intended to supplement The Harris Center for Mental Health and IDD (The Harris Center) clinical policies and procedures and provide additional information relative to the Detoxification Program under the Department of Substance Use Recovery Services. The description is developed specifically to conform to the Health and Human Services Commission (HHSC) licensing standards, Texas Administrative Code (TAC), and the Texas Commission on Alcohol and Drug Abuse guidelines (TCADA).

Mission

Transform the lives of people with behavioral health and IDD needs.

Proposed Treatment for Adult Men and Women

The Harris Center approaches substance use as a treatable disease. The Harris Center offers intervention, education, and treatment services that allows individuals an opportunity to address issues of substance use. The Detoxification Program will offer a Residential Level of Care. This proposal is specific to that level of care.

The detoxification treatment service model will include screening, assessment, treatment, individual and group counseling, referrals and linkage to ongoing services for adults in need of services.

The Detoxification Program will deliver treatment based on effective and evidence-based curriculums. Staff will provide services in a nonjudgmental manner and in a supportive, trauma-informed environment. All staff will be trained in culturally diverse programming.

The program will serve individuals by:

- Providing confidential screenings;
- Monitoring and managing physical withdrawal symptoms;
- Assisting individuals recovering from chemical dependency by increasing self-understanding and the ability to manage problems resulting from this illness;
- Addressing the specific recovery needs of both adult men and women;
- Providing case management and referrals to the appropriate level of care; and
- Establishing links to natural supports in the community.

The Detoxification Program will require at least one daily individual session by a registered nurse, QCC or counselor intern with the client. The program requires individuals to remain on-site to continue to work throughout treatment. The program has a variable length of stay, but a typical length of stay will be 5-7 days. Length of stay will depend on condition of the individual, accompanied by the commencement of appropriate utilization review and discharge planning at the time of admission. All activities, including individual counseling and group therapy, are designed to educate, treat and enhance individuals' understanding of themselves and their disease in the recovery process.

The focus of the program will be on providing quality services delivered in a systematic, collaborative approach addressing substance detoxification needs and complications utilizing evidence-based practice guidelines and encouraging empowerment of the individual through self-management education. In addition to the management of withdrawal and intoxicated states, the detoxification program will provide services, including counseling, which are designed to:

- 1) assess the client's readiness for change;
- 2) offer general and individualized information on substance abuse and dependency;
- 3) enhance client motivation;
- 4) engage the client in treatment; and
- 5) include a detoxification plan that contains the goals of successful and safe detoxification as well as transfer to another intensity of treatment. At least one daily individual session by a registered nurse, QCC or counselor intern with the client will be conducted.

Clients who are not in withdrawal but meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for substance dependence may be admitted to detoxification services for 72 hours for crisis stabilization. Crisis stabilization is appropriate for clients who have diagnosed conditions that result in current emotional or cognitive impairment in clients such that they would not be able to participate in a structured and rigorous schedule of formal chemical dependency treatment.

Counseling, education and homework assignments help individuals identify maladaptive behavior patterns; skills practice and education within the group helps solidify new behaviors; research supported strategies such as Motivational Interviewing prove effective in engaging treatment compliance. The goal, for most, is to provide an end point in the treatment process. However, appropriate treatment recommendations will be made regarding those individuals for whom it becomes clear that additional interventions are needed.

Points of Entry

Access to the program will be available through multiple points of entry. Potential participants will come into contact with the program through self-referral, Outreach Screening Assessment and Referral (OSAR) screening referrals, substance use service agencies, hospitals, community partners, and internal referrals made by Harris Center staff.

Program Goals

The goal of the Detoxification Program is to provide cost efficient services to adult men and women struggling with a substance use disorder that enhance social, emotional, and physical functioning and improve overall quality of life.

The Detoxification Program has developed the following annual goals:

- SUD/Detox - Serve two hundred thirty-three (233) unduplicated individuals over a 12-month period.
- 90% of program graduates will successfully transition to housing.
- 90% of individuals will report satisfaction with overall services via consumer satisfaction survey.

Description of Services

The Detoxification Program will operate in conjunction with other Harris Center services including Mental Health services, Intellectual and Developmental Disability (IDD) services, Forensic services, and Crisis Services. Individuals presenting with multiple co-morbidities are referred to appropriate services both within and outside of The Harris Center.

Services provided are age, developmentally and culturally appropriate to the individuals served. Modalities include individual and group counseling, and education.

Translators are used to accommodate individuals who speak languages other than English and sign language interpreters are also utilized as necessary.

Staffing

The Substance Use Recovery Services (SURS) Program Director is a Licensed Clinical Social Worker with a minimum of 10 years' experience in mental health and chemical dependency treatment and reports to a Practice Manager that is part of the Mental Health Division.

The Detoxification program has a medical director who is a licensed physician. The medical director and/or designee (physician assistant or nurse practitioner) is responsible for admission, diagnosis, medication management, and client care.

The Detoxification program has a registered nurse on duty for at least eight hours every day and a physician or designee on call 24 hours a day.

Chemical dependency counseling will be provided by Qualified Credentialed Counselors (QCC). All program staff will have the knowledge, skills and abilities to provide services to populations served as set forth by HHSC. Staff will complete all required trainings based on TAC prior to performing their duties and responsibilities. Ongoing professional development for staff will be required and supported as well.

Peer Support Specialists will engage, and support individuals based on their person centered plan of care, needs, and preferences.

Criteria for Admission

To be eligible for admission to the Detoxification Program, an individual will need to be an adult (18 or older) and shall meet the criteria for substance intoxication or withdrawal under the most current revision of the Diagnostic and Statistical Manual (DSM) for professional practitioners. The program will use a screening process appropriate for the target population, individual's age, developmental level, culture and gender to determine eligibility for admission or referral which will be administered by a QCC and/or registered nurse in consultation with the Medical Director or designee when indicated. Staff will be trained to assess and refer or admit to the least restrictive level of care.

Eligibility Requirements:

- The diagnosis meets the criteria for the definition of substance intoxication or withdrawal as detailed in the most current revision of the DSM,
- The individual has no medical complications that would hamper the individual's participation in the treatment service;
- Regarding family, social, academic dysfunction:
 - Individual's social system and significant others are supportive of recovery to the extent that the individual can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the individual's addiction; or
 - Individual has no primary or social support system to assist with immediate recovery, but has the social skills to obtain such a support system or to become involved in a self-help fellowship;
- Regarding emotional/behavior status:
 - Individual is coherent, rational and oriented for treatment; and
 - Mental state of the individual does not preclude his or hers ability to:
 - Comprehend and understand the materials presented; and
 - Participate in rehabilitation/treatment process; and
 - There is documentation that the individual expresses an interest to work toward rehabilitation/treatment goals.

Individuals who require on-going residential care will be provided service through arrangements with a variety of licensed community-based facilities.

The Detoxification Program will not discriminate against any individual because of race, creed, religion, national origin, sex, age, and mental or physical disability. Every effort will be made to accommodate the interpretation needs of non-English speaking individuals.

Re-Admission

Readmission will follow the same procedure as the intake and assessment process.

Screening

Screening identifies whether an individual meets the admission criteria and determines the need for additional assessment. If individuals are found appropriate for services, they are referred to the intake and admission process. If individuals are found ineligible for services, individuals are provided educational intervention for HIV, Hepatitis, Tuberculosis (TB), Sexually Transmitted Diseases (STDs), and/or Tobacco Cessation if indicated as at risk population. Some individuals may be referred to other service providers depending on an assessment of individual need.

Intake and Admission Process

Individuals are informed in writing of the level of care being provided, the initial discharge plan, and the conditions and programming that can be expected. Individual's rights, grievance procedures, and program rules are reviewed allowing the individual to consent to services. Services are designed based on individual needs, preferences, and recovery (treatment) plan goals.

Assessment

Individual assessments will be developed based on TAC guidelines and will be administered prior to admission. The purpose of the assessment is to determine a diagnostic impression and gather pertinent information that will guide the individual's treatment. Individual assessments will include at minimum:

- 1) Presenting problems resulting in admission;
- 2) Current and past alcohol and other drug use;
- 3) Psychiatric and chemical dependency treatment;
- 4) Medical history and current health status, to include an assessment of Tuberculosis (TB), Hepatitis, HIV and other sexually transmitted disease (STD) and risk behaviors;
- 5) Relationships with family and support systems;
- 6) Social and leisure activities;
- 7) Education and vocational training;
- 8) Employment history;
- 9) Legal problems;
- 10) History of trauma, abuse, or neglect;
- 11) Mental/emotional functioning; and
- 12) Strengths and weaknesses.

Treatment and Services

Detoxification Services

Monitoring to manage the client's physical withdrawal symptoms. Monitoring shall be conducted at a frequency consistent with the degree of severity of the client's withdrawal symptoms, the drug(s) from which the client is withdrawing, and/or the level of intoxication of the client. More intensive monitoring shall be required for clients with a history of severe withdrawal symptoms (e.g. a history of hallucinosis, delirium tremors, seizures, uncontrolled vomiting/dehydration, psychosis, inability to tolerate withdrawal symptoms, self-harming attempts), or the presence of current severe withdrawal symptoms and/or co-occurring medical and psychiatric disorders. This information is documented in the client's record and reflected in the client's orders.

Monitoring includes:

- (A) changes in mental status;
- (B) vital signs; and
- (C) response of the client's symptoms to the prescribed detoxification medications

Recovery (Treatment) Planning

Following a determination of the need for treatment a session is scheduled with a QCC to develop an individualized recovery (treatment) plan. The plan is developed based on information gathered during the assessment. It is a collaborative process between the counselor and the individual. The goal is to develop and implement an individualized, written recovery plan that identifies services and support needed to address problems and needs identified in the assessment. The signed plan is due in the chart within five service days of admission and is signed and dated by both counselor and individual. A copy is provided to the individual and the original filed in the individual chart.

The recovery plan shall include goals, objectives, and strategies:

- (1) Goals will be based on the individual's problems/needs, strengths, and preferences;
- (2) Objectives will be individualized, realistic, measurable, time specific, appropriate to the level of treatment, and clearly stated in behavioral terms;
- (3) Strategies will describe the type and frequency of the specific services and interventions needed to help the individual achieve the identified goals.

The plan elements include diagnosis, problem definition, long and short-term goals, objectives of treatment, and interventions. Because the plans are individualized, the goals and strategies will vary in order to address specific needs of the individual, but major life categories addressed might include issues regarding employment, relationships, relapse prevention, self-esteem, anger management, time management, criminal behavior patterns, pro-social life skills, etc.

The plan will be evaluated and revised as needed to reflect the ongoing reassessment of the individual's problems, needs, and response to treatment. Recovery (treatment) Plan Reviews are documented and signed by both counselor and individual.

In addition, the recovery (treatment) plan will identify discharge criteria and include initial plans for discharge; include a projected length of stay; and identify the individual's primary counselor. Prior to discharge, the individual and counselor work together to develop a plan that supports continued abstinence from addictive substances.

Measuring Individual Progress

The primary counselor is the person chiefly responsible for ongoing evaluation of individual progress. She/he receives assistance in this by the treatment team, including the individual. Progress is based progress toward recovery (treatment) goals and objectives. The recovery (treatment) plan is reviewed daily throughout the course of treatment and progress is reviewed by the treatment team.

Incidences of noncompliance, including absences or repeated tardiness will be staffed in team meetings.

Treatment Methods and Approach

Treatment methods will be individual-centered and evidence based. Treatment includes individualized recovery planning based on the psychosocial assessment, educational and process groups, medical intervention, and individual counseling. The specific types of interventions used will be based on an assessment of individual's need and circumstances and will be reviewed and updated at appropriate intervals throughout treatment.

A cognitive-behavioral approach will be used in conjunction with motivational techniques to help individuals explore and understand individual relapse triggers and responses, and to identify strategies to support recovery. Counseling services will be guided by the individualized recovery plan. The following evidence based curriculum(s) will be used, but not limited to: Living in Balance, Seeking Safety, Illness Management and Recovery, Harris County, Ely Lilly, Group Treatment for Substance Abuse: A Stages of Change Therapy Model.

Services will include:

- Medication Management
- Individual and Group Counseling
- Family/support System Counseling/therapy
- Adjunct therapies
- Psychoeducation
- Skill-building activities
- Social activities
- Recreational activities
- Spiritual activities
- Case Management
- HIV, TB, Hepatitis, STD Education
- Tobacco and Nicotine Addiction Education
- The program will facilitate access to physical health, mental health, and ancillary services, if those services are not available through the program and are necessary to meet treatment goals.

*Note: Not all listed services must be provided to each person served, but the program has the capacity to provide each of these as needed, and each day includes activities designed to meet the needs of the persons served as defined in their individual person-centered plans. Some services may be provided off-site.

Individual Counseling

The individual and counselor will review the assessment results and recovery (treatment) plan goals to guide the individual counseling sessions. The goals and objectives of counseling are as follows:

- To assist the individual in identification of problem areas

- Develop an individualized recovery (treatment) plan collaboratively with the individual and treatment team
- Support the individual in development of a more positive, pro-social, alcohol and drug-free life style through implementation of the goals and objectives established
- Assist the individual in establishment of a positive support system
- Use skill development techniques, like Motivational Interviewing, for assistance with insight into nature and extent of problem, anger management, communication skills, and so on.

Group Counseling

The Recovery Program will use a blended model of treatment utilizing techniques proven effective for the target population. Evidence based curriculums identified by the program will be used. The goals of group counseling are as follows:

- Identification of maladaptive behavior patterns
- Insight into the cognitive dysfunction supporting the disorder
- Understanding and acceptance of the disease process
- Assumption of responsibility for self
- Commitment toward positive change and pro-social attitudes and beliefs
- Establishment of effective communication skills in order to reduce defensiveness and negative patterns of interaction
- To understand the importance of group support in altering thoughts, attitudes and behaviors
- Education on HIV, TB, Hepatitis, STDs, and tobacco and nicotine.

The program will allow a maximum of 8 individuals in a group. All groups will be open-ended, allowing individuals to join in at any point in the education cycle. All sessions will be led by experienced counselors.

Case Management

The type and level of case management required for each individual will be determined during the intake and assessment process, and throughout treatment. Planning, coordination, and monitoring will be the responsibility of the assigned counselor. Case management will include: referral and bridging to services as required; monitoring individual progress toward achieving outcomes; advocacy on behalf of individuals as required; promoting collaborative, interagency problem-solving; referrals to facilitate individual access to the services required (medical, childcare, transportation, etc.)

Individuals who are identified at risk for TB, HIV, Hepatitis, and STDs will be referred to other health community services for testing/screening, and treatment.

Medical Emergencies

The Detoxification program shall ensure continuous access to emergency medical care. The Detoxification program shall implement procedures related to medical emergencies.

Facility

The Detoxification Program ensures that personnel and persons served remain safe in the program, without introduction of weapons, drugs, or alcohol into the milieu. Personnel are adequately trained in the search process in order to respect the dignity and privacy of the persons served. Programs may find it necessary to conduct searches of the persons served, their belongings, or the physical facility based on observed behaviors of persons served or others.

The program's physical facilities provide:

- a. Personal privacy
- b. Safety of Persons served , Personnel, and Personal belongings: to ensure the safety of persons served and personnel, the program implements written procedures for searches of persons served, belongings, and the physical facility that preserve privacy, preserve dignity, and are sensitive to potential trauma of the persons served.
- c. Appropriate areas are provided and available as needed:
 - (1) Group interactions
 - (2) Quiet activities
 - (3) Family or other guests
 - (4) Therapeutic activities

- (5) Cultural and/or spiritual activities
- (6) Meals
- (7) Recreation
- (8) Based on gender, age, and needs, separate areas for:
 - (a) Sleeping
 - (b) Hygiene
- d. Access to an outdoor setting

Discharge Planning and Follow-up

Length of Stay

The Detoxification Program will provide a variable length of stay dependent on the needs of the individual. Length of stay is determined based on feedback from the treatment team, including counselor and individual. A typical length of stay is expected to be 5-7 days. Discharge from treatment occurs under any one of the following conditions:

- A documented assessment which supports that the individual does not meet the diagnostic criteria for a substance intoxication or withdrawal;
- Documentation that a psychiatric or medical condition which is interfering with recovery should be treated in another setting or documentation that a psychiatric or medical condition, which is not being treated, is interfering with alcohol/drug recovery;
- Individual demonstrates the following behaviors:
 - Recognizes the severity of the chemical substance use;
 - Has insight into their defeating relationship with alcohol and drugs; and
 - Is applying the essential coping skills necessary to cope with the alcohol and/or drug problems and to maintain abstinence;
- Developed a support system and plan for continuing chemical abstinence;
- Individual is functioning adequately in assessed deficiencies in the life task areas of work, social functioning, or primary relationships.
- For discharge due to behavioral factors, individual must meet all of the following conditions:
 - Individual is consistently uncooperative, to the degree that no further progress is likely to occur; and
 - Greater intensity of service or transfer to another treatment provider would not have a positive impact on the problem.

Treatment extensions are requested when the treatment team conclude that there is progress toward treatment goals, but due to life event, relapse, psychiatric or medical event, or some other circumstance, progress has been delayed. The team concludes that the level of care is still appropriate to the needs of the individual and continuation at the current level of care will benefit the individual.

Discharge Planning

Discharge planning will follow TAC guidelines. Discharge plans (as part of recovery/treatment plans) shall be updated as the individual progresses through treatment and should be completed prior to individuals scheduled discharge date. The discharge plan will include the following, but not limited to: individual goals or activities to sustain recovery; referrals; and recovery maintenance services, if applicable. The program shall give the individual a copy of the plan, and file the original signed plan in the individual record.

A discharge summary will be completed for all individuals within 3 days of discharge and will include the following, but not limited to: dates of admission and discharge; needs and problems identified at the time of admission, during treatment, and at discharge; services provided; assessment of the individual's progress towards goals; reason for discharge; and referrals and recommendations, including arrangements for recovery maintenance.

Follow-up Services

Individuals will be contacted no sooner than 3 days and no later than 7 days after discharge from the program. The objective is to provide ongoing support and encouragement to individuals, reinforce individual use of relapse prevention skills, and evaluate and adjust individual continuing care plans as needed. Data is gathered regarding major life areas such

as current employment status, source of income/support, current living arrangements, substance use patterns and level of community support/group involvement, etc. The Detoxification Program will develop a tool to gather this information.

Individual Rules and Responsibilities

At the time of admission, every individual shall be informed verbally, and in writing, of the program rules and consequences for violating the rules.

Structure and Operations

The Detoxification Program will be located at 6160 South Loop East, Houston Texas 77087. The facility meets building code guidelines set forth by HHSC. The program will operate 24 hours a day, 7 days a week, 365 days a year.

Licensure

The Detoxification Program plans to be licensed by the Health and Human Services Commission (HHSC) and comply with all licensure requirements.

Policies

The Detoxification Program complies with all Harris Center policies and procedures.

Reporting Measures:

The Detoxification Program will submit the following information annually, electronically or in paper form, in a format provided by the Commission:

- (1) Total number of individuals served by diagnosis;
- (2) Gender of individuals served;
- (3) Ethnicity of individuals served;
- (4) Ages of individuals served;
- (5) Primary and secondary drug at admission; and
- (6) Discharge reason per treatment episode, including length of stay at time of discharge.

The Harris Center uses an electronic medical record system called EPIC, which is a comprehensive service delivery system for behavioral health providers. EPIC allows providers to capture required individual and billing data, and run reports.

Program Evaluation Methods:

The Harris Center has measures and tools in place to evaluate overall program effectiveness, individual progress, staff performance, documentation and individual satisfaction. The Detoxification Program intends to use current methods in place.

Primary counselors will assess the delivery of individual services to ensure quality care. Their reviews will include daily clinical staffing, monthly random record reviews and ongoing feedback. Program staff will monitor progress toward treatment goals and objectives, documenting progress in individuals' clinical records. Staff will monitor and revise recovery (treatment) plans in accordance with TAC standards.

To ensure compliance with documentation, random chart reviews will assess for record keeping and document control. Two different tools will be used during this process: Chart Audit and Person Centered Recovery Plan Audit. The audit will be completed monthly, by the director or designee. At the monthly review, deficits are noted, and corrections are completed within 7 days. The results of these audits are documented and stored.

Staff performance is reviewed on an ongoing basis. Evaluation of job performance is reviewed monthly for the first three months, and quarterly thereafter or as needed. All staff undergo annual performance evaluations.

Visit specific satisfaction surveys offer additional assessment opportunities. After treatment is completed, individuals will complete a survey about their visit, which is placed in a lock box (or other identified location). At the end of the month (or other specified interval) the Program Director will review surveys to make note of any issues and then submit all surveys to The Harris Center Performance Improvement Department.

On a monthly basis, the Program Director and other managers will review input from individuals, internal reports, chart audits, and customer satisfaction surveys in order to evaluate program effectiveness and alignment with outcomes, goals and procedures, and to ensure appropriate individual placement, adequacy of services provided and length of stay.

To measure program success in terms of program goals, the Program Director (or other designee) will examine results of the tool used to track the following at post-discharge follow-up: medical problems, including hospital and emergency room admissions; education/employment status; substance use/abstinence patterns; family problems; legal status/recidivism; social problems; tobacco use; psychiatric problems; current living arrangement.

To ensure system-wide integrity in service, The Harris Center Compliance Department conducts its own assessment of each program, and monitors and evaluates quality of care issues in the following areas: standards compliance, risk management, internal program review, contract monitoring, individual care monitoring, human rights, utilization review, clinical records review, program evaluation, infection control, safety and individual satisfaction. Results are compiled at least quarterly and distributed to Program Compliance for documentation of Self-Monitoring, Utilization Review and Vice President.

Each program undergoes an annual, comprehensive, internal program review to determine compliance with applicable rules, directives, accreditation, certification, licensure and community standards. These reviews include documentation of findings, assessments or corrective action and recommendations.

Test Instruments

The Brief Addiction Monitor (BAM) is a 17-item measure of addiction problem severity that is designed to support measurement-based treatment in substance use disorder specialty care settings. It examines the individual's behavior in the past 30 days, but is also used for repeated administrations. Items assess risk factors for substance use, protective factors that support sobriety, and drug and alcohol use. It is also used to assess an individual's clinical status and guides recovery (treatment) planning. It is research-proven, peer reviewed and validated as an effective assessment instrument.

General Environment

The Harris Center

- (1) Complies with applicable requirements of the Americans with Disabilities Act (ADA) and maintains documentation that it has conducted a self-inspection to evaluate compliance and implemented a corrective action plan, as necessary, with reasonable time frames to address identified deficiencies;
- (2) Maintains a certificate of occupancy from the local authority; and
- (3) Prohibits firearms and other weapons, alcohol, illegal drugs, illegal activities, and violence at all sites.

The Detoxification Program

- (1) Including grounds, buildings, electrical and mechanical systems, appliances, equipment, and furniture shall be structurally sound, in good repair, clean, and free from health and safety hazards;
- (2) Shall provide a safe, clean, well-lighted and well-maintained environment;
- (3) Shall have adequate space, furniture, and supplies;
- (4) Shall have private space for confidential interactions, including all group counseling sessions;
- (5) Shall prohibit smoking inside facility buildings and vehicles and during structured program activities. Staff shall not provide or facilitate individual access to tobacco products; and
- (6) Shall ensure animals will be properly vaccinated and supervised (if applicable).

Required Postings

The Detoxification Program maintains legible copies of the following documents in a prominent public location that is readily available to individuals, visitors, and staff in English and Spanish:

- (1) Individual Bill of Rights;
- (2) Commission's current poster on reporting complaints and violations; and
- (3) Individual grievance procedure

Documentation and Record Keeping

Every page of the medical record will bear the name and case number of the individual. All contacts and services are documented. Each occurrence of a contact with individual, referral source, consultation, or staffing will be documented on a progress note. Time, date, duration of session and other relevant information will accompany each entry. The signature and title of the person making the entry authenticates all entries in accordance with state licensure rules and regulations.

The program shall establish and maintain a single record for every individual beginning at the time of admission. Paper charts will be temporarily stored in a secure locked area. A list of authorized staff members will be posted defining staff access to this area. A computerized individual record system will be implemented to record all pertinent information and will store at minimum: assessments, recovery/treatment plans, discharge plans, and progress notes. Other individual records shall be maintained for at least seven years and program will abide by TAC §448.508 as it pertains to individual records. Clinical record procedures are in compliance with applicable standards from HHSC and all federal, state and contractual HIPPA guidelines for confidentiality.

Incident Reporting

The Harris Center reports to HHSC investigations division all allegations of individual abuse, neglect, and exploitation, and has a designated individual responsible for reviewing incident reports. All reports are evaluated through the quality management process. The Detoxification Program completes an internal incident report for all individual incidents, including:

- (1) A violation of a client rights, including but not limited to, allegations of abuse, neglect and exploitation;
- (2) Accidents and injuries;
- (3) Medical emergencies;
- (4) Psychiatric emergencies;
- (5) Medication errors;
- (6) Illegal or violent behavior;
- (7) Loss of a client record;
- (8) Personal or mechanical restraint or seclusion;
- (9) Release of confidential information without individual consent;
- (10) Fire;
- (11) Death of an active outpatient or residential client (on or off the program site);
- (12) Clients absent without permission from a residential program;
- (13) Suicide attempt by an active client (on or off the program site);
- (14) Medical and psychiatric emergencies that result in admission to an inpatient unit of a medical or psychiatric facility;
and
- (15) Any other significant disruptions.

Incident reports are completed within 24 hours of the occurrence of an incident on-site, or within 24 hours of when the facility became aware of, or reasonably should have known of an incident that occurred off-site.

Staff Training

Staff training is conducted to ensure compliance with state guidelines and counselor licensure. All training is kept in file with the Organizational Development and Human Resources Department and reviewed to maintain compliance and best practices.

Restraints

The Detoxification Program will not utilize restraint or seclusion.

Individual Transportation

The Detoxification Program will comply with The Harris Center written policy regarding individual transportation. The Harris Center transportation policy is in compliance with state and local transportation laws regarding individual transportation.

Mechanisms to Address Special Populations

Mechanisms will be determined on an individualized basis. Staff will be familiar with specialized programs in the community.

Translators are used to accommodate individuals who speak languages other than Spanish or English and sign language interpreters are also utilized as necessary.

The Harris Center facilities are compliant with guidelines from the Americans with Disabilities Act (ADA). In those few facilities that are not fully ADA compliant, accommodations are made as necessary to provide needed services.

In the event that an individual presents for services and cannot be accommodated for any reason (language barrier, special physical or mobility requirement, etc.) Detoxification Program staff will facilitate a referral to another provider who can accommodate the individual's needs. The Detoxification Program will maintain an up to date listing of available community resources within the region.

Assurance of Adequate Resources

The leadership of The Harris Center is committed to providing adequate resources (staff, facilities, equipment, supplies, inventory, etc.) to ensure quality care and continuity of services. The Detoxification Program Director will monitor the needs of the program and assure that there are adequate resources to deliver services in a way that enhance the outcomes for persons served, and to meet the program and organization's goals and objectives.

REFERENCES:

25 TAC Chapter 448: Standard of Care
 28 TAC Chapter 3, Subchapter HH
 CARF Sections 1. ASPIRE to Excellence
 CARF Section 2. General Program Standards
 CARF Section 3. Q. Residential Treatment

Co-Location with Non-Chemical Dependency Programs

The Detoxification Program Site will co-locate with other non-chemical dependency programs. The Harris Center for Mental Health and IDD has policies and procedures in place that effectively address the following:

- Security of records when no authorized staff is continuously present in the immediate area;
- Access and control of records to only staff whose job duties require access, to include designating which client to whom each staff person's access applies;
- Documenting each instance of access to client records, such as through a check-in/check-out log that includes the date and name of the individual accessing the record, and client number; and,
- Additional measures to prevent potential drug diversion where narcotic treatment programs are being co-located with another licensed provider or treatment/service type.

List of Co-Locations:

- Jail Diversion
- Jail Re-Entry
- Hospital to Home
- Outpatient Competency Restoration

RELATED POLICIES/FORMS:

Confidentiality and Disclosure of Patient/Individual Health Information

EXHIBIT F-10



Document No.	Subject: Infection Control Plan		
AGENCY PLAN	Initial Board Approval Date: 9/2019		
Sponsor: Infection Control	Last Board Approval Date: 6/2020		
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

The purpose of this procedure is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees. The Harris Center has developed the following a COVID-19 Plan ("Covid Plan"). The Covid Plan, which includes policies and procedures aimed at minimizing to minimize the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures, are responded to in an effective manner.

2. Objective/SCOPE

The Harris Center for Mental Health and IDD employees.

3. Regulatory/Reference Documents

Control of Communicable ~~Diseases~~, Diseases, 25 TAC Part 1, Chapter 97, and Subchapter A Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H, §§81.301 et seq.

The Houston Department of Health and Human Services.

4. DEFINITIONS:

- **Communicable Disease:**

- ~~An illness due to an infectious agent or its toxic products which is transmitted directly to a well person from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Communicable diseases may spread by physical contact with an infected person, contact with a contaminated surface or object, bites from insects or animals capable of transmitting the disease and travel through the air.s Bacteria, fungi, parasites and viruses may cause communicable diseases. a disease that can be transmitted from person or animal to another directly through contact with body fluids or indirectly through contact with inanimate objects such as contaminated drinking glasses, toys or water, via insects. Bacteria, fungi, parasites, and viruses may cause communicable diseases.~~

-

- Control of Infection occurs by:

1. Identifying consumers and/or staff with communicable or potentially communicable



infections.

2. Implementing appropriate Infection Control measures.
 3. Educating staff on Infection Control procedures and standards.
 4. Providing information to all departments related to managing on site Infection control issues.
- **Disease Prevention:** The prevention of infection in staff and consumers occurs through:
 1. Dissemination of Infection Control guidelines.
 2. Ongoing updates of Infection control procedures and practices
 3. Monitoring of Infection Control practices within the Departments.
 - **Exposure:**
 1. Condition of being exposed to an infectious agent.
 - **Investigation and Surveillance Involves the following:**
 1. Systematic Data collection.
 2. Analysis of the data with determination of specific events to be monitored.
 3. Development and implementation of measurable quality improvement plans.
 4. Evaluation of the quality improvement plans.
 - **Reporting of infections occurs by:**
 1. Staff reporting possible exposures to infectious diseases.
 2. Reporting of reportable diseases as required by DSHS (25TACPart1, Chapter 97, and Subchapter A), Governing Control of Communicable Diseases.

5. PROCEDURES:

- A. Disease Prevention occurs by the Infection Control Manager:
- B. Identifying consumers and/or staff with communicable or potentially communicable infections.
- C. Implementing appropriate Infection Control measures.
- C-D. [Partnering with local pharmacies to provide vaccine clinics to employees.](#)
- D-E. Educating staff on Infection Control procedures, standards and continued updates.
- E-F. Providing information to all departments related to managing on-site Infection Control issues.
- F-G. Monitoring of Infection Control Practices within the Department
- G-H. Investigation and Surveillance Involves the following:
- H-I. Systematic Data collection
- I-J. Analysis of the data with a determination of specific events to be monitored.
- J-K. Development and implementation of measurable quality improvement plans
- K-L. Evaluation of quality improvement plans.
- L-M. Reporting of infections occurs by:
- M-N. Staff reporting possible exposures to infectious diseases.
- N-O. Reporting of reportable diseases as required by DSHS (25 TAC Part 1, Chapter 97, and Subchapter A), governing Control of Communicable Diseases

6. RELATED POLICIES/FORMS:

- Infection Control Policy
- Reportable Disease Form



- Mask Procedure

7. REFERENCES: RULES/REGULATIONS/STANDARDS

- Association for Professionals in Infection Control and Epidemiology www.apic.org
- Center for Disease Control, www.cdc.gov
- Texas Department of State Health Service - www.dshs.state.tx.us

Approver Signature _____ Date _____

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EXHIBIT F-11



Policy No.	Subject: Business Associate and Subcontractor Policy		
AGENCY POLICY	Initial Board Approval Date: NA		
Sponsor: Health Information Management	Last Board Approval Date: 10/2020		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE:

The purpose of this policy is to ensure The Harris Center executes Business Associate agreements in compliance with the relevant provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, to establish the permitted and required uses and disclosures of Protected Health Information).

2. POLICY:

It is the policy of The Harris Center to enter into business associate agreements in compliance with the relevant provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. The Business Associate agreements shall comply with the federal requirements.

The contracts shall establish the permitted and required uses and disclosures of Protected Health Information by the business associate. The contract may not authorize the business associate to use or further disclose the information in a manner that would violate the requirements of HIPAA, if done by the Harris Center, except that:

- The contract may permit the business associate to use and disclose protected health information for the proper management and administration of the business associate as provided by HIPAA
- To carry out the legal responsibilities of the business associate; and
- The contract may permit the business associate to provide data aggregation services related to the Harris Center's operations.

A covered entity may disclose Protected Health Information to a business associate and may allow a business associate to create, receive, maintain, or transmit Protected Health Information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information. A covered entity is not required to obtain such satisfactory assurances from a business associate that is a subcontractor. A business associate may disclose Protected Health Information to a business associate that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Health Information on its behalf, if the business associate obtains satisfactory assurances, that the subcontractor will appropriately safeguard the information.



The Business Associate must sign a Business Associate Agreement prior to the disclosure of protected health information on behalf of The Harris Center and must document the satisfactory assurances.

A covered entity is not in compliance, if the covered entity knew of a pattern of activity or practice of the Business Associate that constituted a material breach or violation of the business associate's obligation under the contract or other arrangement, unless the covered entity took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful, terminated the contract or arrangement, if feasible. A covered entity is not in compliance, if the covered entity knew of a pattern of activity or practice of a subcontractor that constituted a material breach or violation of the subcontractor's obligation under the contract or other arrangement, unless the covered entity took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful, terminated the contract or arrangement, if feasible.

If a Business Associate discovers a breach, the breaching party will have the opportunity to cure the breach or end the violation. If the breaching party does not cure the breach or end the violation within a reasonable time frame, or if a material term of the agreement has been breached and a cure is not possible, the non-breaching party may terminate the agreement, upon written notice to the breaching party. A business associate is not in compliance with the federal standards, if the business associate knew of a pattern of activity or practice of a subcontractor that constituted a material breach or violation of the subcontractor's obligation under the contract or other arrangement, unless the business associate took reasonable steps to cure the breach or end the violation, as applicable, and if such steps were unsuccessful, terminated the contract or arrangement, if feasible.

3. APPLICABILITY/SCOPE

All Harris Center programs, employees, volunteers, interns, contractors, subcontractors and business associates.

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

Business Associate Agreement

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164

Approver Signature _____ Date _____

EXHIBIT F-12



Policy No.	Subject: Plan of Care		
Agency POLICY	Initial Board Approval Date: 9/2018		
Sponsor: Mental Health	Last Board Approval Date: 10/2021		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

To ensure the development of a comprehensive person-centered plan based on client, family/legal guardian input, assessments and narrative summaries

2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ensure every client served will be an active participant in the development of his or her Person-Centered Plan in conjunction with his/her assigned interdisciplinary treatment team.

3. APPLICABILITY/SCOPE

This applies to all of The Harris Center Programs/Units that provide services.

4. Related policies/Forms:

- Person and Family Centered Recovery Plan
- Individual Plan of Care
- Safety Plan
- Person Directed Plan
- Progress Notes

5. References: Rules/Regulations/Standards

- IDD-BH Contractor Administrative Functions, Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, Standards for Services to Individuals with Co-Occurring Psychiatric and Substance Use Disorders-Screening, Assessment, & Treatment Planning, 26 Tex. Admin. Code, Chapter 306, Subchapter A
- Behavioral Health Delivery System, Mental Health Rehabilitative Services, 26 Tex. Admin. Code Ch. 306, Subchapter F
- ~~Texas Administrative Code (TAC) Medicaid Mental Health Case Management Services Chapter 412, Subchapter I~~
- ~~Texas Administrative Code (TAC) Medicaid Mental Health Rehabilitative Services Chapter 419, Subchapter L~~
- ~~Texas Administrative Code (TAC) Roles and Responsibilities of an MRAa Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G~~
- ~~; Title 40, Part 1, Chapter 2, Subchapter G Texas Administrative Code (TAC) Home Community-Based Services (HCS) and Community First Choice (CFC), Title 40 Tex. Admin. Code, Part 1, Chapter 9, Subchapter D~~

- Texas Administrative Code (TAC) Texas Home Living Program and Community First Choice Program (CFC), Title 40 Tex. Admin. Code, Part I Chapter 9, Subchapter N.

Approver Signature _____ Date: _____

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EXHIBIT F-13



Policy No. BUS-F/B:18	Subject: CASH RECEIPTS & BANK DEPOSITS		
Agency POLICY		Initial Approval Date: 4/1987	
Sponsor: FINANCE		Last Board Approval Date: 10/2020	
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

To establish The Harris Center policy for the handling of all cash receipts, to include currency, coin, checks, ACH transactions, and credit card transactions. To ensure all cash received and deposited are recorded, processed and secured appropriately.

2. POLICY

The Harris Center clinics (Clinics) will establish proper and adequate controls to ensure the safeguarding of cash and checks received by the Center for payment of consumer services. Deposits will be made in a timely basis to allow for more efficient use of Agency funds. Reports will be prepared timely and consistently to allow for accurate financial reporting. Finance will maintain all related procedures.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff, contractors, visitors, and individuals served.

4. PROCEDURES

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approver Signature _____ **Date** _____

EXHIBIT F-14

DECLARATION FOR MENTAL HEALTH TREATMENT

I, _____, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by a court that my ability to understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment, is impaired to such an extent that I lack the capacity to make mental health treatment decisions. 'Mental health treatment' means electroconvulsive or other convulsive treatment, treatment of mental illness with psychoactive medication, and preferences regarding emergency mental health treatment.

(OPTIONAL PARAGRAPH) I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

PSYCHOACTIVE MEDICATIONS

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

_____ I consent to the administration of the following medications:

_____ I do not consent to the administration of the following medications:

_____ I consent to the administration of a federal Food and Drug Administration approved medication that was only approved and in existence after my declaration and that is considered in the same class of psychoactive medications as stated below:

Conditions or limitations:



ATTACHMENT A 2 OF 3 PAGES

CONVULSIVE TREATMENT

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding convulsive treatment are as follows:

_____ I consent to the administration of convulsive treatment.

_____ I do not consent to the administration of convulsive treatment. Conditions or limitations:

PREFERENCES FOR EMERGENCY TREATMENT

In an emergency, I prefer the following treatment **FIRST**: (circle one) Restraint/Seclusion/Medication.

In an emergency, I prefer the following treatment **SECOND**: (circle one) Restraint/Seclusion/Medication.

In an emergency, I prefer the following treatment **THIRD**: (circle one) Restraint/Seclusion/Medication.

_____ I prefer a male/female to administer restraint, seclusion, and/or medications. Options for treatment prior to use of restraint, seclusion, and/or medications: Conditions or limitations:

ADDITIONAL PREFERENCES OR INSTRUCTIONS

Conditions or limitations:

Signature of Principal: _____ Date: _____



ATTACHMENT A 3 OF 3 PAGES

SIGNATURE ACKNOWLEDGED BEFORE NOTARY PUBLIC

State of Texas

County of _____

This instrument was acknowledged before me on _____ (date) _____ (name of notary public).

NOTARY PUBLIC, State of Texas

Printed Name of Notary Public:

My commission expires: _____

SIGNATURE IN PRESENCE OF TWO WITNESSES STATEMENT OF WITNESSES

I declare under penalty of perjury that the principal's name has been represented to me by the principal, that the principal signed or acknowledged this declaration in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, and that I am not a provider of health or residential care to the principal, an employee of a provider of health or residential care to the principal, an operator of a community health care facility providing care to the principal, or an employee of an operator of a community health care facility providing care to the principal.

I declare that I am not related to the principal by blood, marriage, or adoption and that to the best of my knowledge I am not entitled to and do not have a claim against any part of the estate of the principal on the death of the principal under a will or by operation of law

Witness Signature: _____

Date: _____

Address: _____

Witness Signature: _____

Date: _____

Address: _____



NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT

This is an important legal document. It creates a declaration for mental health treatment. Before signing this document, you should know these important facts:

This document allows you to make decisions in advance about mental health treatment and specifically three types of mental health treatment: psychoactive medication, convulsive therapy, and emergency mental health treatment. The instructions that you include in this declaration will be followed only if a court believes that you are incapacitated to make treatment decisions. Otherwise, you will be considered able to give or withhold consent for the treatments.

This document will continue in effect for a period of three years unless you become incapacitated to participate in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapacitated.

You have the right to revoke this document in whole or in part at any time you have not been determined to be incapacitated. YOU MAY NOT REVOKE THIS DECLARATION WHEN YOU ARE CONSIDERED BY A COURT TO BE INCAPACITATED. A revocation is effective when it is communicated to your attending physician or other health care provider.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you. This declaration is not valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.

EXHIBIT F-15



Policy No.	Subject: Delegation and Supervision of Certain Nursing Acts		
Agency Policy	Initial Board Approval Date: 9/2015		
Sponsor: Nursing Department	Last Board Approval Date: 8/2020		
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. **PURPOSE:** The purpose of the policy is to describe the method by which The Harris Center for Mental Health and IDD complies with rules established by the Texas Board of Nursing when delegating certain nursing acts. It is not the intent to describe every situation in which an act maybe delegated, but to provide the framework necessary to delegate certain acts in a safe and appropriately supervised manner.
2. **POLICY:** The Harris Center Registered Nurses (RNs) may delegate certain nursing acts to LVNs, and unlicensed staff. Acts delegated by RN's must comply with rules developed by the Texas Board of Nursing.
3. **APPLICABILITY/SCOPE:** This policy applies to all Harris Center areas where nursing delegates services or tasks. Texas Administrative Code Title 22, Part 11, Chapter Texas Board Rule 225 applies to IDD and CPEP Residential sites. Texas Administrative Code Title 22, Part 11, Chapter Board Rule 224 applies to Mental Health Clinics, PES and CSU.
4. **DEFINITIONS:**
 - a. **Activities of daily living**--Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation, positioning, and range of motion.
 - b. **Client**--the individual receiving care
 - c. **Non-licensed staff.** Direct care staff who have received training and demonstrate competency in supervision of self-administration of medications or have received training and demonstrate competency in administration of prescribed medications by a licensed healthcare practitioner.
 - d. **Delegation**--Authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.
 - e. **Unlicensed person**--An individual, not licensed as a health care provider:
 - i. Who is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the RN in providing direct client care or carrying out common nursing functions;



- ii. including, but is not limited to, nurse aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by a state agency, and other individuals providing personal care/assistance of health related services; or
- iii. Who is a professional nursing student, not licensed as a RN or LVN, providing care for monetary compensation and not as part of their formal educational program shall be considered to be unlicensed persons and must provide that care in conformity with this chapter.

5. Related Procedures/Policies/Forms:

- MED 10 Policy
- CPEP Delegation & Supervision of Nursing Acts Procedure
- Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure
- IDD Delegation & Supervision of Nursing Acts

6. References: Rules/Regulations/Standards

- Texas Administrative Code Title 22, Part 11, Chapter Texas Board Rule 225 - RN Delegation to Unlicensed Personnel & Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable Condition
- Texas Administrative Code Title 22, Part 11, Chapter Board Rule 224 - Delegation of Nursing Tasks by RNs to Unlicensed Personnel for Clients with Active Conditions or in Acute Care Environments
- Texas Board of Nursing, Delegation Resource Packet
- Texas Occupations Code, Chapter 301 - 25 TAC §412.323 Medication Services

Approver Signature _____ Date _____

EXHIBIT F-16



Policy No.	I Subject: Delegations in the absence of the Chief Executive Officer (CEO)	
Agency POLICY	Initial Board Approval Date: NA	
Sponsor: ADMINISTRATION	Last Board Approval Date: 10/2020	
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual
		New Board Approval Date: 10/2021

1. PURPOSE

The purpose of this policy is to promote the efficient operation of the Harris Center and to ensure that appropriate Harris Center Executive Leadership are available for input and decision-making in the absence of the Chief Executive Officer (CEO).

2. POLICY

It is the policy of The Harris Center to continue efficient operations and business decision-making when the Chief Executive Officer (CEO) of The Harris Center is not available and input or decisions are required of CEO. For planned absences of the CEO, the CEO will delegate signing, input and decision-making authority as the CEO feels is appropriate. If the CEO has unplanned absences and is not able to formally delegate these authorities, the Chief Operating Officer (COO) is authorized to sign documents, provide input and make decisions during the CEO's absence.

Only the CEO or the Chair of the Board of Trustees may delegate, and/or revoke delegation of, signing, input and decision-making authority. When needed, the COO, under their delegated CEO authority, may sub delegate to the Chief Financial Officer (CFO).

3. APPLICABILITY/SCOPE

This policy applies to all staff and facilities governed by The Harris Center including, direct and contracted employees.

4. PROCEDURES

N/A

5. RELATED POLICIES/FORMS:

- Signature for Authorization Policy
- Check Signing Policy

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

N/A

Approver Signature _____ Date _____

EXHIBIT F-17



Policy No.	Subject: Emergency Codes, Alerts, and Response
Agency POLICY	Initial Approval Date: NA
Sponsor: Risk Management	New Board Approval Date: 10/2020
<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Annual	New Board Approval Date: 9/2021

1. **PURPOSE:** To provide plain language emergency alert and procedures to be used in response to emergency situations.
2. **POLICY STATEMENT:** The Harris Center Emergency Management Services is responsible for using plain language emergency notification to alert staff and prompt appropriate, predetermined actions and responses, in the event of an emergency situation.

Plain Language Emergency Alerts:

Alert Categories: Medical, Facility, Security, and Weather

A. Medical Alert:

- i. **Code Blue:** Indicates a suspected or imminent cardiopulmonary arrest
 - “Medical Alert + Code Blue + Location”
- ii. **Medical Emergency:** Indicates an acute injury or illness which poses an immediate risk to an individual’s life or health.
 - “Medical Emergency + Location”
- iii. **Crisis Intervention:** Indicates patient is harmful to self or others in a Harris Center facility.
 - “Medical Alert + Crisis Intervention + Location”

B. Security Alert:

- i. **Active Shooter/ Armed Intruder:** Indicates there is an active shooter or an armed intruder (knife, bat, etc.) incident in a Harris Center Facility.
 - “Security Alert + Active Shooter/ Armed Intruder + Location”
- ii. **Hostage Situation:** Indicates there is a hostage situation at a Harris Center facility.
 - “Security Alert + Hostage Situation”
- iii. **Missing Child:** Indicates a missing or abducted child who is a visitor or child/adolescent patient in a Harris Center facility.
 - “Security Alert + Missing Child & Adult + Location”
- iv. **Suspicious Package:** Indicates a bomb threat or the discovery of a suspicious device in a Harris Center facility.
 - “Security Alert + Suspicious Package + Location”

C. Facility Alert:

- i. **System Failure:** Indicates a utility or system failure in a Harris Center facility.
 - “Facility Alert + Utility Failure + Location”



ii. Hazardous Spill: Indicates an unintentional release of one or more hazardous substances which could harm human health or the environment in and around a Harris Center facility.

- “Facility Alert + Hazardous Spill + Location”

iii. Code Red: Indicates an actual or suspected fire in a Harris Center facility.

- “Facility Alert + Code Red + Location”

D. Weather Alert:

i. Indicates a severe weather condition (e.g., tornado, flooding, ice storm, etc.) at or near a Harris Center facility.

- “Weather Alert + Description + Location”

PLAIN LANGUAGE ALERT CODES DESK TOOL

Emergency	Alerts & Communication	Notification Mode
Code Blue/Medical Emergency	Medical Alert+ Code Blue+ Location	Overhead page
Crisis Intervention	Medical Alert + Crisis Intervention + Location	Overhead page
Active Shooter/ Armed Intruder	Security Alert + Active Shooter/Armed Intruder + Location	Alert System Overhead page
Hostage Situation	Security Alert + Hostage Situation + Location	Alert System
Missing Child	Security Alert + Missing Child + Location	Alert System & Overhead page
Bomb Threat/ Suspicious Package	Security Alert + Suspicious Package + Location	Alert System If bomb threat, use bomb threat checklist
Utility or System Failure	Facility Alert + Utility Failure + Location	Alert System
Hazardous Spill	Facility Alert + Hazardous Spill + Location	Alert System
Code Red/Fire	Facility Alert + Code Red + Location	Overhead page
Tornado, flooding, hurricane	Weather Alert + Description + Location	Alert System & Overhead page

Approver Signature _____ Date _____

EXHIBIT F-18



Policy No.	Subject: Employee Performance Evaluations		
Agency Policy	Initial Implementation Date: 12/1993		
Sponsor: Human Resources	Last Board Approval Date: 6/2020		
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

The performance review policy outlines The Harris Center’s means to provide a formal review for every employee’s performance through a collaborative effort, encouraging open communication across multiple levels of the agency.

2. POLICY

Each employee shall receive a regular, formal evaluation as it relates to established performance standards in their position description. The outcome of evaluations assists with potential rewards and recognition, communicating constructive feedback, setting professional growth goals, and determining development and training opportunities. Supervisors will evaluate job performance on an annual basis.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

- A. Evaluation Timelines
- B. Evaluation Procedures

5. Related policies/Forms:

Employee Position Descriptions
Performance Evaluation

PER:7
PER:22.001

6. References: Rules/Regulations/Standards

The Harris Center’s Policy and Procedure Handbook

Approver Signature _____ **Date** _____

EXHIBIT F-19



Policy No.	Subject: Employment		
Agency Policy	Initial Board Approval Date: 3/1993		
Sponsor: Human Resources	Last Board Approval Date: 6/24/20		
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

2. POLICY

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to employment matters including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. Additionally, The Harris Center will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the Agency.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

- A. Creating a New Position
- B. Filling a New Position
- C. Filling a Vacant Position
- D. Changing a Current Position
- E. Posting of Vacancies
- F. Conditions of Employment

5. Related policies/Forms:

Employee Job Descriptions

PER: 7

Transfers, Promotions, Demotions

PER: 15

Personnel Requisition Action Form

Attachment A



The Harris Center Application for Employment

Attachment B-online

6. References: Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

Approver Signature _____ Date _____

DRAFT

EXHIBIT F-20



Policy No.	Subject: Financial Assessment	
Agency POLICY	Initial Board Approval Date: NA	
Sponsor: Mental Health Business Office	Last Board Approval Date: 9/2020	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Annual	New Board Approval Date: 10/2021	

1. PURPOSE

The purpose of this policy is to complete a financial assessment at intake and yearly thereafter to ensure compliance to the state rules and laws by establishing a uniform evaluation of patient’s financial status and residency that determines the patient’s ability to pay by using a sliding fee scale.

2. POLICY

It is the policy of the Harris Center to conduct and document a financial assessment for each patient within the first thirty (30) days of services. The Harris Center shall update the financial assessment for patients at least on a yearly basis and whenever the consumer reports any significant change in income, insurance, family size, or extraordinary expenses in which case the financial will be update before the yearly anniversary of the previous financial.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff, contractors, visitors, and people served.

4. PROCEDURES

Financial Assessment Procedure

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

- Patient Charges / Fee Schedule Policy

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Community Centers-Fees for Services, Tex. Health & Safety Code §534.017
- Local Mental Health Authorities Responsibilities, Charges for Community Services, 25 Tex. Admin. Code, Chapter 412, Subchapter C

Approver Signature _____ **Date** _____

EXHIBIT F-21



Policy No.	Subject: Inquiries on Employees		
Agency Policy	Initial Board Approval Date: 3/2000		
Sponsor: Compliance Department	Last Board Approval Date: 6/2020		
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has a responsibility to maintain a system to protect current and former employees' employment records. The purpose of this policy is to ensure a consistent process throughout the agency concerning the release of employment information.

2. POLICY

All inquiries regarding the employment information of current and former employees will be referred to the Department of Human Resource Services for official responses. These inquiries include, but is not limited to, reference checks on current or past employment, working hours, salary verifications, credit and collection inquiries, requests pertaining to any solicitation of employees or distribution of material to employees, and all other requests for information that may be part of an employee's employment record. This list is illustrative only and not exhaustive.

3. APPLICABILITY/SCOPE

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

4. PROCEDURE

Inquiries on Employees

5. References: Rules/Regulations/Standards

- The Harris Center's Policy and Procedure Handbook
- Restrictions on Blacklisting, Texas Labor Code §52.031
- Disclosure by Employer of Information Regarding Certain Employees or Former Employees, Texas Labor Code §103

Approver Signature _____ **Date** _____

EXHIBIT F-22



Policy No.	Subject: Obligation to Identify Individuals or Entities Excluded from Participation In Federal Health Care Programs	
Agency POLICY	Initial Approval Date: 2012	
Sponsor: Human Resources	New Board Approval Date: 6/24/2020	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual
		New Board Approval Date: 10/2021

1. PURPOSE

The purpose of this policy is to establish guidelines, which inhibit The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from federally funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department-Office of Inspector General (HHSC-OIG)

2. POLICY

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center") to comply with federal rules -Social Security Act, 42 U.S.C. 1320a-7, Section 1128.

The Harris Center shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

3. APPLICABILITY/SCOPE

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

4. References: Rules/Regulations/Standards

Social Security Act 42 U.S.C.A.1320a-7

Approver Signature _____ Date _____

EXHIBIT F-23



Policy No. BUS-FB-16	Subject: Petty Cash		
Agency POLICY	Initial Board Approval Date: NA		
Sponsor: FINANCE	Last Board Approval Date: 9/2020		
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual	New Board Approval Date: 10/2021

1. PURPOSE:

The purpose of this policy to provides Harris Center employee with guidelines for establishing, maintaining, and closing a petty cash fund.

2. POLICY:

The Harris Center authorizes to Departments the use of a petty case fund to expedite disbursements when other disbursement methods cannot be used. Petty cash funds can provide cash to local units to cover minor business-related expenses, such as reimbursement of staff members and visitors for small expenses such as taxi fares, postage, office supplies, petty expenditures (purchases). The following standards apply to the use of a petty cash fund:

- The petty cash fund must be in the custody of one person who will assume the operating responsibilities of the fund including safeguarding and reconciling the fund monthly.
- Petty cash funds are not to be used for cashing checks or funding short-term borrowings (I.O.U.'s).
- Agency funds are not to be disbursed on goods or services for personal consumption or use.
- The "Responsible Person" or the Agency's internal or external auditors may count the petty cash fund, at unannounced intervals. These cash counts should take place only in the presence of a second person: the custodian or, if necessary, another department representative designated by the custodian's supervisor.
- Theft or suspected irregularities involving petty cash should be reported directly and immediately to the Agency's Auditor.
- Petty cash fund may be created upon the written request of business unit manager following approval by Chief Financial and Administrative Officer
- The Controller may require the closing of a petty cash account if proper operating procedures are not followed.
- The sum total of all petty cash funds within the agency may not exceed \$15,000 combined.

3. APPLICABILITY/SCOPE

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

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

- BUS-F/B:16.002 Petty Cash Reconciliation Form
- BUS-F/B: 16.003 Log of Petty Cash Disbursements

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approver Signature _____ Date _____

EXHIBIT F-24



Policy No.	Subject: Subpoenas	
Agency POLICY	Initial Board Approval Date: 8/2019	
Sponsor: Legal Services Department	Last Board Approval Date: 10/2020	
<input type="checkbox"/> New	<input type="checkbox"/> Revised	<input checked="" type="checkbox"/> Annual
		New Board Approval Date: 10/2021

1. PURPOSE

To ensure all staff of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) properly respond and meet deadlines to comply with legal obligations with respect to subpoenas.

2. POLICY

It is the policy of The Harris Center to comply and timely respond to subpoenas to avoid any delay in the legal proceedings while protecting the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department/General Counsel Office is administratively responsible for all legal matters related to The Harris Center, including management of litigation. A person who is served with a subpoena 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 subpoena and any accompanying documents shall be immediately forwarded to The Legal Services Department to review and ensure the subpoena is proper and meets legal requirements, to avoid delay and to 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

N/A

5. References: Regulations/Standards/Statutes

- Subpoenas, TEX. R. av. P. 176
- Subpoena & Attachment, Tex. Code Crim. Proc. Ann. Art 24
- Subpoena, FED. R. CRIM. P. 17.
- Subpoena, FED. R. av. P. 45.
- Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. §§ 2.13; 2.61 — 2.67
- Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. §§ 160.314; 160.520; 164.512 CARF: Section 1. Subsection E.2., Legal Requirements

Approver Signature _____ **Date** _____

EXHIBIT F-25

Information Technology Roadmap

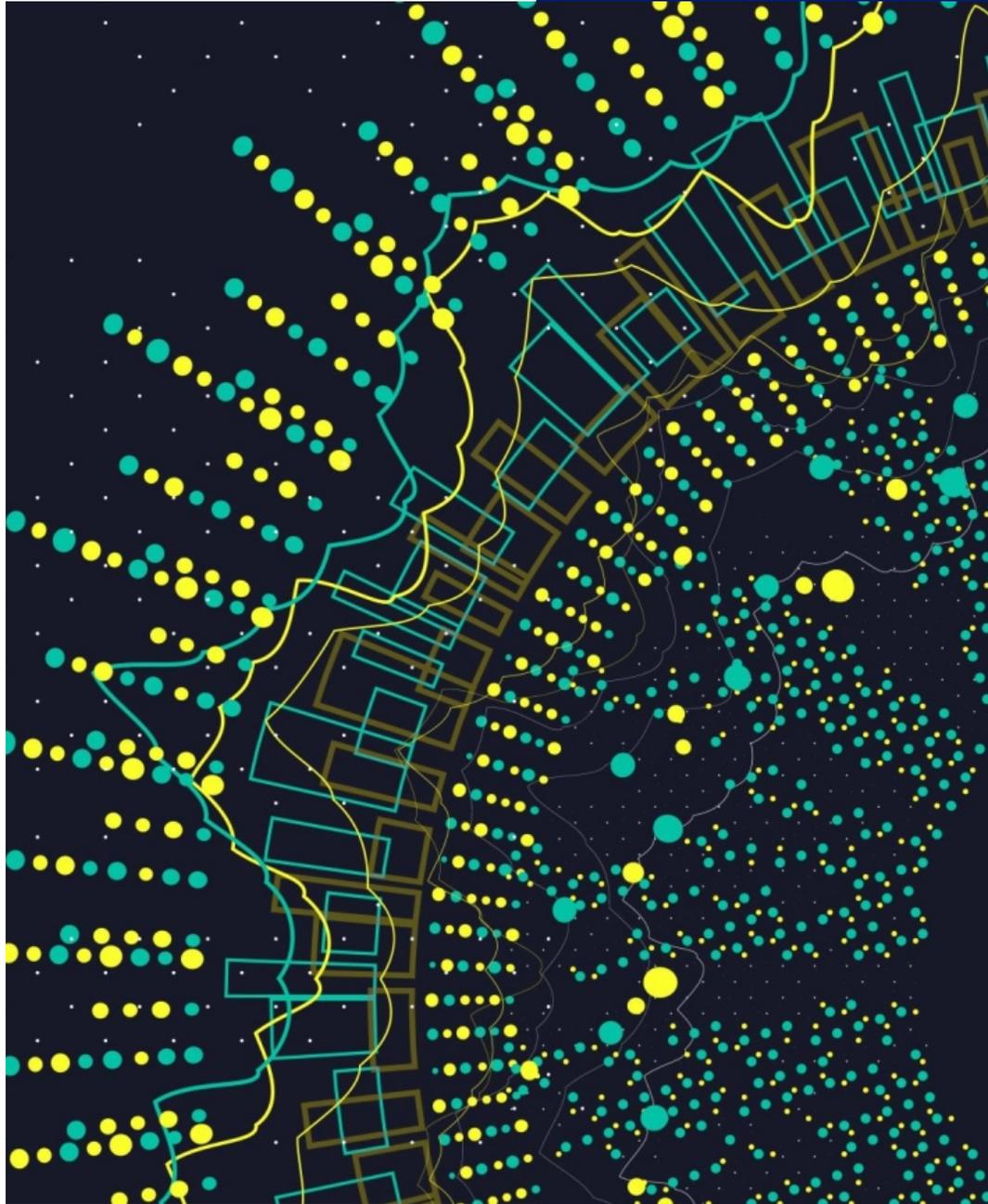
Information Technology Strategic Focus Areas

FY2022 - FY2024

Presented by: Mustafa Cochinwala, Chief Information Officer

Goal Summary

1. Epic Optimization
2. Telehealth Hub Implementation
3. Modern Endpoint Management
4. Enhance Cyber Security
5. Full Cloud Integration
6. Efficient Build vs Buy Analysis
7. Evolve Data as a Service



Epic - Implementation

Epic Go Live: April 10, 2021

Important milestones at the 5-month mark:

- 4 million notes converted from Anasazi to Epic
- Number of visits/encounters completed in Epic: 277,611
- Total prescriptions filled in the pharmacy: 65,369
- 677,883 charges dropped for a total of \$66M
- Barcode medication administration (patient's barcode and the medication were scanned in June) 99.5%
- MyChart Active Patients: 3,739
- Outpatient lab results released in MyChart within 1 day: 100%



Epic – Looking Ahead

REPORTING

- Stabilize State and Encounter Data reporting
- Define and document long-term reporting strategy

LONG TERM SUPPORT

Epic Affiliates Support team:

- HC Help Desk number routed to Epic Affiliates Support team
- Staff available 24/7
- Support team includes 4 Lead Analysts and 16 Analysts
- Maintain standard incident/request service level
- Service availability-target is 98%

OPTIMIZATION

- Over 100 features, changes, updates and improvements
- Harris Health Analysts & Harris Center Certified Clinical Builders complete optimization based on priority



ACCESS PROVISIONING

- Define and document a long-term user provisioning process
- Harris Center application analysts trained and certified

INFORMATION SHARING

- Implement Care Everywhere
- Allows providers to review and reconcile allergies, medications, etc.
- Partnerships with community healthcare providers to share patient information

TELEHEALTH

- Implement Epic Video Client-improve patient access through MyChart
- On-Demand Video Visits-patients join a virtual queue for access

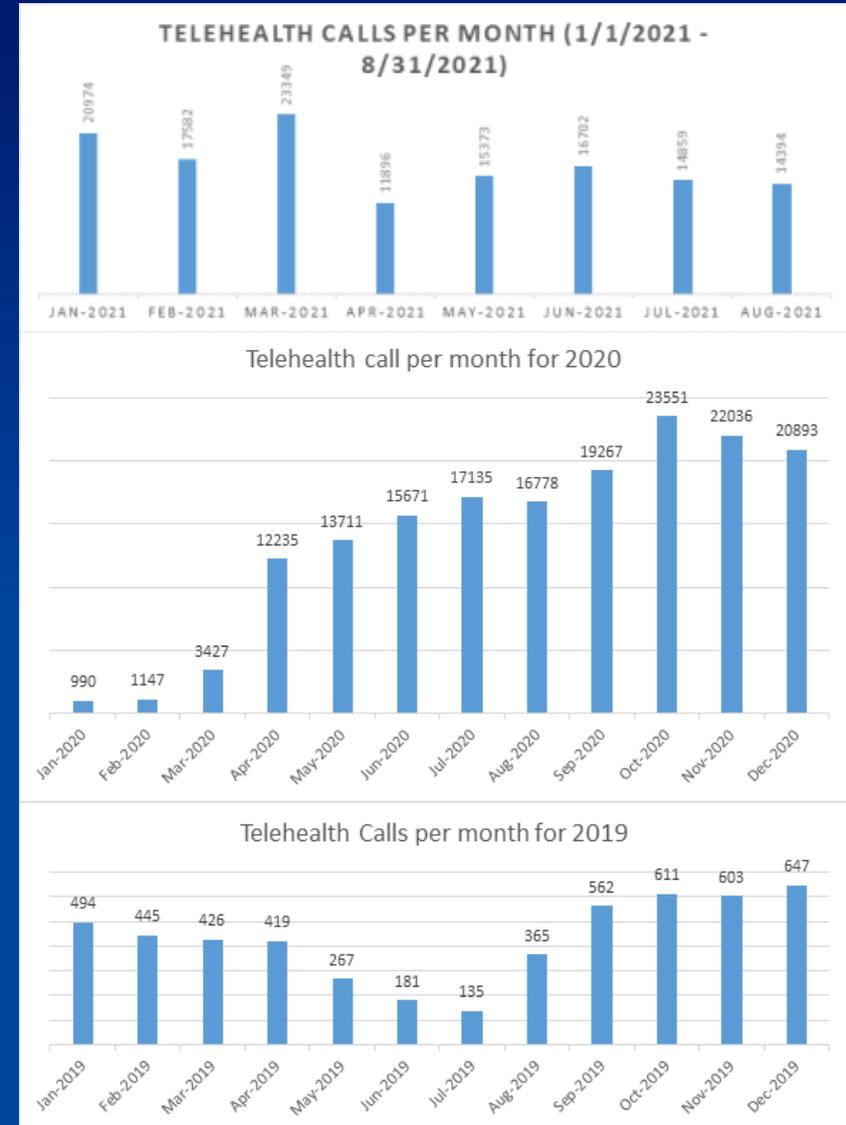
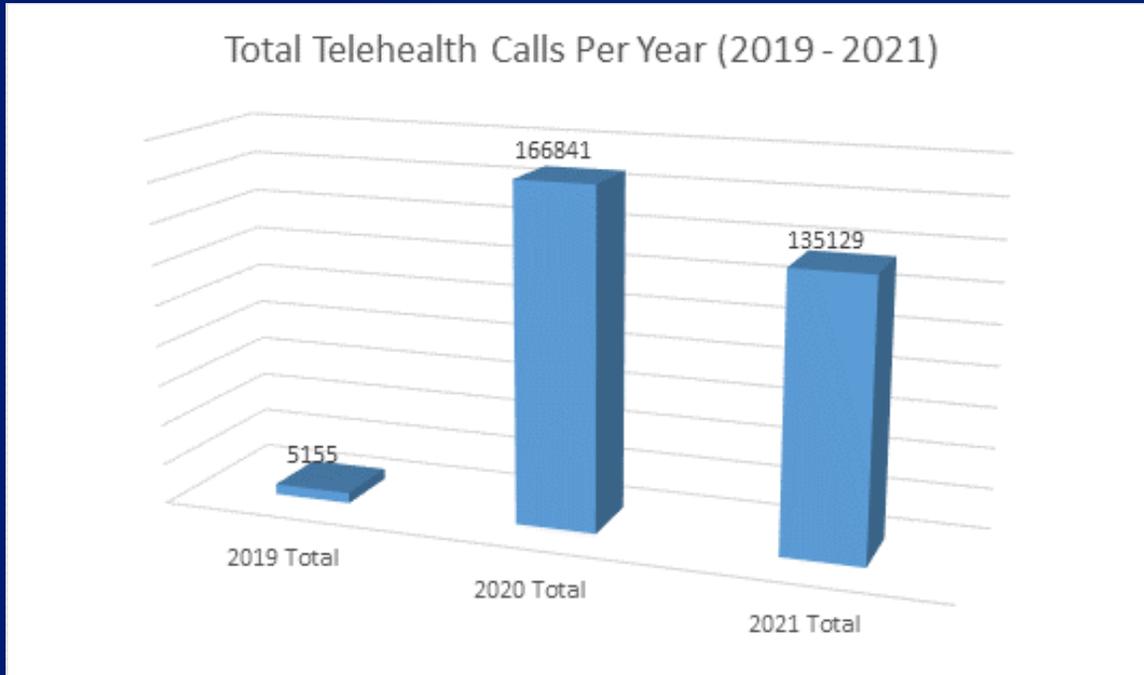
KIOSKS

- Implement Epic Welcome-patients can complete a variety of tasks such as check-in, registration, questionnaires and make payments

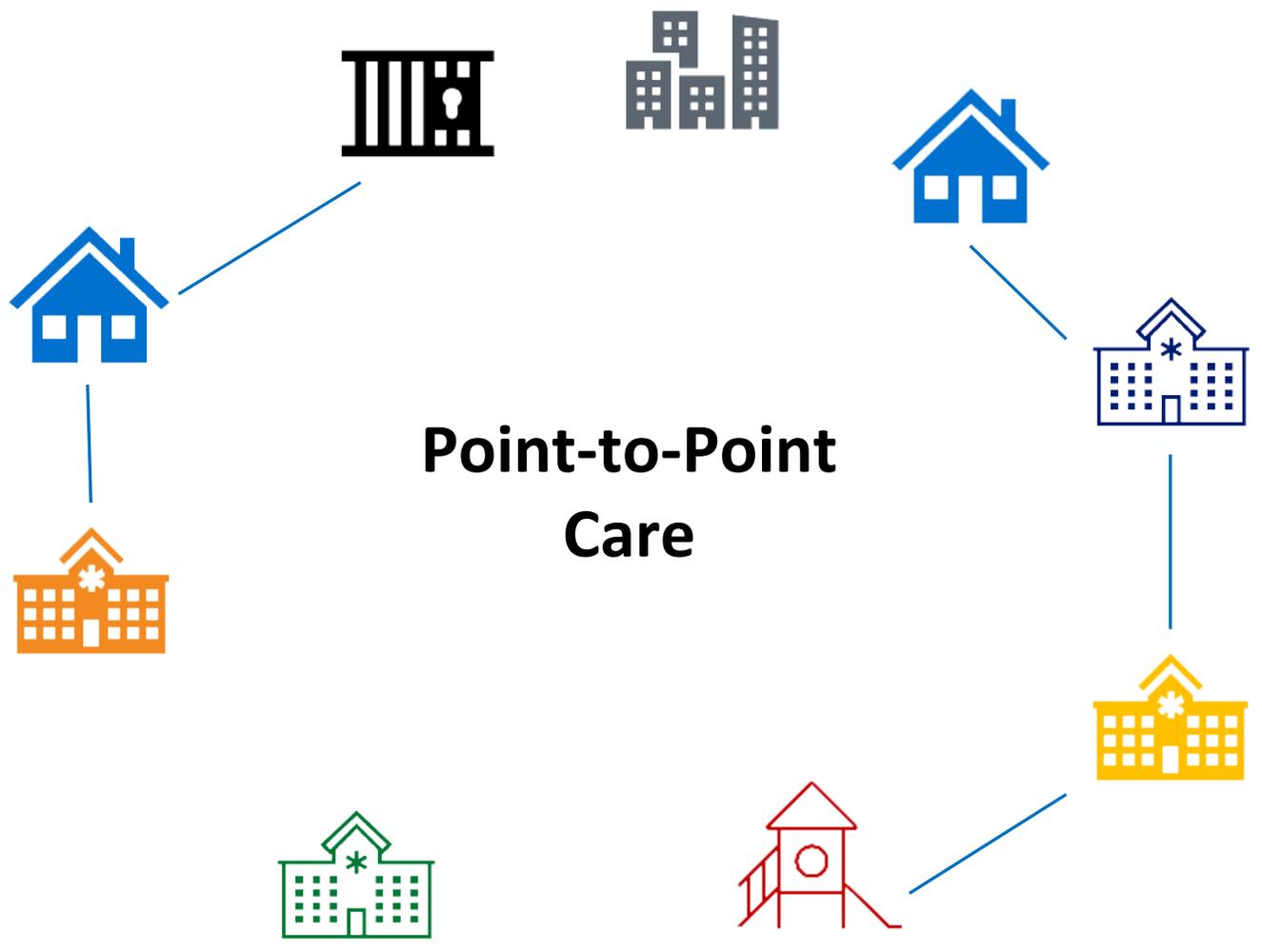
Telehealth Accomplishments

- Implement and utilize Telehealth services using the existing platform.
 - *Utilized Lifesize for Services. 1865 active accounts*
- Install existing systems at Clinics to enable providers to work remotely
 - *Combination of Microsoft Teams, Citrix, Virtual Private Network, and LifeSize enable staff to work remotely.*
- Implement a program for patients to access services from their location
 - *Combination of LifeSize and Doximity.*
- Pilot services with the Sheriff's department.
 - *270 Sheriff Deputies assigned iPads.*

Telehealth Utilization

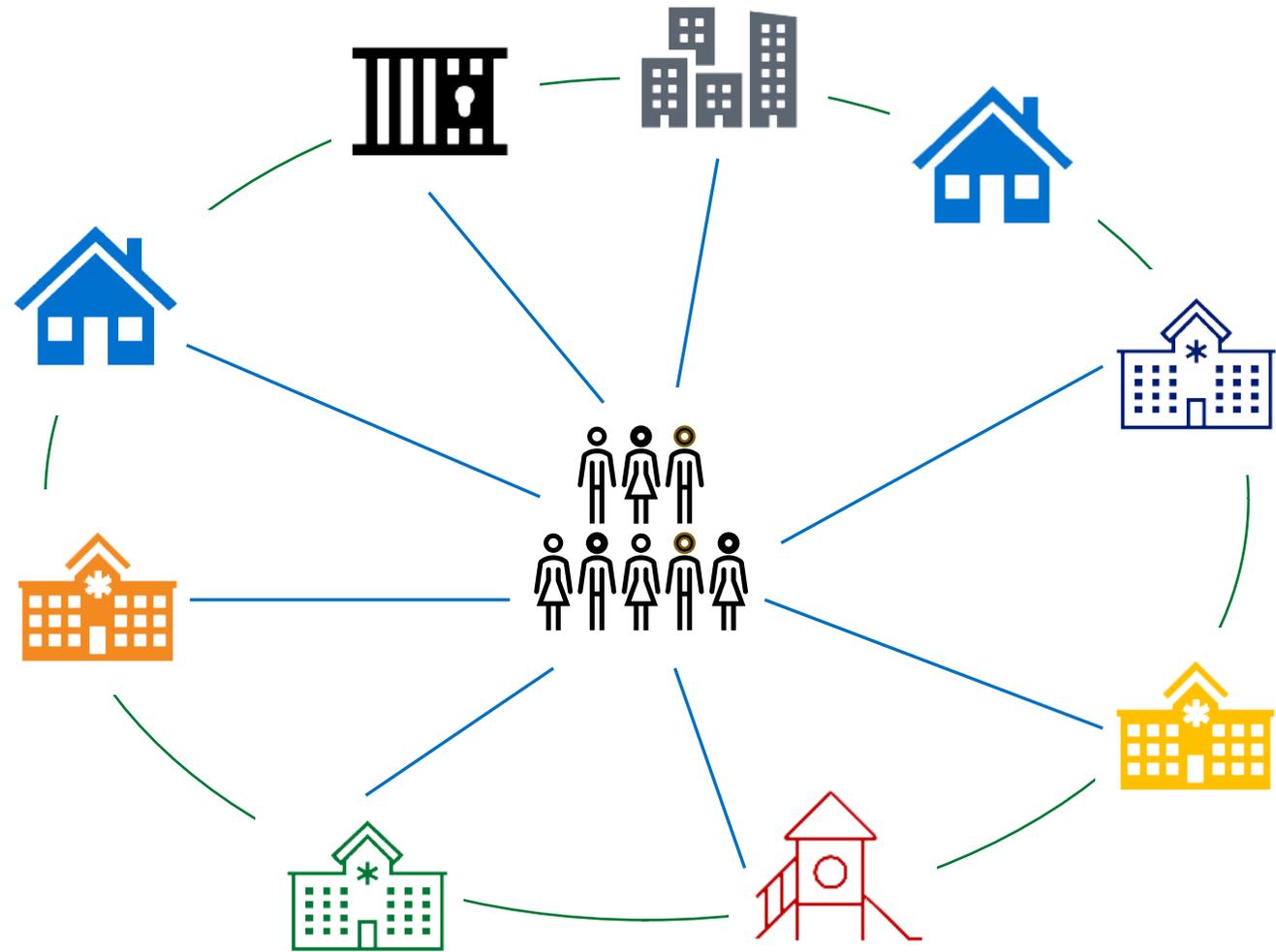


Telehealth Now



**Point-to-Point
Care**

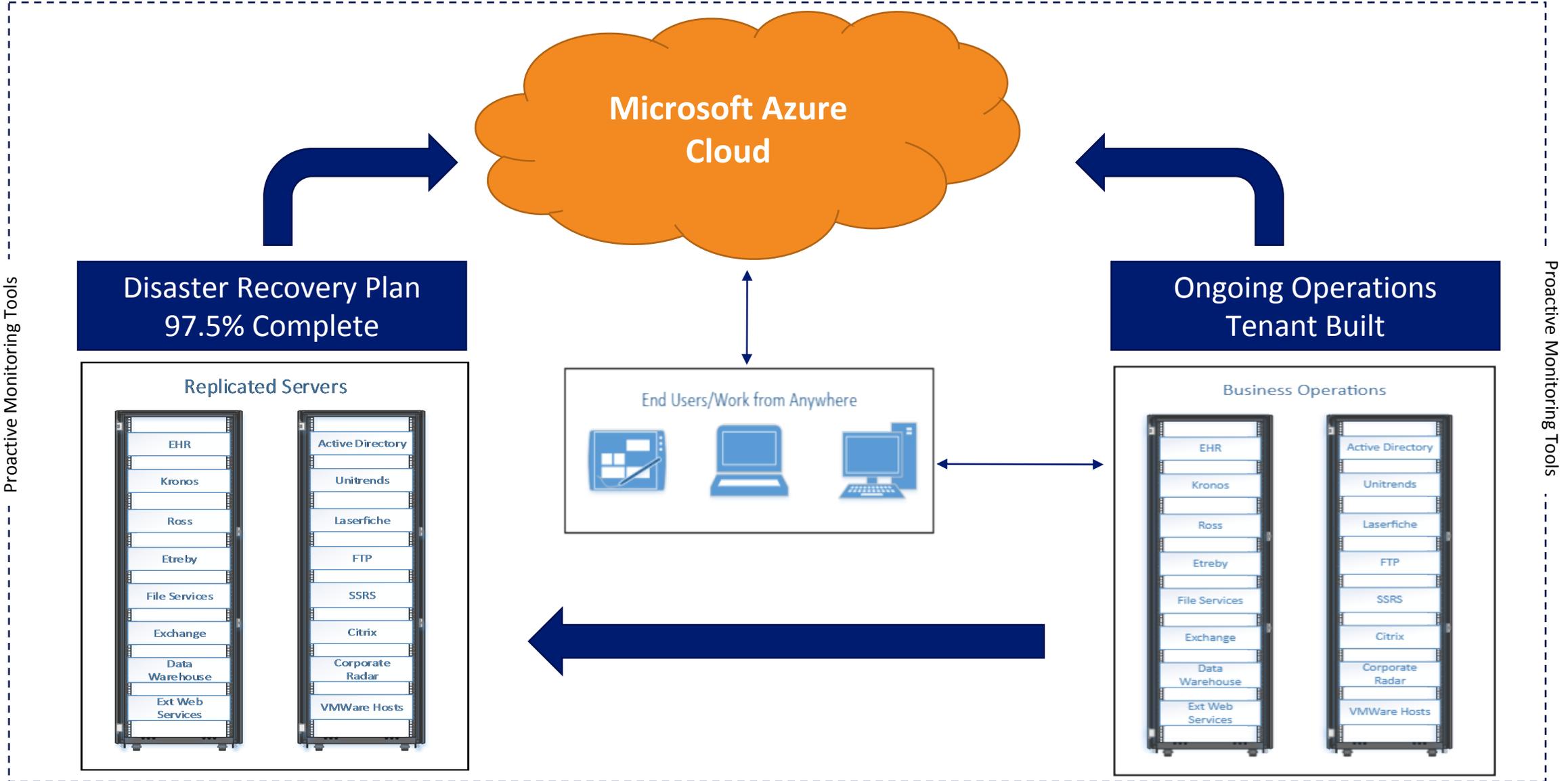
Telehealth Hub – Future



IT Infrastructure Accomplishments

- Implementation of Office 365, Azure Active Directory, SharePoint Online
- Email server migration to cloud versus being on premises
- Proactive Monitoring Tools and Processes for Servers, Applications and Network
- Implemented Disaster Recovery as a Service

Enterprise Cloud Strategy – Current

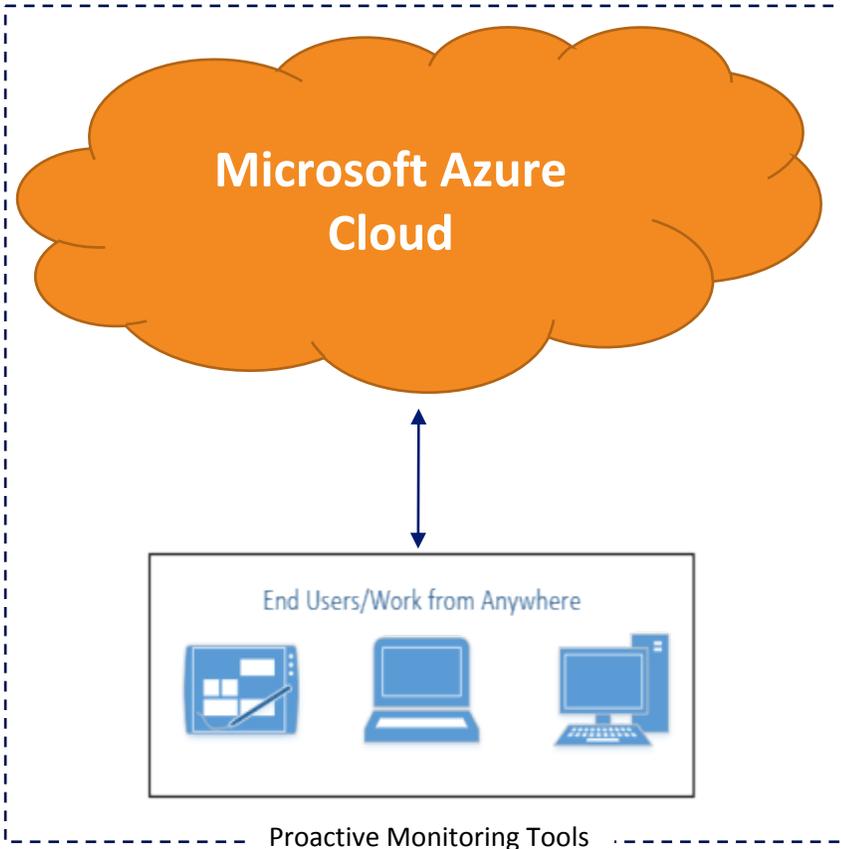


Enterprise Cloud Strategy – Future

Innovation – Bleeding Edge

Access – Flexibility

Community – Seamless



People – Employee Satisfaction

Integration – Patient Satisfaction

Quality – Efficient Continuity

Information Security Strategy

Projects for FY 2019 – Present

- Identity and Access Management – Phase 1
- Data Classification – On Premises and Cloud
- Endpoint Security Replacement
- Firewall Replacement
- Cloud Security Protections and Monitoring
- Vendor Security Management



Projects for FY 2022 – FY 2024

- Identity and Access Management – Phase 2
- Cyber Security Services
- Privileged Access Management
- Microsoft Azure Security

HIPAA IT Security Compliance Framework

FISCAL YEAR	IDENTIFY	PROTECT	DETECT	RESPOND	RECOVER	TOTAL
2019	1.0	1.3	2.0	1.2	1.7	47%
2021	1.7	1.8	2.7	3.0	2.3	76%
Areas of Focus ('21 – '24)	<ul style="list-style-type: none"> - Asset Mgmt. - Business Environment - Supply Chain Mgmt. 	<ul style="list-style-type: none"> - Identity Mgmt., Authentication & Access Control - Information Protection P&Ps 	<ul style="list-style-type: none"> - Security Continuous Monitoring 	<ul style="list-style-type: none"> - Maintenance of Effort 	<ul style="list-style-type: none"> - Recovery Planning - Improvements 	Meet or exceed industry standard of 76%

Helpdesk and Desktop Support Team

EPIC

Hardware peripherals & Desktops/Laptops deployed for Epic implementation

- 130 Barcode scanners
- 113 Document scanners
- 71 Label printers
- 23 Receipt printers
- 272 Signature pads
- 825 Desktops
- 800 laptops

HELP DESK

Improved responsiveness for overall satisfaction

- Implemented First Call Resolution service.
- Currently we have a 73% resolution rate on calls.
- Expanded Helpdesk service hours from 8am-5pm to 7am-6pm

DESK TOP

Continued efficiency improvements

- Implemented and Networked 100+ Xerox copiers to reduce the use of local printers.

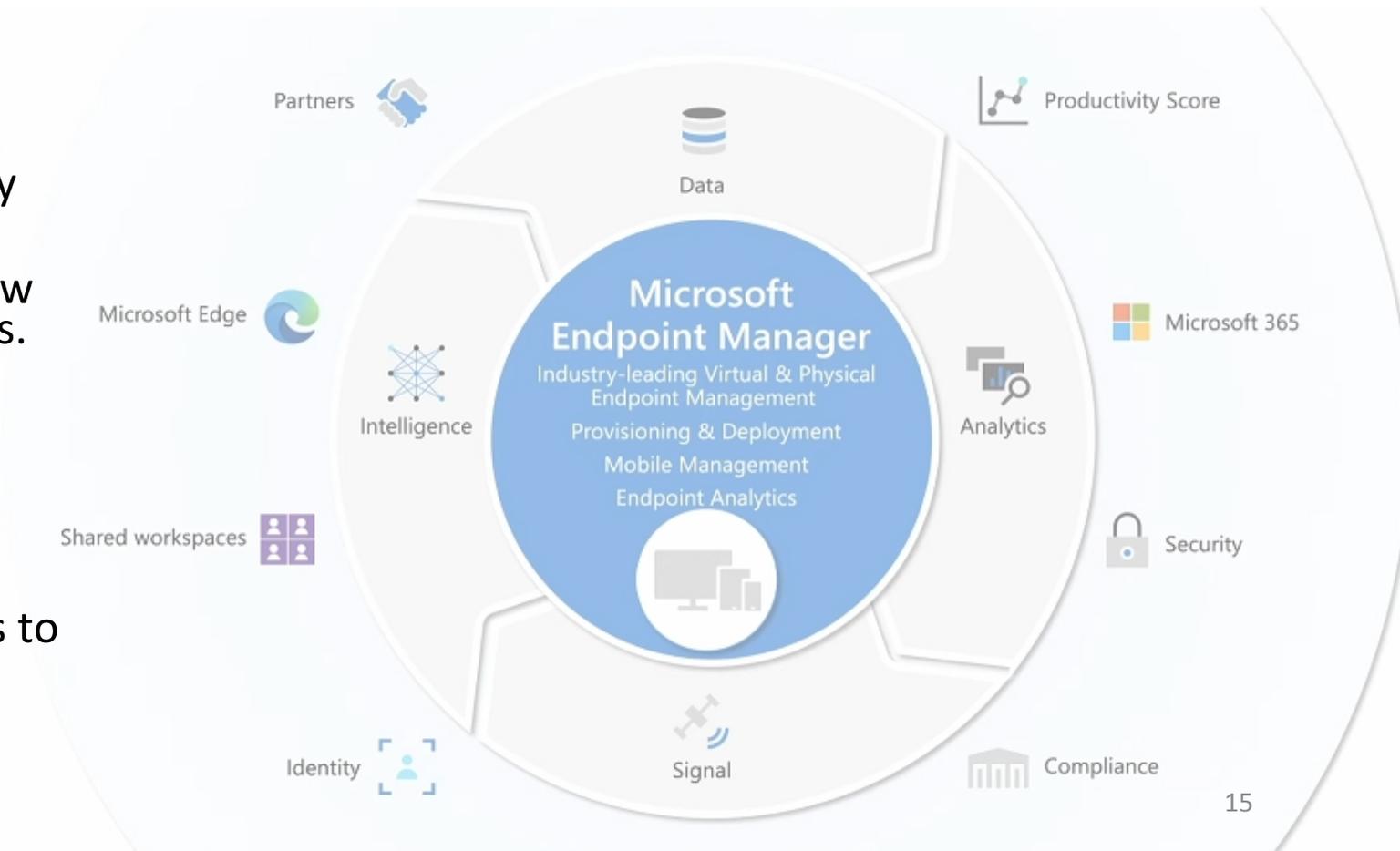
Helpdesk and Desktop Support Team Looking Ahead

End-Point Management Improvements:

- Implement Microsoft End-Point Manager.
- Streamline the process of transitioning new end-points from “Factory State” to “Business-Ready State”
- Eliminate the need to re-image new devices or manually set up settings.
- Reset End-Points for faster re-deployment.

Hardware Refresh:

- Upgrade all Windows 7 End-Points to Windows 10.



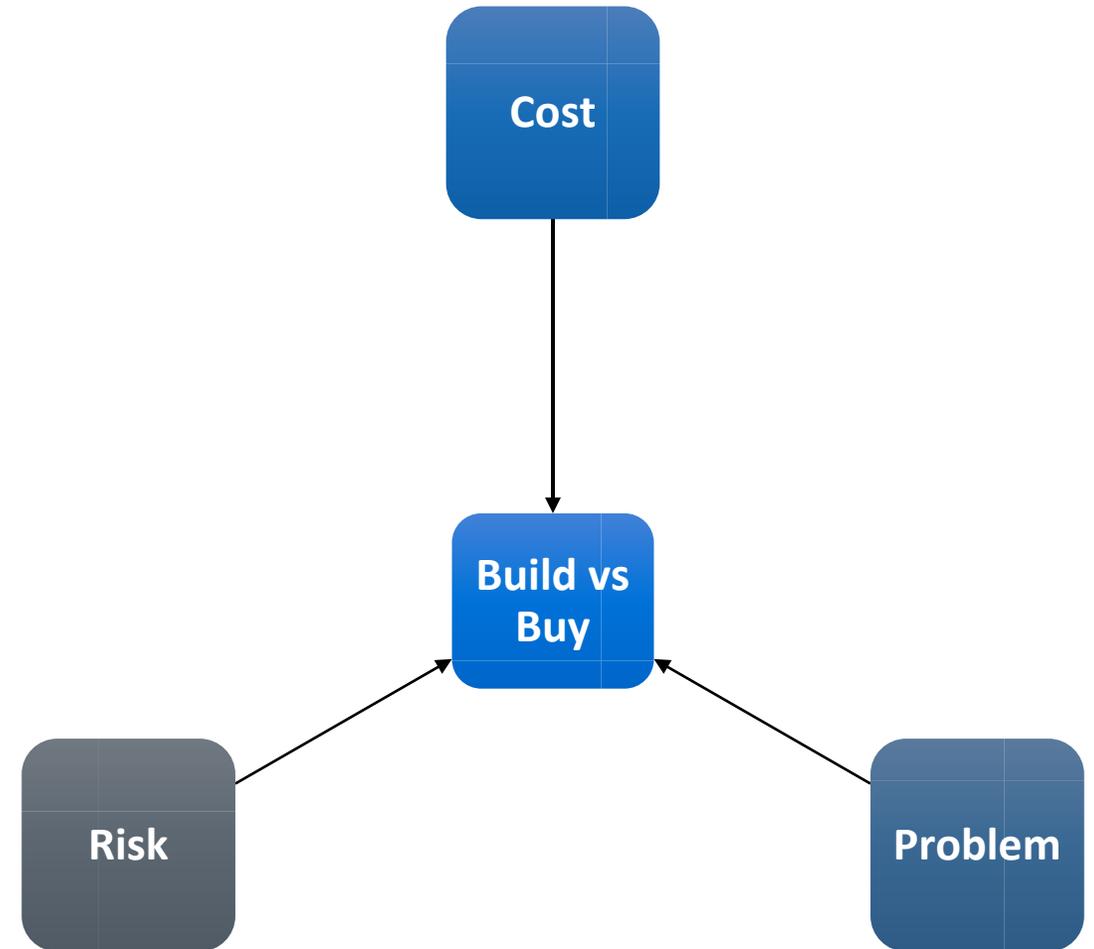
Minimize Custom Applications 2022 - 2025

Accomplishments

- Reviewed existing 100+ custom applications
- Replaced over 15 older applications
- Staff can electronically submit requests for new tools

Looking Ahead

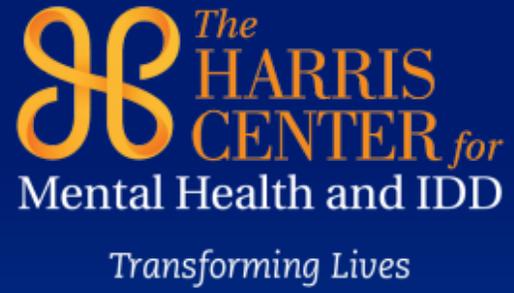
- Continue to retire older applications and evaluate solutions to replace/consolidate custom applications.
- Update the technology used to submit request for service.
- Reduce the number of manual processes by replacing with electronic workflows.
- Move critical applications to SaaS using Microsoft Azure
- New external website and The Harris Center mobile app



Data/Business Intelligence Services

Evolve the data warehouse and analytics environment into a data ecosystem that focuses on providing “data/BI as a service.”

- Data structure would be simplified for consumption downstream so output or results would be consistent e.g. for reporting purposes
- Data on-demand both internally and externally
 - HIE
 - Self-service reporting from curated data
- Support for PI Team via Analytics and Business Intelligence Benefits
 - Monitor health of the populations at-risk, determine effectiveness, quantify different factors, organize cost-effectiveness studies, support administrative functions, monitor adequacy of care, simplify reporting



Thank You

EXHIBIT F-26

October 2021

NEW CONTRACTS UNDER 50k

FY22 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	TE-KO Contractors, Inc.	No	Patch/Paint Services at 5901 Long Drive		\$9,724.00	09/01/21- 08/31/22	GR	RFQuote Purchasing received a request from Facility Services for painting the ICC Clinic (Integrated Care Clinic) at 5901 Long Drive in August 2021. The repaint will be of the vacated EI Centro Suite. Quotes were obtained from three (3) vendors. One was a HUB vendor. The selection was based on lower cost and past performance. NTE: \$8,840.00 Contingency: \$884.00 Total NTE: \$9,724.00
2	TE-KO Contractors, Inc.	No	Patch/Paint Services at 6160 South Loop East		\$7,980.00	09/20/21- 08/31/22	GR	RFQuote Purchasing received a request from Facility Services on Friday, September 10, 2021, for patching and painting vacant wing at 6160 South Loop East. Three (3) vendor quotes were received. One was a HUB vendor. The selection was based on the lowest price. Total NTE: \$7,980.00
CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
3	Carole Ward	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services		\$22,500.00	09/01/21- 08/31/22	State Grant	N/A To provide CFC and Respite services to our TxHml individual.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
INTERLOCALS								
LEASES								
MENTAL HEALTH SERVICES								
PROGRAM MANAGEMENT								
CROSS FISCAL YEAR CONTRACT RENEWALS								
ADMINISTRATION								

Contract Section **Contractor***

TE-KO Contractors Inc

Contract ID #*

2021-0222

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

TE-KO Contractors Inc and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 9,724.00

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 Te-Ko to paint the ICC suite at 5901 Long Drive for \$8840.00 per quote plus \$884.00 contingency for a total dollar amount of \$9724.00 to PAY OUT OF OPERATIONAL BUDGET

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2012 thru 2020 / painting

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

TEKO quote Long Drive.pdf 33.54KB

Vendor/Contractor Contact Person

Name*

TE-KO Contractors Inc / Tom Pugil

Address*

Street Address

PO Box 15202

Address Line 2

City

Houston

Postal / Zip Code

77020

State / Province / Region

TX

Country

USA

Phone Number*

7136757521

Email*

tom.pugil@tekocontractors.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 9,724.00	556000

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

Provide Rate and Rate Descriptions if applicable* (?)

see attached quote

\$8840.00 per quote plus \$884.00 contingency for a total dollar amount of \$9724.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
HARPER, SARAH A	9/1/2021

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/3/2021

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/7/2021

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

9/7/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

9/7/2021



**DUE DILIGENCE
REQUEST FOR QUOTES FY22-0210
PAINTING 5901 LONG DRIVE ICC CLINIC**

Purchasing received a request from Facility Services for painting the ICC clinic (Integrated Care Clinic) at 5901 Long Drive in August 2021. The repaint will be of the vacated El Centro suite.

Quotes were obtained from three (3) vendors, Smithco Construction Services LLC, Te-Ko Contractors Inc. and Dura Pier Facilities Sources. Dura Pier Facilities Sources is a HUB certified vendor.

Smithco Construction Services LLC - \$11,704.00
Te-Ko Contractors Inc. - \$8,840.00
Dura Pier Facilities Sources - \$12,327.91

Facility Services recommendation is to move forward with Te-Ko Contractors Inc. The selection is based on lower cost and past performance.

NTE: (Not to Exceed) \$8,840.00
Contingency: \$884.00
Total NTE: \$9,724.00

The Funding Source is Unit 2200 (Mental Health Administration) and GL Account 556000 (Building Remodel).

Digitally signed by
Frances Otto
Date: 2021.08.31
13:23:50 -05'00'

Frances Otto, CTCD
Buyer II

Digitally signed by Nina
Cook
Date: 2021.08.31
14:08:52 -05'00'

Nina Cook, MBA, CTPM
Director of Purchasing

Digitally signed by Sean
Kim
Date: 2021.08.31
14:16:20 -05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

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Executive Contract Summary

Contract Section

Contractor*

TE-KO Contractors Inc

Contract ID #*

2021-0227

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/19/2021

Parties* (?)

Te-Ko Contractors Inc and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/20/2021

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 7,980.00

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* (?)

patch/paint walls in wing that was not renovated at 6160 S Loop East prior to occupying the building

quote is \$7980.00 no contingency requested

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/2012 to present - Painting

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Te-Ko 6160 Quote.pdf

34.56KB

Vendor/Contractor Contact Person**Name***

TE-KO Contractors Inc / Tom Pugil

Address*

Street Address

PO Box 15202

Address Line 2

City

Houston

Postal / Zip Code

77020

State / Province / Region

TX

Country

USA

Phone Number*

7136757521

Email*

tom.pugil@tekocontractors.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 7,980.00	557001
Budget Manager RAMIREZ, PRISCILLA M		Secondary Budget Manager OSHMANN, JODEL

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

Project WBS (Work Breakdown Structure)* (?)
n/a

Requester Name HARPER, SARAH A	Submission Date 9/20/2021
-----------------------------------	------------------------------

Budget Manager Approval(s)



Approved by <i>Priscilla M. Ramirez</i>	Approval Date 9/20/2021
--	----------------------------

Procurement Approval



File Upload (?)

Approved by <i>Sharon Brauner</i>	Approval Date 9/20/2021
--------------------------------------	----------------------------

Contract Owner Approval



Approved by <i>Fidd McCorquodale</i>	Approval Date 9/20/2021
---	----------------------------

Contracts Approval

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

Approved by *

Shaskeyia Belin

Approval Date *

9/20/2021



**Due Diligence Project PUR-FY22-0215
Patch/Paint at 6160 South Loop East Vacant Wing**

Purchasing received a request from Facility Services on Friday, September 10, 2021, for patching and painting vacant wing at 6160 South Loop East.

Three (3) vendor quotes were received:

- TE-KO Contractors Inc. – quote: \$7,980.00
- Smithco Construction – quote: \$10,816.00
- Dura Pier DBA/Facilities Sources (HUB vendor) – quote: \$12,477.97

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

TE-KO CONTRACTORS INC.

Total NTE: \$7,980.00

Funding Source is Unit 9261 – 557001

Submitted By:

**CARLOS
TRASLAVINA**
Digitally signed by
CARLOS TRASLAVINA
Date: 2021.09.13
15:47:15 -05'00'

Carlos Traslavina
Purchasing Buyer I

Recommended By:

**Sharon
Brauner**
Digitally signed by Sharon
Brauner
Date: 2021.09.15 10:29:24
-05'00'

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

Sean Kim
Digitally signed by Sean Kim
Date: 2021.09.15 13:09:06
-05'00'

Sean Kim, MBA, CPA
Chief Financial and Administrative Officer

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Contract Section **Contractor***

Carole Ward

Contract ID #*

2021-0241

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

Carole Ward, 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 <input type="text"/> |

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* (?)

2021

Amount* (?)

\$ 22,500.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

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

Contract Owner*

Robert Stakem

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

10/20/2020 - 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*

Carole Ward

Address*

Street Address

11900 Oakmoor Parkway

Address Line 2

Apt 723

City

Houston

Postal / Zip Code

77051

State / Province / Region

TX

Country

US

Phone Number*

3462459637

Email*

wardcarole84@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	\$ 14,000.00	543009
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,500.00	543005
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	

Provide Rate and Rate Descriptions if applicable* (?)

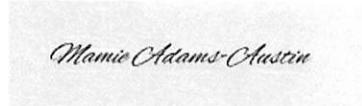
\$10.00 per hour for individuals with LON 1 & 5
 \$11.00 per hour for individuals with LON 8 & 6

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
ANTHONY, PATRINA R	9/27/2021

Budget Manager Approval(s) ^

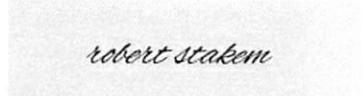
Approved by	Approval Date
	9/28/2021

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
<input type="text" value="Sign"/>	

Contract Owner Approval ^

Approved by	Approval Date
	9/29/2021

Contracts Approval

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

Approved by*

Shasthya Bahu

Approval Date*

9/29/2021

EXHIBIT F-27

October 2021

RENEWALS UNDER 50k

FY22 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 Letsos Company	No	HVAC & Mechanical Services at Pasadena Cottages	\$7,710.36	\$25,905.00	09/01/21- 08/31/22	FM22.1126.11	RFQuote	Capital Project FM20.1129.09 was to replace the gas furnaces at Pasadena Cottages but 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 in FY22 to replace gas furnace in Cottage A with an electric furnace.	
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									

**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

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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_\$25905.00_. FY22 Rate(s)_\$23550.00 quote + \$2355 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) 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: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2021.09.10 08:31:34 -05'00' (Signature). REQUIRED

Contract Owner: Todd McCorquodale (Printed Name)

Todd McCorquodale Digitally signed by Todd McCorquodale
Date: 2021.09.10 09:10:02 -05'00' (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-28

October 2021 AMENDMENTS UNDER 50k

Contract Section **Contractor***

Data Shredding Services of Texas, Inc.

Contract ID #*

7623

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2020

Contract Term End Date* (?)

8/31/2021

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

Current Contract Amount*

\$ 31,688.00

Increase Not to Exceed*

\$ 686.00

Revised Total Not to Exceed (NTE)*

\$ 32,374.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 32,374.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input 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* (?)

Contractor will pickup documents weekly/bimonthly/monthly as specified by program/site and destroy them as required by destruction certificates. Several units funds were very low or out.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

 Yes No Unknown

Please add previous contract dates and what services were provided*

FY2015-FY2020 Document Destruction

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

 Yes No Unknown

Community Partnership* (?)

 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Lee Wright

Address*

Street Address

618 West 38th Street

Address Line 2

lwright@

City

Houston

Postal / Zip Code

77018

State / Province / Region

Texas

Country

United States

Phone Number*

(713) 463-9300

Email*

lwright@datashredservice.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 106.00	543034
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 40.00	543034
Budget Manager	Secondary Budget Manager	
CAMPBELL, RICARDO	BROWN, ERICA S.	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 330.00	543034
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 30.00	543034
Budget Manager	Secondary Budget Manager	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 70.00	543034
Budget Manager	Secondary Budget Manager	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6801	\$ 30.00	543034
Budget Manager	Secondary Budget Manager	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 50.00	543034
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4801	\$ 30.00	543034
Budget Manager	Secondary Budget Manager	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Provide Rate and Rate Descriptions if applicable* (?)

\$15 for the 1st 64L bin per location and \$5 for each additional bin. 95L bins are \$14. \$3 per box.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

BURNETT-GIPSON, ANNELL M

Submission Date

9/17/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/17/2021

Approved by

Debbie Chambers Shelby

Approval Date

9/17/2021

Approved by

Sheenia Williams-Wesley

Approval Date

9/17/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinvala

Approval Date

9/20/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

9/20/2021

Contract Section **Contractor***

Annie Vu

Contract ID #*

6935

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

Annie Vu, 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*

\$ 26,670.00

Increase Not to Exceed*

\$ 500.00

Revised Total Not to Exceed (NTE)*

\$ 27,170.00

Fiscal Year* (?) 2021 **Amount*** (?) \$ 27,170.00

Funding Source*

State Grant

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* (?)

Individual received additional hours on plan which cause an increase for contract.

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***

Annie Vu

Address*

Street Address

5801 Clarewood Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77081-5136

Country

US

Phone Number*

8326384580

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	\$ 250.00	543009

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 250.00	543005

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 9/17/2021
---	-------------------------------------

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Approval Date

9/20/2021

Contract Owner Approval



Approved by

robert stakem

Approval Date

9/20/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

9/20/2021



Executive Contract Summary

Contract Section

Contractor*

Katia Lemus

Contract ID #*

7066

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

Katia Lemus, 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 <input type="text"/> |

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*

\$ 17,600.00

Increase Not to Exceed*

\$ 3,600.00

Revised Total Not to Exceed (NTE)*

\$ 21,200.00

Fiscal Year* (?)

2021

Amount* (?)

\$ 21,200.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The individual received additional hours on plan which caused increase of contract

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*

Katia Lemus

Address*

Street Address

1222 Aldine Mail Route Road

Address Line 2

#6

City

Houston

State / Province / Region

TX

Postal / Zip Code

77039

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	\$ 1,800.00	543009

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,800.00	543005

Budget Manager	Secondary Budget Manager
ADAMS-AUSTIN, MAMIE L	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

9/17/2021

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

9/20/2021

Contract Owner Approval

Approved by

robert stakem

Approval Date

9/21/2021

Contracts Approval

Approve*

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

Approved by*

Shakeya Behu

Approval Date*

9/21/2021

Contract Section **Contractor***

Plazer Properties, LTD.

Contract ID #*

5162

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Plazer Properties, LTD.

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 Lease Agreement |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

11/30/2021

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

11/10/2016 - 11/09/21

Current Contract Amount*

\$ 42,968.00

Increase Not to Exceed*

\$ 3,134.00

Revised Total Not to Exceed (NTE)*

\$ 46,102.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 46,102.00

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 checked="" type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

To increase current PO/CT 141392 to cover the Plazer Properties lease (Sept - Nov 2021) and the operation expense.

Contract Owner*

Robert Stakem

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

May 2006 to present/ property lease

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Plazer Properties, LTD.

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Jackie Silva

Address*

Street Address

2500 Tanglewild Suite 100

Address Line 2

City

Houston

Postal / Zip Code

77063

State / Province / Region

TX

Country

USA

Phone Number*

713-783-1020

Email*

woodlake@tiptongroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 3,134.00	126006
Budget Manager	Secondary Budget Manager	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	

Provide Rate and Rate Descriptions if applicable* (?)

See budget section

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

CHILDS, MARGO S

Submission Date

9/10/2021

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

9/10/2021

Contract Owner Approval

Approved by

robert stakem

Approval Date

9/10/2021

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

9/13/2021

EXHIBIT F-29

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



Executive Contract Summary

Contract Section ▲

Contractor*

Sam Houston State University

Contract ID #*

2021-0226

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

The Harris Center for Mental Health and IDD and Sam Houston State University's 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* (?)

10/1/2021

Contract Term End Date* (?)

9/30/2026

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 <input type="text" value=""/> |

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

This agreement will allow students enrolled in the Psychology program at Sam Houston State University to complete clinical practicum placements with The Harris Center. 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

Please add previous contract dates and what services were provided*

Current agreement for Counseling Students

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*

Sam Houston State University

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

Mary Alice Controy

Address*

Street Address

Sam Houston State University

Address Line 2

Campus Box 2447

City

Huntsville

Postal / Zip Code

77341

State / Province / Region

TX

Country

United States

Phone Number*

936.294.3806

Email*

maconroy@shsu.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

9/9/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/13/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lestleigh Robertson

Approval Date

9/15/2021

Contracts Approval

Approve*

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

Approved by*

Shasthya Belu

Approval Date*

9/15/2021



Executive Contract Summary

Contract Section



Contractor*

University of Houston-Victoria

Contract ID #*

2021-0221

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

The Harris Center for Mental Health and IDD and University of Houston-Victoria's Forensic and Counseling Psychology Master's 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* (?)

The agreement will allow students enrolled in University of Houston-Victoria's Forensic and Counseling Psychology Master's program to complete practicum placements with The Harris Center for Mental Health and IDD. These students will utilize the skills that they have learned while adhering to agency policy 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*

Previous University of Houston-Victoria agreements

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*

University of Houston-Victoria

Supporting Documentation Upload (?)

Letter to the Practicum Site (1) (1).pdf	128.61KB
Master Psychology Agreement (1).pdf	110.14KB

Vendor/Contractor Contact Person

Name*

Danielle Todaro

Address*

Street Address

3007 North Ben Wilson Street

Address Line 2

City

Victoria

State / Province / Region

TX

Postal / Zip Code

77901-5731

Country

US

Phone Number*

832-779-2440

Email*

todarod@uhv.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

ROBERTSON, VALERIE R

Submission Date

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

9/3/2021

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

9/3/2021

Contract Section **Contractor***

University of St. Thomas

Contract ID #*

2021-0225

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/19/2021

Parties* (?)

The Harris Center for Mental Health and IDD and the University of St. Thomas's School of Nursing

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/1/2021

Contract Term End Date* (?)

9/30/2026

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 School of Nursing at the University of St. Thomas to complete clinical placements with The Harris Center 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

Please add previous contract dates and what services were provided*

Previous counseling agreement

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*

University of St. Thomas

Supporting Documentation Upload (?)

Program Affiliation Agreement Blank_with FERPA_8.24.2021 (1).doc 41.5KB

Vendor/Contractor Contact Person

Name*

Nakisha Paul

Address*

Street Address

4102 Yoakum Blvd.

Address Line 2

CSHP 139

City

Houston

Postal / Zip Code

77006

State / Province / Region

TX

Country

United States

Phone Number*

713-942-5930

Email *

paulns@stthom.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

ROBERTSON, VALERIE R

Submission Date

9/9/2021

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/13/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lesleigh Robertson

Approval Date

9/15/2021

Contracts Approval

Approve *

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

Approved by*

Shasthya Bahu

Approval Date*

9/15/2021