

**REVISED**  
**Full Board Meeting**  
November 17, 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, October 27 , 2021  
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
  - A. Resource Committee Report and/or Action  
(*G. Womack, Chair*)
    - 1. FY'22 Year-to-Date Budget Report-November  
(*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. Governance Committee Report and/or Action  
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
  - A. Approve FY'22 Year-to-Date Budget Report-November  
(*EXHIBIT F-3 Sean Kim*)
  - B. November 2021 New Contracts Over 50K  
(*EXHIBIT F-4 Silvia Tiller*)
  - C. November 2021 Contract Renewals Over 50K  
(*EXHIBIT F-5 Silvia Tiller*)
  - D. November 2021 Contract Amendments Over 50K  
(*EXHIBIT F-6 Silvia Tiller*)
  - E. November 2021 Interlocal Agreements  
(*EXHIBIT F-7 Silvia Tiller*)
  - F. Ordering Furniture Policy  
(*EXHIBIT F-8*)
  - G. Facility Construction Renovation Repairs Maintenance  
(*EXHIBIT F-9*)
  - H. Fleet Card Utilization Policy  
(*EXHIBIT F-10*)

- I. Personal Use of Company Owned Vehicle  
(EXHIBIT F-11)
- J. Linguistic Competence Services  
(EXHIBIT F-12)
- K. Revised Cultural Diversity Plan  
(EXHIBIT F-13)

**VII. REVIEW AND TAKE ACTION**

- A. 2022 Proposed Board Calendar  
(EXHIBIT F-14)
- B. Contract Award Recommendation for Professional Services FY22-0213  
(EXHIBIT F-15 Sean Kim)

**VIII. BOARD CHAIR'S REPORT**

**IX. EXECUTIVE SESSION**

- 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
- 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. November 2021 New Contracts Under 50K  
(EXHIBIT F-16)
- B. November 2021 Contract Renewals Under 50K  
(EXHIBIT F-17)
- C. November 2021 Contract Amendments Under 50K  
(EXHIBIT F-18)
- D. November 2021 Affiliation Agreements, Grants, MOU's and  
Revenues-Information Only  
(EXHIBIT F-19)
- E. FQHC Look Alike  
(EXHIBIT F-20)
- F. Abbreviations List  
(EXHIBIT F-21)

**XIII. ADJOURN**

*Veronica Franco*

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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**

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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.

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

**TYPE OF MEETING:** Regular

**DATE:** October 27, 2021

**TRUSTEES  
IN ATTENDANCE:**

Mr. Shaukat Zakaria, Chair  
Dr. George Santos, Vice Chairperson  
Dr. Lois Moore, Vice Chairperson  
Mr. Gerald Womack  
Judge Bonnie Hellums  
Dr. Robin Gearing  
Mr. Jim Lykes  
Dr. Elizabeth McIngvale-Virtual

**TRUSTEES ABSENT:** T. Badeer, Sheriff E. Gonzalez

**1. Declaration of Quorum**

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:34 a.m. noting that a quorum of the Board was in attendance.

**2. Public Comments**

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

**3. Approval of Minutes**

**MOTION BY: WOMACK**

**SECOND: HELLUMS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Wednesday, September 29, 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'22 Year-to-Date Budget Report- October
  
  - 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

6. **Consent Agenda**

**MOTION: Dr. Santos moved to approve Consent Agenda items A through V**

**SECOND: J. Lykes seconded the motion.**

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

- A. Approve FY'21 Year-to-Date Budget Report-October
  
- B. October 2021 New Contracts Over 50K
  
- C. October 2021 Contract Renewals Over 50K
  
- D. October 2021 Contract Amendments Over 50K
  
- E. October 2021 Interlocal Agreements
  
- F. Accessibility Plan
  
- G. Substance Use Disorder Plan
  
- H. Infection Control Plan
  
- I. Business Associate Policy
  
- J. Plan of Care Policy

K. Cash Receipts & Bank Deposits

L. Declaration of Mental Health Treatment

M. Delegation and Supervision of Certain Nursing Acts

N. Delegations in the Absence of the Chief Executive Officer (CEO)

O. Emergency Codes, Alerts and Response

P. Employee Performance Evaluations

Q. Employment

R. Financial Assessments

S. Inquiries on Employees

T. Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs

U. Petty Cash

V. Subpoenas

## 7. **Review and Comment**

A. Information Technology Roadmap FY2022-2024

B. Strategic Plan FY2022-2024

C. Board Committee Assignments

-Mr. Zakaria has appointed Dr. Gearing to the Governance Committee

## 8. **Executive Session**

At 10:48 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

- 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.

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

At 12:07 pm, the Board of Trustees reconvened into open session.

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

**MOTION #1:** -Dr. George Santos moved the Harris Center of Board of Trustees accept the settlement offer in the amount of \$82,061 as presented to the Board of Trustees based on the recitation of dispute with NOW Solutions Inc.

**SECOND: G. Womack seconded the motion.**

**BE IT RESOLVED, with unanimous affirmative vote, the Board of Trustees approved accept the settlement offer in the amount of \$82,061 as presented to the Board of Trustees based on the recitation of dispute with NOW Solutions Inc.**

**MOTION #2:** -Mr. Gerald Womack, moved that the Harris Center Board of Trustees authorize the Chief Executive Officer be authorized and empowered to enter into a letter of intent to purchase unimproved or improved land located at 5616 Lawndale Street, Houston Texas for the benefit and use as the agency deems fit, and enter into any and all contracts or agreements relative to said purchase until said property is closed in due form.

**SECOND: G. Santos seconded the motion.**

**BE IT RESOLVED, with unanimous affirmative vote, the Board of Trustees authorized the Chief Executive be authorized and empowered to enter into a letter of intent to purchase unimproved or improved land located at 5616 Lawndale Street, Houston Texas for the benefit and use as the agency deems fit and enter into any and all contracts or agreements relative to said purchase until said property is closed in due form.**

**MOTION #3:** -Mr. Gerald Womack, moved that the Harris Center Board of Trustees authorize the Chief Executive Officer be authorized and empowered to enter into a letter of intent to purchase unimproved or improved land located at 3902 West Little York Rd, Houston Texas for the benefit and use as the agency deems fit, and enter into any and all contracts or agreements relative to said purchase until said property is closed in due form.

**SECOND: G. Santos seconded the motion.**

**BE IT RESOLVED, with unanimous affirmative vote, the Board of Trustees authorized the Chief Executive be authorized and empowered to enter into a letter of intent to purchase unimproved or improved land located at 3902 West Little York Rd, Houston Texas for the benefit and use as the agency deems fit and enter into any and all contracts or agreements relative to said purchase until said property is closed in due form.**

**11. ADJOURN**

**MOTION: WOMACK SECOND: SANTOS**

**Motion passed with unanimous affirmative votes**

The meeting was adjourned at 12:09 P.M.

Respectfully submitted,

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

# EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report

For the Second Month and Year to Date Ended October 31, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on November 09, 2021

## The Harris Center for Mental Health & IDD

November 09, 2021

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

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

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



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Sean Kim, CPA  
Chief Financial and Administrative Officer

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

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,022	\$ 22,365	\$ (1,343)
Expenditures	<u>25,099</u>	<u>26,189</u>	<u>1,090</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (4,077)</u>	<u>\$ (3,825)</u>	<u>\$ (252)</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 1,057</u>	<u>\$ (1,126)</u>	<u>\$ 2,182</u>

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

	Month Ended October 31, 2021				Two Months Ended October 31, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,471,891	\$ 4,663,243	\$ (191,352)	c -4%	\$ 8,634,094	\$ 9,326,457	\$ (692,363)	-7%
PAP / Samples	822,278	1,025,895	(203,617)	-20%	1,643,719	2,051,786	(408,067)	-20%
Interest	4,468	4,166	302	d 7%	9,297	8,332	965	12%
State General	10,058,788	9,978,674	80,114	1%	20,040,613	19,966,786	73,827	0%
State Grants	748,936	1,189,480	(440,544)	e -37%	1,835,841	2,378,961	(543,120)	-23%
Federal Grants	2,184,076	2,275,486	(91,410)	f -4%	4,236,260	4,575,168	(338,908)	-7%
3rd party billings	2,731,581	3,227,623	(496,042)	g -15%	5,197,634	6,447,972	(1,250,338)	-19%
<b>Total Revenue</b>	<b>21,022,018</b>	<b>22,364,567</b>	<b>(1,342,549)</b>	<b>h -6%</b>	<b>41,597,458</b>	<b>44,755,462</b>	<b>(3,158,004)</b>	<b>-7%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	17,981,632	18,336,464	354,832	i 2%	33,831,705	35,780,784	1,949,079	5%
Travel	59,429	154,005	94,576	61%	115,517	610,761	495,244	81%
Contracts and Consultants	1,802,951	1,820,153	17,202	1%	3,489,424	3,665,305	175,881	5%
HCCPC Contract	2,317,441	2,369,793	52,352	2%	4,677,231	4,739,586	62,355	1%
Supplies and Drugs	1,255,655	1,363,054	107,399	8%	2,503,184	2,726,009	222,825	8%
Equipment (Purch, Rent, Maint)	497,201	538,722	41,521	j 8%	791,064	1,110,483	319,419	29%
Building (Purch, Rent, Maint)	252,204	571,763	319,559	k 56%	514,549	1,147,195	632,646	55%
Vehicle (Purch, Rent, Maint)	33,857	16,578	(17,279)	-104%	67,901	33,156	(34,745)	-105%
Telephone and Utilities	227,492	243,490	15,998	7%	463,483	487,415	23,932	5%
Insurance, Legal, Audit	163,808	144,085	(19,723)	-14%	306,306	288,896	(17,410)	-6%
Other	496,405	581,163	84,758	15%	942,899	1,205,750	262,851	22%
Claims Denials	10,889	50,035	39,146	78%	34,047	100,070	66,023	66%
<b>Total Expenses</b>	<b>25,098,964</b>	<b>26,189,305</b>	<b>1,090,341</b>	<b>l 4%</b>	<b>47,737,310</b>	<b>51,895,410</b>	<b>4,158,100</b>	<b>8%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(4,076,946) a	(3,824,738)	(252,208)		(6,139,852)	(7,139,948)	1,000,096	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	198,467	-	198,467		255,751	-	255,751	
Use of fund balance - COVID-19	920,000	-	920,000		920,000	-	920,000	
Fund Balance DSRIP	432,739	432,739	-		963,845	963,845	-	
Waiver 1115 Revenues	2,521,695	2,521,695	-		5,050,506	5,050,506	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ (4,045)	\$ (870,304)	\$ 866,259		\$ 1,056,870 b	\$ (1,125,597)	\$ 2,182,467	

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

	Ending Balance		Increase/(Decrease)	
	September 30, 2021	October 31, 2021	October	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 153,731,898	\$ 133,647,728	\$ (20,084,170)	<b>a</b>
Inventory - includes RX	286,471	287,699	1,228	<b>b</b>
Prepaid Expenses	5,635,567	11,120,092	5,484,525	<b>c</b>
A/R Medicaid, Medicare, 3rd Party	14,597,309	12,893,622	(1,703,687)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	14,261,671	15,913,281	1,651,610	<b>d</b>
A/R DSRIP	2,528,811	5,050,506	2,521,695	
Total Current Assets	<u>184,135,904</u>	<u>172,007,105</u>	<u>(12,128,799)</u>	
Land	5,028,114	6,417,030	1,388,916	
Building	25,773,792	25,773,792	-	
Building Improvements	20,914,881	20,939,756	24,875	
Furniture and Fixtures	9,851,725	9,835,753	(15,972)	
Vehicles	1,605,231	1,569,768	(35,463)	
Construction in Progress	14,987,710	17,336,866	2,349,156	
Total Property, Plant & Equipment	<u>78,161,453</u>	<u>81,872,965</u>	<u>3,711,512</u>	
<b>TOTAL ASSETS</b>	<u>\$ 262,297,357</u>	<u>\$ 253,880,070</u>	<u>\$ (8,417,287)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 44,373,075	\$ 32,278,769	\$ (12,094,306)	<b>e</b>
Accrued Payroll and Accounts Payables	26,936,640	27,872,938	936,298	<b>f</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>71,309,715</u>	<u>60,151,707</u>	<u>(11,158,008)</u>	
State Escheatment Payable	71,596	69,280	(2,316)	
Total Non Current Liabilities	<u>71,596</u>	<u>69,280</u>	<u>(2,316)</u>	
<b>TOTAL LIABILITIES</b>	<u>71,381,311</u>	<u>60,220,987</u>	<u>(11,160,324)</u>	
General Fund Balance	14,649,958	17,943,114	3,293,156	<b>g</b>
Nonspendable				
Investment in Inventories	286,471	287,699	1,228	
Investment In Fixed Assets	78,161,453	81,872,965	3,711,512	
Assigned:				
Current Capital Projects	23,563,325	20,657,250	(2,906,075)	<b>h</b>
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	63,142,906	62,710,167	(432,739)	<b>i</b>
COVID-19 eFMAP Reserve	1,469,158	549,158	(920,000)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>189,855,131</u>	<u>192,602,213</u>	<u>2,747,082</u>	
Year to Date Excess Revenues over (under) Expenditures	1,060,915	1,056,870	(4,045)	
<b>TOTAL FUND BALANCE</b>	<u>190,916,046</u>	<u>193,659,083</u>	<u>2,743,037</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 262,297,357</u>	<u>\$ 253,880,070</u>	<u>\$ (8,417,287)</u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of October 2021, the second month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$4,076,946.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,056,870 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 \$191,352 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Interest is favorable to budget by \$302 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 \$440,544 primarily due to timing of expenses related to the ECI program.
- f. Federal grants are unfavorable to budget by \$91,410 primarily due to unfilled positions eligible for federal reimbursement.
- g. Third Party Billings are unfavorable to budget by \$496,042.
- h. Total Revenue is unfavorable to budget by \$1,342,549.
- i. Salaries and Fringe Benefits are favorable to budget by \$354,832 due to unfilled positions.
- j. Equipment is favorable to budget by \$41,521 due to timing of expenses.
- k. Building is favorable to budget by \$319,559 due to timing of expenses related to 6160 Apartments.
- l. Total Expenses are favorable to budget by \$1,090,341.

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

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
Cash-General Fund Bank of America	\$ 2,236,299	\$ 2,235,550	\$ (750)
Cash-General Fund Chase	34,362,467	36,628,658	2,266,191
Cash-BOA ACH Vendor	651,344	524,803	(126,541)
Cash-FSA-Discovery	192,719	215,180	22,461
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,617	1,001,647	30
Investments-Texpool Self Insurance	2,289,016	2,289,085	69
Investments-Texpool Prime	61,566,211	52,418,949	(9,147,262)
Investments-Texas Class	51,426,525	38,328,156	(13,098,369)
	<u>\$ 153,731,898</u>	<u>\$ 133,647,728</u>	<u>\$ (20,084,170)</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)
	9/30/2021	10/31/2021	October
Inventory-Central Supplies	\$ 11,138	\$ 28,052	\$ 16,914
Supplies Purchased	40,250	-	(40,250)
Supplies Used	(30,100)	(5,536)	24,564
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 286,471</u>	<u>\$ 287,699</u>	<u>\$ 1,228</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 October 31 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in October.

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	73,714	76,486	2,772
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	2,581,805	2,691,004	109,199
Harris County Juvenile Probation	966,959	762,101	(204,858)
Harris County Community Supervision	404,245	555,645	151,400
Harris County Sheriff's Department	3,350,131	3,459,737	109,606
ICFMR	170,352	177,575	7,223
ECI Administrative Claiming	(35,116)	(98,309)	(63,193)
TCOOMMI-Special Needs	452,338	611,226	158,888
TDCJ-Parole	61,500	82,000	20,500
TDCJ-Substance Abuse	52,367	69,034	16,667
TCOOMMI-Juvenile	143,491	188,156	44,665
Jail Diversion	2,447,334	1,795,879	(651,455)
ECI	491,982	745,117	253,135
ECI Respite	-	-	-
ECI SNAP	30,296	21,203	(9,093)
HUD-Safe Havens	371,737	-	(371,737)
PATH-Mental Health Block Grant	79,617	183,236	103,619
MH Block Grant	-	-	-
MH Block Grant-Coordinated Specialty Care	99,984	113,236	13,252
Title XX Social Services	-	-	-
TANFF to Title XX Block Grant	-	-	-
DSHS SAPT Block Grant	170,142	124,535	(45,607)
Enhanced Community Coordinator	86,111	87,962	1,851
Subtotal, A/R-Other	\$ 12,173,037	\$ 11,819,871	\$ (353,166)

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
DSHS Mental Health First Aid	\$ 19,304	\$ 15,201	\$ (4,103)
HHSC ZEST-Zero Suicide	108,426	112,165	3,739
HCC Open Door	259,827	1,776,148	1,516,321
HCS	22,416	22,416	-
Tx Home Living Waiver	(121,525)	(11,966)	109,559
Federal DSHS Disaster Assistance	841,685	453,876	(387,809)
DPP-BHS	790,438	1,580,876	790,438
Helpline Contracts	52,145	55,408	3,263
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
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Grand Total A/R - Other	<u>\$ 14,261,671</u>	<u>\$ 15,913,281</u>	<u>\$ 1,651,610</u>

- e. Unearned Income decreased due to use of State GR and County funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Current Capital Projects decreased due to expenses related to Board approved Capex projects.
- i. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- j. Days of Operations in Reserve for Total Agency is 133 days versus 144 days for the prior month.

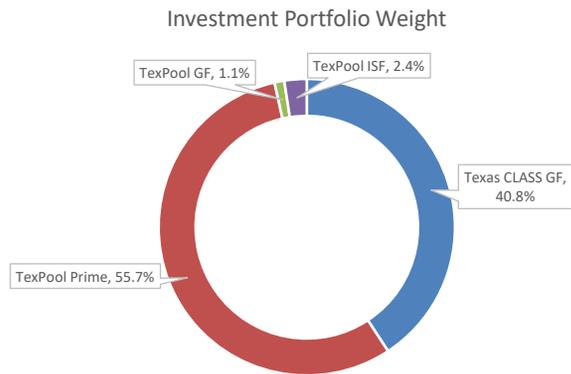
III. Investment Portfolio

- a. Total investments as of October 31, 2021, is \$94,037,836 of which 100% is in government pools. (Texas Class 41% and TexPool 59%)
- b. Investments this month yielded interest income of \$4,468.

The Harris Center for Mental Health and IDD  
 Investment Portfolio  
 October 31, 2021

**Local Government Investment Pools (LGIPs)**

	<b>Beginning Balance</b>	<b>Transfer In</b>	<b>Transfer Out</b>	<b>Interest Income</b>	<b>Ending Value</b>	<b>Portfolio %</b>	<b>Yield</b>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 51,426,525	\$ -	\$ (13,100,000)	\$ 1,631	\$ 38,328,156	40.8%	0.044%
<i>TexPool</i>							
TexPool Prime	61,566,211	\$ -	\$ (9,150,000)	2,738	52,418,949	55.7%	0.062%
TexPool General Fund	1,001,617			30	1,001,647	1.1%	0.035%
TexPool Internal Service Fund	2,289,016			69	2,289,085	2.4%	0.035%
<i>TexPool Sub-Total</i>	<i>64,856,844</i>	<i>-</i>	<i>(9,150,000)</i>	<i>2,837</i>	<i>55,709,681</i>	<i>59.2%</i>	<i>0.060%</i>
<b>Total Investments</b>	<b>\$ 116,283,368</b>	<b>\$ -</b>	<b>\$ (22,250,000)</b>	<b>\$ 4,468</b>	<b>\$ 94,037,836</b>	<b>100%</b>	<b>0.053%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **0.052%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **0.050%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of October 31, 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 October 2021

Vendor	Description	Monthly Not-To-Exceed*	Oct-21	YTD Total (Oct 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,428,615	\$2,732,061
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$198,591	\$395,410
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,025,774	\$4,049,640
Cigna Dental	Dental Insurance	\$100,000	\$76,940	\$153,904

\* 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 October 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 Second Month and Year to Date Ended October 31, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on November 09, 2021

## The Harris Center for Mental Health & IDD

November 09, 2021

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

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

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



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Sean Kim, CPA  
Chief Financial and Administrative Officer

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

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 21,022	\$ 22,365	\$ (1,343)
Expenditures	<u>25,099</u>	<u>26,189</u>	<u>1,090</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (4,077)</u>	<u>\$ (3,825)</u>	<u>\$ (252)</u>

<b>Year-to-date (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 1,057</u>	<u>\$ (1,126)</u>	<u>\$ 2,182</u>

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

	Month Ended October 31, 2021				Two Months Ended October 31, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,471,891	\$ 4,663,243	\$ (191,352)	c -4%	\$ 8,634,094	\$ 9,326,457	\$ (692,363)	-7%
PAP / Samples	822,278	1,025,895	(203,617)	-20%	1,643,719	2,051,786	(408,067)	-20%
Interest	4,468	4,166	302	d 7%	9,297	8,332	965	12%
State General	10,058,788	9,978,674	80,114	1%	20,040,613	19,966,786	73,827	0%
State Grants	748,936	1,189,480	(440,544)	e -37%	1,835,841	2,378,961	(543,120)	-23%
Federal Grants	2,184,076	2,275,486	(91,410)	f -4%	4,236,260	4,575,168	(338,908)	-7%
3rd party billings	2,731,581	3,227,623	(496,042)	g -15%	5,197,634	6,447,972	(1,250,338)	-19%
<b>Total Revenue</b>	<b>21,022,018</b>	<b>22,364,567</b>	<b>(1,342,549)</b>	<b>h -6%</b>	<b>41,597,458</b>	<b>44,755,462</b>	<b>(3,158,004)</b>	<b>-7%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	17,981,632	18,336,464	354,832	i 2%	33,831,705	35,780,784	1,949,079	5%
Travel	59,429	154,005	94,576	61%	115,517	610,761	495,244	81%
Contracts and Consultants	1,802,951	1,820,153	17,202	1%	3,489,424	3,665,305	175,881	5%
HPCPC Contract	2,317,441	2,369,793	52,352	2%	4,677,231	4,739,586	62,355	1%
Supplies and Drugs	1,255,655	1,363,054	107,399	8%	2,503,184	2,726,009	222,825	8%
Equipment (Purch, Rent, Maint)	497,201	538,722	41,521	j 8%	791,064	1,110,483	319,419	29%
Building (Purch, Rent, Maint)	252,204	571,763	319,559	k 56%	514,549	1,147,195	632,646	55%
Vehicle (Purch, Rent, Maint)	33,857	16,578	(17,279)	-104%	67,901	33,156	(34,745)	-105%
Telephone and Utilities	227,492	243,490	15,998	7%	463,483	487,415	23,932	5%
Insurance, Legal, Audit	163,808	144,085	(19,723)	-14%	306,306	288,896	(17,410)	-6%
Other	496,405	581,163	84,758	15%	942,899	1,205,750	262,851	22%
Claims Denials	10,889	50,035	39,146	78%	34,047	100,070	66,023	66%
<b>Total Expenses</b>	<b>25,098,964</b>	<b>26,189,305</b>	<b>1,090,341</b>	<b>l 4%</b>	<b>47,737,310</b>	<b>51,895,410</b>	<b>4,158,100</b>	<b>8%</b>
<b>Excess of Revenues over (under)</b>								
Expenditures before Other Sources	(4,076,946)	a (3,824,738)	(252,208)		(6,139,852)	(7,139,948)	1,000,096	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	198,467	-	198,467		255,751	-	255,751	
Use of fund balance - COVID-19	920,000	-	920,000		920,000	-	920,000	
Fund Balance DSRIP	432,739	432,739	-		963,845	963,845	-	
Waiver 1115 Revenues	2,521,695	2,521,695	-		5,050,506	5,050,506	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ (4,045)	\$ (870,304)	\$ 866,259		\$ 1,056,870	b \$ (1,125,597)	\$ 2,182,467	

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

	Ending Balance		Increase/(Decrease)	
	September 30, 2021	October 31, 2021	October	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 153,731,898	\$ 133,647,728	\$ (20,084,170)	<b>a</b>
Inventory - includes RX	286,471	287,699	1,228	<b>b</b>
Prepaid Expenses	5,635,567	11,120,092	5,484,525	<b>c</b>
A/R Medicaid, Medicare, 3rd Party	14,597,309	12,893,622	(1,703,687)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	14,261,671	15,913,281	1,651,610	<b>d</b>
A/R DSRIP	2,528,811	5,050,506	2,521,695	
Total Current Assets	<u>184,135,904</u>	<u>172,007,105</u>	<u>(12,128,799)</u>	
Land	5,028,114	6,417,030	1,388,916	
Building	25,773,792	25,773,792	-	
Building Improvements	20,914,881	20,939,756	24,875	
Furniture and Fixtures	9,851,725	9,835,753	(15,972)	
Vehicles	1,605,231	1,569,768	(35,463)	
Construction in Progress	14,987,710	17,336,866	2,349,156	
Total Property, Plant & Equipment	<u>78,161,453</u>	<u>81,872,965</u>	<u>3,711,512</u>	
<b>TOTAL ASSETS</b>	<u>\$ 262,297,357</u>	<u>\$ 253,880,070</u>	<u>\$ (8,417,287)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 44,373,075	\$ 32,278,769	\$ (12,094,306)	<b>e</b>
Accrued Payroll and Accounts Payables	26,936,640	27,872,938	936,298	<b>f</b>
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>71,309,715</u>	<u>60,151,707</u>	<u>(11,158,008)</u>	
State Escheatment Payable	71,596	69,280	(2,316)	
Total Non Current Liabilities	<u>71,596</u>	<u>69,280</u>	<u>(2,316)</u>	
<b>TOTAL LIABILITIES</b>	<u>71,381,311</u>	<u>60,220,987</u>	<u>(11,160,324)</u>	
General Fund Balance	14,649,958	17,943,114	3,293,156	<b>g</b>
Nonspendable				
Investment in Inventories	286,471	287,699	1,228	
Investment In Fixed Assets	78,161,453	81,872,965	3,711,512	
Assigned:				
Current Capital Projects	23,563,325	20,657,250	(2,906,075)	<b>h</b>
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	63,142,906	62,710,167	(432,739)	<b>i</b>
COVID-19 eFMAP Reserve	1,469,158	549,158	(920,000)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>189,855,131</u>	<u>192,602,213</u>	<u>2,747,082</u>	
Year to Date Excess Revenues over (under) Expenditures	1,060,915	1,056,870	(4,045)	
<b>TOTAL FUND BALANCE</b>	<u>190,916,046</u>	<u>193,659,083</u>	<u>2,743,037</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 262,297,357</u>	<u>\$ 253,880,070</u>	<u>\$ (8,417,287)</u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of October 2021, the second month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$4,076,946.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,056,870 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 \$191,352 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Interest is favorable to budget by \$302 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 \$440,544 primarily due to timing of expenses related to the ECI program.
- f. Federal grants are unfavorable to budget by \$91,410 primarily due to unfilled positions eligible for federal reimbursement.
- g. Third Party Billings are unfavorable to budget by \$496,042.
- h. Total Revenue is unfavorable to budget by \$1,342,549.
- i. Salaries and Fringe Benefits are favorable to budget by \$354,832 due to unfilled positions.
- j. Equipment is favorable to budget by \$41,521 due to timing of expenses.
- k. Building is favorable to budget by \$319,559 due to timing of expenses related to 6160 Apartments.
- l. Total Expenses are favorable to budget by \$1,090,341.

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

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
Cash-General Fund Bank of America	\$ 2,236,299	\$ 2,235,550	\$ (750)
Cash-General Fund Chase	34,362,467	36,628,658	2,266,191
Cash-BOA ACH Vendor	651,344	524,803	(126,541)
Cash-FSA-Discovery	192,719	215,180	22,461
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,617	1,001,647	30
Investments-Texpool Self Insurance	2,289,016	2,289,085	69
Investments-Texpool Prime	61,566,211	52,418,949	(9,147,262)
Investments-Texas Class	51,426,525	38,328,156	(13,098,369)
	<u>\$ 153,731,898</u>	<u>\$ 133,647,728</u>	<u>\$ (20,084,170)</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)
	9/30/2021	10/31/2021	October
Inventory-Central Supplies	\$ 11,138	\$ 28,052	\$ 16,914
Supplies Purchased	40,250	-	(40,250)
Supplies Used	(30,100)	(5,536)	24,564
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 286,471</u>	<u>\$ 287,699</u>	<u>\$ 1,228</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 October 31 2021

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in October.

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	73,714	76,486	2,772
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	2,581,805	2,691,004	109,199
Harris County Juvenile Probation	966,959	762,101	(204,858)
Harris County Community Supervision	404,245	555,645	151,400
Harris County Sheriff's Department	3,350,131	3,459,737	109,606
ICFMR	170,352	177,575	7,223
ECI Administrative Claiming	(35,116)	(98,309)	(63,193)
TCOOMMI-Special Needs	452,338	611,226	158,888
TDCJ-Parole	61,500	82,000	20,500
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Title XX Social Services	-	-	-
TANFF to Title XX Block Grant	-	-	-
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Subtotal, A/R-Other	\$ 12,173,037	\$ 11,819,871	\$ (353,166)

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	9/30/2021	10/31/2021	October
DSHS Mental Health First Aid	\$ 19,304	\$ 15,201	\$ (4,103)
HHSC ZEST-Zero Suicide	108,426	112,165	3,739
HCC Open Door	259,827	1,776,148	1,516,321
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City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	55,050	28,418	(26,632)
Grand Total A/R - Other	<u>\$ 14,261,671</u>	<u>\$ 15,913,281</u>	<u>\$ 1,651,610</u>

- e. Unearned Income decreased due to use of State GR and County funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Current Capital Projects decreased due to expenses related to Board approved Capex projects.
- i. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- j. Days of Operations in Reserve for Total Agency is 133 days versus 144 days for the prior month.

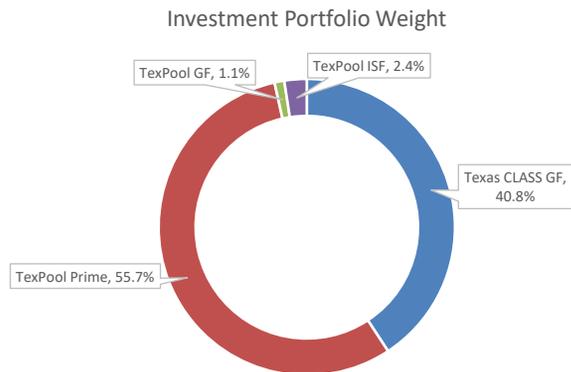
III. Investment Portfolio

- a. Total investments as of October 31, 2021, is \$94,037,836 of which 100% is in government pools. (Texas Class 41% and TexPool 59%)
- b. Investments this month yielded interest income of \$4,468.

The Harris Center for Mental Health and IDD  
 Investment Portfolio  
 October 31, 2021

**Local Government Investment Pools (LGIPs)**

	<b>Beginning Balance</b>	<b>Transfer In</b>	<b>Transfer Out</b>	<b>Interest Income</b>	<b>Ending Value</b>	<b>Portfolio %</b>	<b>Yield</b>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 51,426,525	\$ -	\$ (13,100,000)	\$ 1,631	\$ 38,328,156	40.8%	0.044%
<i>TexPool</i>							
TexPool Prime	61,566,211	\$ -	\$ (9,150,000)	2,738	52,418,949	55.7%	0.062%
TexPool General Fund	1,001,617			30	1,001,647	1.1%	0.035%
TexPool Internal Service Fund	2,289,016			69	2,289,085	2.4%	0.035%
<i>TexPool Sub-Total</i>	<i>64,856,844</i>	<i>-</i>	<i>(9,150,000)</i>	<i>2,837</i>	<i>55,709,681</i>	<i>59.2%</i>	<i>0.060%</i>
<b>Total Investments</b>	<b>\$ 116,283,368</b>	<b>\$ -</b>	<b>\$ (22,250,000)</b>	<b>\$ 4,468</b>	<b>\$ 94,037,836</b>	<b>100%</b>	<b>0.053%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **0.052%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **0.050%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of October 31, 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 October 2021

Vendor	Description	Monthly Not-To-Exceed*	Oct-21	YTD Total (Oct 2021)
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,428,615	\$2,732,061
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$198,591	\$395,410
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,025,774	\$4,049,640
Cigna Dental	Dental Insurance	\$100,000	\$76,940	\$153,904

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

# EXHIBIT F-4

# **November 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	
<b>ADMINISTRATION</b>									
1	Master Pool HR Recruitment Firms	Yes	HR Recruitment Firms		11/01/21- 08/31/22	GR	RFQualification	<p>A Request for Qualification opening for HR Recruitment Firms was held on Monday, September 27, 2021. The Project Team consisted of the following members: Lesleigh Robertson, Vice President of Human Resources and Organizational Development, Terence Freeman, Director HR/Shared Services, Stacie Sampson, Talent Acquisition and Sharon Brauner, Purchasing Manager. Forty-one (41) vendors were contacted, seven (7) were HUBS. Advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Fourteen (14) Proposals were received and deemed responsive. Five (5) Non-Participation were received. The team members rated each response using a qualitative approach. The contract period is for a one (1) year initial period of performance with annual renewal options based upon satisfactory performance, which will be reviewed, on an annual basis. The Project Team's evaluation of responses received, it is recommended to award:</p> <ol style="list-style-type: none"> <li>1. The Reserves Network, Inc. dba Executeam</li> <li>2. Burnett Specialist</li> <li>3. Vtech Solutions</li> </ol>	
<b>CPEP</b>									
<b>CRISIS SERVICES</b>									
2	Houston Recovery Center	No	Detox Program	\$102,395.00	09/30/2021- 08/31/2022	State Grant	Grant	<p>Collaboration agreement for a Licensed Chemical Dependency Counselor (LCDC) and Peer Specialist to work with The Harris Center Detox Program to identify clients and assist with treatment and discharge planning for clients in the Detox Program.</p>	
<b>FORENSICS</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>INTERLOCALS</b>									





**Award Recommendation  
HR Recruitment Firms  
Request for Qualification (RFQ)  
Project# PUR-FY22-0211**

A Request for Qualification opening for HR Recruitment Firms was held on Monday, September 27, 2021.

The Project Team consisted of the following members: Lesleigh Robertson, Vice President of Human Resources and Organizational Development, Terence Freeman, Director HR/Shared Services, Stacie Sampson, Talent Acquisition and Sharon Brauner, Purchasing Manager.

Forty-one (41) vendors were contacted, seven (7) were HUBS. Advertisements were placed in four (4) local newspapers, The Harris Center’s website, the State of Texas ESD website, the Houston Minority Supplier Development Council, and the Women’s Business Enterprise Alliance. Fourteen (14) Proposals were received and deemed responsive. Five (5) Non-Participation were received.

The team members rated each response using a qualitative approach. Based on the project team’s evaluation of responses received, it is recommended to award:

**The Reserves Network Inc. dba/Executeam (HUB/MBE)  
Burnett Specialist (WBE/WBENC)  
Vtech Solutions (SBE)**

The contract period is for a one (1) year initial period of performance with annual renewal options based upon satisfactory performance, which will be reviewed, on an annual basis. The contract shall commence with a tentative award date, and shall remain in effect unless terminated, canceled, or extended, as otherwise provided herein, based upon satisfactory performance and service.

Funding Source: Operating Budget 1101 / 592000, no increase in funds will be made to the Pool for HR Recruitment.

**Submitted By:**

**Sharon Brauner**  
Digitally signed by Sharon Brauner  
Date: 2021.10.21 11:03:23 -05'00'  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager

**Recommended By:**

**Nina Cook**  
Digitally signed by Nina Cook  
Date: 2021.10.21 13:07:38 -05'00'  
Nina M. Cook, MBA, CTPM  
Director of Purchasing

**Sean Kim**  
Digitally signed by Sean Kim  
Date: 2021.10.21 08:41:36 -05'00'  
Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Houston Recovery Center - Detox Program

**Contract ID #\***

2021-0242

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Houston Recovery Center and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/30/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 102,395.00

**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\* (?)**

Collaboration with the Houston Recovery Center for a licensed chemical dependency counselor (LCDC) and Peer specialist to work with The Harris Center Detox Program to identify clients and assist with treatment and discharge planning for clients in the Detox program.

Program Director: Shalanda Williams

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

FY 2021 for training

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Houston Recovery Center

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Leonard Kincaid

**Address\***

Street Address

150 North Chenevert Street

Address Line 2

City

Houston

Postal / Zip Code

77002-2219

State / Province / Region

TX

Country

US

**Phone Number\***

713-236-7802

Email\*

lkincaid@houstonrecoverycenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 102,395.00	543053
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
RAMIREZ, PRISCILLA M	OSHMANN, JODEL	

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

NA

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

NA

Requester Name

SINGH, PATRICIA R.

Submission Date

9/30/2021

Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

9/30/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim KORNMEYER*

Approval Date

9/30/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskeyia Behn*

Approval Date\*

9/30/2021



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Xerox Business Solutions

**Contract ID #\***

2021-0236

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

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

**Funding Information\***

- New Contract  Amendment

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

11/1/2021

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

8/31/2026

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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2022	\$ 8,179.60

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 26,251.85

Fiscal Year* (?)	Amount* (?)
2024	\$ 26,251.85
Fiscal Year* (?)	Amount* (?)
2025	\$ 26,251.85
Fiscal Year* (?)	Amount* (?)
2026	\$ 26,251.85

**Funding Source\***

General Revenue (GR)

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

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

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

To ensure The Harris Center's Print Shop thoroughly evaluates the equipment and services needed to remain successful in their roles, while also ensuring the associated costs are competitive, we have requested proposals from several printing companies to lease equipment to the Print Shop to offer a full range of print and binding offerings to our employees. Xerox had the lowest proposed cost while also adding additional capabilities, such as envelope printing.

**Contract Owner\***

Scott Rule

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

CHOICE PARTNERS CONTRACT No 21-031KN-70.pdf	13.94MB
DUE DILIGENCE FOR PRINTSHOP PRODUCTION COPIERS 9-23-2021 signed.pdf	178.6KB
Harris Center proposal DIR KONICA MINOLTA.PDF	1.6MB
PRINT SHOP PRODUCTION COPIERS SPECIFICATIONS - SEPTEMBER 2021.xlsx	12.93KB
Print Shop Selected Xerox and Estimated per copy charges.pdf	175.76KB
PROJECT REQUEST FOR PRINT SHOP PRODUCTION COPIERS.PDF	589.29KB
RICOH OPTIONAL ACCESSORIES SEPTEMBER 2021.pdf	2.63MB
RICOH PRODUCTION COPIERS PROPOSAL SEPTEMBER 2021.pdf	5.7MB
The Harris Center Print Shop Xerox Proposal_r_8-30-21.pdf	2.2MB

**Vendor/Contractor Contact Person**

**Name\***

Kristi Nichols

**Address\***

Street Address

2100 W Loop S

Address Line 2

#1300

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77024

Country

United States

**Phone Number\***

713-696-1337

**Email\***

kristi@choicepartners.org

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 8,179.60	552002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

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

Funded annually

FY2022 rate: \$8,179.60 (8 months)

FY2023 rate: \$26,251.85

FY2024 rate: \$26,251.85

FY2025 rate: \$26,251.85

FY2026 rate: \$26,251.85

NTE: \$113,187

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

N/A

**Requester Name**

BOREN, KAREN

**Submission Date**

9/23/2021

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

9/30/2021

**Procurement Approval**

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

9/30/2021

Contract Owner Approval



Approved by

*Karen Boren*

Approval Date

10/12/2021

Contracts Approval

Approve \*

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

Approved by \*

*Shasteyia Behn*

Approval Date \*

10/19/2021

# EXHIBIT F-5

# **November 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	
<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>									
1	Frost Insurance Agency, Inc.	No	Insurance Agency of Record Services for Property and Casualty Insurance \$75,000.00	\$75,000.00	01/01/22- 12/31/22	GR	RFP	Annual Renewal of Agreement	
<b>ADMINISTRATION</b>									
<b>CPEP</b>									
<b>CRISIS SERVICES</b>									
<b>FORENSICS</b>									
2	Lanier Parking Meter Services, LLC dba REEF Parking	No	JD Parking Lease for Spaces at 1200 Baker Street \$73,500.00	\$56,700.00	01/01/22- 12/31/22	GR	Lease Agreement	Annual Renewal of Agreement FY22: \$56,700.00 FY23: \$18,900.00	
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>INTERLOCALS</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH</b>									
<b>PROGRAM MANAGEMENT</b>									
<b>MULTI-YEAR CONTRACTS</b>									
<b>ADMINISTRATION</b>									
<b>CPEP</b>									



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2022

**Contract ID#\***

7031

**Contractor Name\***

Frost Insurance Agency, Inc.

**Service Provided\* (?)**

Insurance Agent of Record Services for Property and Casualty Insurance

**Term for Off-Cycle Only\***

1/1/2021 - 12/31/2021

**Procurement Method(s)\***

Check all that Apply

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

**Contract NTE\* (?)**

\$75,000.00

**Rate(s)/Rate(s) Description**

\$75,000.00 Agency Fee

**Unit(s) Served\***

1117

**G/L Code(s)\***

579000

**Current Fiscal Year Purchase Order Number\***

CT140902

**Contract Requestor\***

Egla MacKinney

**Contract Owner\***

Anthony Robinson

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

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.*
1117	\$ 75,000.00	579000

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

Fiscal Year*(?)	Amount*(?)
2022	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

**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

Anthony Robinson

**Budget Manager Approval(s)**



Approved by

*Ricardo Campbell*

**Contract Owner Approval**



Approved by

*D. Anthony Robinson*

**Contracts Approval**

Approve\*

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

Approved by\*

*Shasthya Behu*

Approval Date\*

10/19/2021



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2022

**Contract ID#\***

7717

**Contractor Name\***

Lanier Parking Meter Services, LLC D/B/A REEF Parking

**Service Provided\* (?)**

Parking Lease for Spaces at 1200 Baker Street, Houston, Texas.

**Term for Off-Cycle Only\***

1/1/2021 - 12/31/2021

**Procurement Method(s)\***

Check all that Apply

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

**Contract NTE\* (?)**

73,500

**Rate(s)/Rate(s) Description**

\$70 per Park Space; 70 Spaces

**Unit(s) Served\***

6202

**G/L Code(s)\***

544005

**Current Fiscal Year Purchase Order Number\***

CT141281

**Contract Requestor\***

Sheenia Williams-Wesley

**Contract Owner\***

Monalisa Jiles

**File Upload (?)**

REEF Parking - ID 7717 - FY21 Lease Agreement.pdf

723.48KB

## 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.*
6202	\$ 56,700.00	544005

Budget Manager*	Secondary Budget Manager*
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA

Fiscal Year*(?)	Amount*(?)
2022	\$ 56,700.00

Fiscal Year*(?)	Amount*(?)
2023	\$ 18,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source\*

General Revenue (GR)

**Contract Content Changes**



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

Yes  No

Please Explain \*

Contract adding 20 additional parking spaces. Contract crosses fiscal years January to December. New NTE for contract will be 75,600 for the year.

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

Monalisa Jiles

Budget Manager Approval(s)



Approved by

*Shenia Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Jiles*

Contracts Approval

Approve \*

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

Approved by \*

*Shastegia Behm*

Approval Date \*

10/21/2021

# EXHIBIT F-6

**November 2021  
AMENDMENTS OVER 50k**

FY21/22 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS		*MULTI-YEAR AMENDMENTS						
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>										
1	RLDatix	No	Incident Reporting System	\$50,210.00	\$17,012.00	\$67,222.00	09/01/21- 08/31/22	IT21.1147.12	Sole Source	This Amendment is for additional cost to move software to off site hosting solution.
2	J. Taylor & Associates, Inc.	No	Provider Compensation Consultant Services	\$47,400.00	\$30,000.00	\$77,400.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to combine two agreements into one (Consulting Services for the Physician and Provider Compensation Program)
3	Mazzamill Sajjad dba Innovative Solutions IT	No	PPE Supplies	\$200,000.00	\$100,000.00	\$300,000.00	09/01/21- 08/31/22	GR	N/A	Amendment to continue to provide PPE to Agency Staff. (Emergency Circumstances-Pandemic) Vendor has the ability to provide quality PPE at the quantity requested in a timely manner without any allocation limitations. This is not true for our other vendors such as McKesson and/or Staples.
4	Pivot Point Consulting, A Vaco Company	No	Consulting and IT Staffing Services, as-needed, for EPIC, EHR Reporting and Data Extraction	\$45,000.00	\$110,000.00	\$155,000.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to add resources for SQL/Data as a Service and Data Reporting Support.
<b>CPEP</b>										
<b>CRISIS SERVICES</b>										
<b>FORENSICS</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>										
<b>INTERLOCALS</b>										
<b>LEASES</b>										
<b>MENTAL HEALTH SERVICES</b>										
<b>PROGRAM MANAGEMENT</b>										







# Executive Contract Summary

## Contract Section



**Contractor\***

Datix

**Contract ID #\***

7824

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Datix 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 <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 (?)

**Current Contract Amount\***

\$ 50,210.00

**Increase Not to Exceed\***

\$ 17,012.00

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

\$ 67,222.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 67,222.00
2023	\$ 15,238.00
2024	\$ 15,999.00

**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\* (?)**

Additional cost to move software to off site hosting solution

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY21 and FY22

Same services - replacing current Incident Reporting System

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Harris Center -RLDatix Hosting Order Form Oct14.pdf

453.59KB

**Vendor/Contractor Contact Person**



**Name\***

Adam Scott

**Address \***

Street Address

311 South Wacker Drive

Address Line 2

Suite 4900

City

Chicago

State / Province / Region

IL

Postal / Zip Code

60606

Country

US

**Phone Number\***

888-767-7444

**Email \***

ascott@rldatix.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 17,012.00	900020
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

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

N/A

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

IT21.1147.12

Requester Name

HURST, RICHARD B

Submission Date

10/27/2021

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

Approval Date

10/27/2021

**Procurement Approval**

File Upload (?)

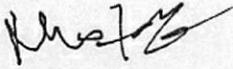
Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by



Approval Date

10/27/2021

### Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

10/27/2021



## Executive Contract Summary

### Contract Section


**Contractor\***

J. Taylor & Associates Inc. ("JTaylor")

**Contract ID #\***

7620

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

J. Taylor & Associates 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\* (?)**

9/1/2021

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

8/31/2022

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

**Current Contract Amount\***

\$ 47,400.00

**Increase Not to Exceed\***

\$ 30,000.00

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

\$ 77,400.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 77,400.00

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\* (?)

Consulting services for the Physician Compensation program  
Provider Compensation Consultant Services

Contract Owner\*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

J. Taylor & Associates

Address\*

Street Address

4800 Overton Plaza

Address Line 2

City

Fort Worth

Postal / Zip Code

76109-4428

State / Province / Region

TX

Country

US

Phone Number\*

817-924-5900

Email\*

info@jtaylor.com

Budget Section

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 30,000.00	542000

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

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

n/a

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

n/a

Requester Name	Submission Date
TURCIOS, LIVIA E	9/22/2021

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

9/27/2021

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Lesleigh Robertson*

Approval Date

9/30/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behn*

Approval Date\*

9/30/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

INNOVATIVE SOLUTIONS IT

**Contract ID #\***

2021-0129

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

The Harris Center and Innovative Solutions IT

**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 <b>Pandemic - Emergency Circumstances</b> |

**Funding Information\***

- New Contract
- Amendment

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

5/1/2021

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

8/31/2022

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

**Current Contract Amount\***

\$ 200,000.00

**Increase Not to Exceed\***

\$ 100,000.00

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

\$ 300,000.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 100,000.00

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\* (?)

Vendor has the ability to provide quality PPE at the quantity requested in a timely manner without any allocation limitations. This is not true for our other vendors such as McKesson and/or Staples.

Contract Owner\*

Anthony Robinson

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Since 2020 when the pandemic began

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Muzzammil Sajjad

Address\*

Street Address

10862 Redstone Court

Address Line 2

City

Missouri City

Postal / Zip Code

77459-3278

State / Province / Region

TX

Country

US

Phone Number\*

281-236-5877

Email \*

isitonline@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2379	\$ 100,000.00	549001
<b>Budget Manager</b> CAMPBELL, RICARDO	<b>Secondary Budget Manager</b> BROWN, ERICA S.	

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

Prices vary by product and/or quantity. See pricing sheet

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

N/A

Requester Name

MACKINNEY, EGGLA

Submission Date

10/18/2021

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/19/2021

Contract Owner Approval

Approved by

*D. Anthony Robinson*

Approval Date

10/25/2021

Contracts Approval

Approve \*

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

Approved by \*

*Shaskeyia Behn*

Approval Date \*

10/26/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

Pivot Point

**Contract ID #\***

2021-0145

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Pivot Point 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 <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 (?)

**Current Contract Amount\***

\$ 45,000.00

**Increase Not to Exceed\***

\$ 110,000.00

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

\$ 155,000.00

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 155,000.00

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\* (?)

Need to add resources for SQL/Data as a Service and data reporting support

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY21 and FY22  
Consulting Services

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

Yes  No  Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Pivot Point Consulting SOW - Sr#3 - Nov extension - revised.pdf 194.79KB

Vendor/Contractor Contact Person

Name\*

Paul Meyer

Address\*

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027

State / Province / Region

TN

Country

United States

Phone Number\*

2817052368

Email\*

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 110,000.00	900060
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

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

\$143.00 per hour

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

IT21.1147.12

Requester Name

HURST, RICHARD B

Submission Date

10/19/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

10/19/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

10/19/2021

Contracts Approval

Approve\*

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

Approved by \*

*Shasthya Belu*

Approval Date \*

10/19/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

PPG Global

**Contract ID #\***

2021-0127

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

The Harris Center and PPG Global

**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 <b>Emergency Circumstances - Pandemic</b> |

**Funding Information\***

- New Contract
- Amendment

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

9/1/2021

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

8/31/2022

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

**Current Contract Amount\***

\$ 200,000.00

**Increase Not to Exceed\***

\$ 100,000.00

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

\$ 300,000.00

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 300,000.00

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\* (?)

Vendor has the ability to provide quality PPE at the quantity requested in a timely manner without any allocation limitations. This is not true for our other vendors such as McKesson and/or Staples

Contract Owner\*

Anthony Robinson

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Since 2020 when the pandemic began

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Darryl King and Sahira Abdool

Address\*

Street Address

8765 Spring Cypress Road

Address Line 2

Ste L-218

City

Spring

Postal / Zip Code

77379-3195

State / Province / Region

TZ

Country

USA

Phone Number\*

713-527-0702

Email \*

sa@theppgllc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2379	\$ 100,000.00	549001
<b>Budget Manager</b> CAMPBELL, RICARDO	<b>Secondary Budget Manager</b> BROWN, ERICA S.	

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

Prices vary depending on product and quantity. Reference price sheet

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

n/a

Requester Name	Submission Date
MACKINNEY, EGGLA	10/8/2021

Budget Manager Approval(s)

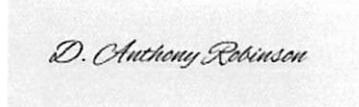
Approved by



Approval Date  
10/8/2021

Contract Owner Approval

Approved by



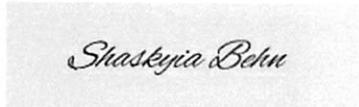
Approval Date  
10/13/2021

Contracts Approval

Approve \*

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

Approved by \*



Approval Date \*  
10/19/2021



## Executive Contract Summary

### Contract Section


**Contractor\***

Ultra Medical Cleaning and Environmental Services, Inc.

**Contract ID #\***

6697

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

The Harris Center for MH & IDD and Ultra Medical Cleaning and Environmental Services, Inc.

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

1/1/2021

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

12/31/2021

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

01/01/2021-12/31/2021

**Current Contract Amount\***

\$ 740,483.73

**Increase Not to Exceed\***

\$ 687,348.94

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

\$ 1,427,832.67

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 687,348.94

**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 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\* (?)**

Amend contract to add monthly cleaning services to Humble (6805 Oak Village) (\$3,714.27) Beginning October 1, 2021-December 31, 2021 and to add twice a week COVID Electrostatic disinfection at 10 clinics from September 1, 2021 through December 31, 2021 - (\$141,240) see attached for pricing and to Extend contract through August 31, 2022 (\$542,394.82) to allow for an RFP process See Attached for breakdown.

**Contract Owner\***

Todd McCorquodale

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

Yes  No  Unknown

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

2010 to present

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

Yes  No  Unknown

**Please provide the HUB status\***

MWBE - Minority or Women owned business enterprise.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Ultra Electrostatic Disinfection.pdf	478.54KB
Ultra Breakdown for FY22 .xlsx	20KB
Ultra per building Breakdown 2022.pdf	369.01KB

**Vendor/Contractor Contact Person**



**Name\***

Victor Gonzalez

**Address \***

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

US

**Phone Number \***

281-325-0666

**Email \***

vgonzalez@ultrabuildingsvc.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 521,108.94	569002

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2379	\$ 166,240.00	569002

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

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

see attached

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

n/a

Requester Name

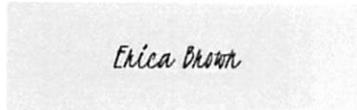
CANTU-ESPINOZA, LISA A.

Submission Date

10/21/2021

**Budget Manager Approval(s)**

Approved by



Approval Date

10/21/2021

Approved by



Approval Date

10/21/2021

**Procurement Approval**

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

*Todd McCorquodale*

10/21/2021

Contracts Approval

Approve\*

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

Approved by\*

Approval Date\*

*Shaskyia Behm*

10/21/2021

Contract Section **Contractor\***

Enterprise Fleet Management

**Contract ID #\***

7827

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

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

**Funding Information\***

- New Contract  Amendment

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

1/31/2021

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

12/1/2025

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

1/31/2021-12/01/2025

**Current Contract Amount\***

\$ 262,170.72

**Increase Not to Exceed\***

\$ 93,390.46

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

\$ 355,561.18

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 355,561.18

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\* (?)

Enterprise Fleet Management will provide lease vehicles to the Center to transport individual. We are on a leasing program for these vehicles. The existing owned vehicles by the Center will require maintenance and repairs, therefore the increase of the contract.

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Please provide an explanation\*

Vendor does not meet HUB requirements.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Mark Block

Address\*

Street Address

10401 Centrepark Drive

Address Line 2

Suite 200

City

Houston

State / Province / Region

TX

Postal / Zip Code

77043-1251

Country

United States

Phone Number\*

17133099181

## Email\*

james.m.blockjr@efleets.com

## Budget Section



## Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1124	\$ 2,262.94	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
BROWN, ERICA S.	CAMPBELL, RICARDO	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2250	\$ 5,255.23	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9206	\$ 4,091.66	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9208	\$ 8,817.80	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9247	\$ 1,149.92	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9263	\$ 12,500.00	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	MACLEOD, ANN L	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 3,917.35	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
RAMIREZ, PRISCILLA M	OSHMAN, JODEL	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 2,479.84	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
OSHMAN, JODEL	KORNMAYER, KIMBERLY A	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3550	\$ 1,900.40	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3579	\$ 2,630.28	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 1,277.27	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3609	\$ 2,844.69	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3611	\$ 5,307.58	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
ADAMS-AUSTIN, MAMIE L	STAKEM, ROBERT P	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 2,329.29	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2214	\$ 6,788.40	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2215	\$ 6,428.56	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2301	\$ 23,409.25	559000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

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

N/A

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

N/A

Requester Name

SOTO, JESSICA

Submission Date

10/18/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

10/18/2021

Approved by

*Jodel Ostman*

Approval Date

10/18/2021

Approved by

*Priscilla M. Ramirez*

Approval Date

10/18/2021

Approved by

*Mamie Adams-Austin*

Approval Date

10/20/2021

Approved by

*Debbie Chambers Stelby*

Approval Date

10/20/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

10/25/2021

Contracts Approval

Approve \*

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

Approved by\*

*Shakeya Behm*

Approval Date\*

10/28/2021

# EXHIBIT F-7

# **November 2021**

# **INTERLOCAL AGREEMENTS**





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2022

**Contract ID#\***

6139 (PJ144171)

**Contractor Name\***

Harris County Community Supervision and Corrections Department (CSCD)

**Service Provided\* (?)**

Dual Diagnosis Residential Program for Treatment (138 beds) at 2312 Atascocita Road, Humble, TX for CSCD

**Term for Off-Cycle Only\***

09/01/21-08/31/2022

**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 Revenue

**Contract NTE\* (?)**

\$4,370,948.00

**Rate(s)/Rate(s) Description**

Varies, includes Medication Costs

**Unit(s) Served\***

N/A

**G/L Code(s)\***

N/A

**Current Fiscal Year Purchase Order Number\***

N/A

**Contract Requestor\***

Sheenia Williams-Wesley

**Contract Owner\***

Monalisa Jiles

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

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.*
6401	\$ 4,370,948.00	540000-541000

Budget Manager*	Secondary Budget Manager*
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA

Fiscal Year*(?)	Amount*(?)
2022	\$ 4,370,948.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

County

**Contract Content Changes**



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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

**Contract Owner**



**Contract Owner\*** (?)

Please Select Contract Owner

Monalisa Jiles

**Budget Manager Approval(s)**



Approved by

*Shenita Williams-Wesley*

**Contract Owner Approval**



Approved by

*Monalisa Jiles*

**Contracts Approval**

Approve \*

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

Approved by \*

*Shasteyia Behm*

Approval Date \*

10/21/2021



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

**Contract ID#\***

6139 (PJ144171)

**Contractor Name\***

Harris County Community Supervision and Corrections Department (CSCD)

**Service Provided\* (?)**

Dual Diagnosis Residential Program for Treatment (138 beds) at 2312 Atascocita Road, Humble, TX for CSCD

**Term for Off-Cycle Only\***

09/01/21-08/31/2022

**Procurement Method(s)\***

Check all that Apply

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

**Contract NTE\* (?)**

\$4,370,948.00

**Rate(s)/Rate(s) Description**

Varies, includes Medication Costs

**Unit(s) Served\***

N/A

**G/L Code(s)\***

N/A

**Current Fiscal Year Purchase Order Number\***

N/A

**Contract Requestor\***

Sheenia Williams-Wesley

**Contract Owner\***

Monalisa Jiles

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

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.*
6401	\$ 4,370,948.00	540000-541000

Budget Manager*	Secondary Budget Manager*
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA

Fiscal Year*(?)	Amount*(?)
2022	\$ 4,370,948.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

County

**Contract Content Changes**



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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)



Approved by

*Shenia Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Jiles*

Contracts Approval

Approve \*

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

Approved by\*

*Shaskyia Behn*

Approval Date \*

10/21/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

City of Houston

**Contract ID #\***

2021-0258

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Houston Police Department 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 <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

10/26/2021

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

10/24/2024

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

**Fiscal Year\* (?)**

2022

**Fiscal Year\* (?)**

2023

**Fiscal Year\* (?)**

2024

**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 interlocal agreement

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

This is A revenue contract in the amount of \$847,875. City of Houston funding the CORE Program to cover all expenditures for the 21/22 Fiscal year (City of Houston). City of Houston FY is Start July 1. Total number of iPad to equal 80 iPad for estimate 1500-1800 officers to rotate usage for telehealth crisis intervention program recommended by the Mayor's Task Force on Policing Reform.

**Contract Owner\***

Keena Pace

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

- Yes
- No
- Unknown

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

FY 2022 contract

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Specify Name\***

Houston Police Department

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Clifton Journet III

**Address \***

Street Address

1200 Travis, 17th floor

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

**Phone Number \***

713-308-1779

**Email \***

clifton.journet@houstonpolice.org

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9269	\$ 847,875.00	000000

**Budget Manager**  
OSHMAN, JODEL

**Secondary Budget Manager**  
KORNMEYER, KIMBERLY A

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

Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down.

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

na

**Requester Name**

SINGH, PATRICIA R.

**Submission Date**

10/26/2021

**Budget Manager Approval(s)**

**Approved by**

*Jodel Oshman*

**Approval Date**

10/26/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Keena Pace*

Approval Date

10/26/2021

**Contracts Approval**

Approve \*

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

Approved by \*

*Shasthya Behn*

Approval Date \*

10/26/2021

# EXHIBIT F-8



<b>Policy No. BUS-RI:04</b>	<b>Subject: ORDERING FURNITURE</b>
<b>Agency Policy</b>	<b>Last Approval Date: 9/2019</b>
<b>Sponsor: Facility Services</b>	<b>Reviewed/Revised DATE: 11/2021</b>

**1. PURPOSE:**

The purpose of this policy is to establish best practices and agency standards in regards to ordering furniture. The Harris Center furniture standards and vendors are established by The Harris Center Purchasing Department and are reviewed on at least an annual basis.

**2. POLICY**

All furniture purchased for The Harris Center must adhere to the established agency standards and vendors. Any exception to this policy must be approved in writing by the Division Vice President, Department Head, Chief Financial Administrative Office and the Chief Executive Officer (or designee).

This Policy shall adhere to applicable purchasing governing laws, rules, regulations and manufacturer guidelines.

**3. APPLICABILITY/SCOPE:**

To be used by The Harris Center (agency-wide).

**4. DEFINITIONS**

N/A

**5. PROCEDURES**

**Section I: Furniture (Request in compliance with current contracted vendor)**

**Section II: Furniture (Request non-compliant with current contracted vendor)**

**6. Regulatory/Reference Documents:**

The Requisitioning and Purchasing of Goods and Services

Reference

BUS-R/I:2

The Requisitioning and Purchasing of Goods and/or Services

Dollar Limit Threshold & Requirements

BUS-FB-40

**CARF: Section 1. Subsection F.6.a., Financial Planning and Management**

# EXHIBIT F-9



Policy No. BS-8	Subject: Facility Construction, Renovation, Repairs and Maintenance
Agency Policy	Last Approval Date: 10/2020
Sponsor: Facility Services	Reviewed/Revised DATE: 11/2021

## 1. PURPOSE

The Harris Center for Mental Health and IDD (the Agency) shall provide services in facilities reflecting the quality of care the Agency endeavors to provide, the respect and appreciation the Agency has for its employees, and the care and diligence needed to provide a safe and healthy site of care and place of work.

## 2. POLICY

The ~~Facilities~~ Facility Services Department shall ~~have primary responsibility for all~~ oversee facility construction projects as assigned. ~~Facility Services shall provide oversight of~~ renovation, repairs and maintenance to Agency facilities.

All building construction, renovations and repairs shall be done in accordance with all applicable standards, codes, and ordinance's, to Include National Fire Protection Association (NFPA), Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

The ~~Facilities~~ Facility Services Department shall coordinate and communicate with practice or site operational leaders to assure maintenance needs are being met. For leased space, the Facilities Services Department shall collaborate with the practice or site manager and the Contracts Department to ensure landlord is aware of maintenance or repair issues under landlord's responsibilities and are being addressed.

The Facility Services Department shall conduct an active preventive maintenance program for all Agency owned facilities, and in leased facilities, as applicable. The preventive maintenance program shall assure all building related equipment is serviced and inspected in accordance with industry standards, and that equipment down time due and mechanical failure is minimized.

All facilities occupied by the Agency shall have current Certificates of Occupancy and current Fire Marshall inspection certificates where required.

The Facility Services Department shall procure and provide oversight of contracted facility



services (such as janitorial, pest control, elevator service, trash removal, lawn care) and establish mechanisms to adequately monitor the performance of all contracts to assure proper delivery of services and compliance with contract standards.

The Facility Services Department shall maintain copies of keys to buildings and rooms occupied by the Agency as appropriate.

### **3. APPLICABILITY/SCOPE**

The policy shall govern all Agency occupied facilities, whether owned or leased.

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

- Requisitioning and purchasing of good and services BUS-F/8.3
- Signatures of Authorization ADM:7

### **S. REFERENCES: RULES/REGULATIONS/STANDARDS**

- Section 504 Rehabilitation Act as amended, 29 U.S.C. Section 794
- Americans with Disabilities Act, Amendments, 25 C.F.R. Part 35, Subpart D
- National Fire Protection Association (NFPA) (current as amended}
- Texas Architectural Barriers Act, Texas Government Code Chapter 469
- Architectural Barriers Regulations, Title 16 Tex. Admin. Code Chapter 68

# EXHIBIT F-10



Policy No. BUS-FB 3.1	Subject: FLEET CARD UTILIZATION
Agency Policy	Last Approval Date: 7/2020
Sponsor: Facility Services	Reviewed/Revised DATE: 11/2021

### 1. PURPOSE:

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

### 2. POLICY:

The Harris Center will maintain a contractual agreement with a third party provider, in order to provide fleet card services for the use of Agency owned vehicles. The use of said card will be for business related matters pertaining to the vehicle only. For example, purchases for gas, maintenance, repair and or the general upkeep of the vehicle are acceptable uses for the fleet card. Purchases that do not show a direct benefit for the maintenance and general care of the vehicle will not be authorized. Personal use of the fleet card is not permitted.

Fleet cards are unique to each vehicle and must be handled with the same care that is used for the vehicle. Fleet cards must be secured when not in use and theft and or loss must be reported to Transportation Services immediately.

The funding of a fleet card service is for the benefit of all recognized units of The Harris Center that:

- (i) Have an assigned unit number issued by the Accounting Department, and
- (ii) Use an Agency owned vehicle as a part of the department's scope of work. Fleet card expenses and charges will be charged back to the owning unit. Transportation Services will ensure that payment of the overall invoice is timely.

#### APPLICABILITY /SCOPE

[This policy is applicable to \(i\)](#) Recognized departments with an Accounting issued unit number, (ii) [Employees that h](#)Have access to an Agency owned vehicle; and [\\_\\_\\_\\_\\_](#) (iii) Certified Drivers.

### 3. RELATED POLICIES/FORMS (for reference only):

None

### 4. REFERENCES: RULES/REGULATIONS/STANDARDS:

None

# EXHIBIT F-11



Policy No.	Subject: Personal Use of Company-Owned Vehicle	
Agency Policy	Last Approval Date: 10/2020	
Sponsor: Transportation Services	Reviewed/Revised DATE: 11/2021	

## 1. PURPOSE

The purpose of this policy is for The Harris Center for Mental Health and IDD (The Harris Center) to ensure the safety of Certified Drivers and to provide guidance on the proper use of Agency owned vehicles. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent Injuries and property damage. As such, The Harris Center endorses all applicable state motor vehicle regulations relating to driver responsibility. The Harris Center expects each driver to drive in a safe and courteous manner consistent with Agency safety rules and all applicable state and local laws.

~~Transportation Services and Risk Management is responsible for general administration of this policy~~

## 2. POLICY

The Harris Center authorizes Certified Drivers the ability to operate agency owned vehicles that are owned, leased, or rented. Personal use of an agency owned vehicle is strictly prohibited. Driving an agency owned vehicle while impaired by alcohol, illegal substances or prescribed medication, that would cause a driver to be impaired while driving, is strictly prohibited and is grounds for termination.

## 3. APPLICABILITY/SCOPE

All employees of The Harris Center.

## 4. DEFINITIONS

**Certified Driver** - Any employee whose job duties, as reflected in their job descriptions, require them to drive a Center vehicle or transport Center consumers in a personal vehicle and has been certified to do so by Transportation Services.

**Agency Owned Vehicle** - Any motorized vehicle that is leased or purchased by The Harris Center and is intended to transport people or things from one place to another. This may include, but is not limited to, cars, sports utility vehicles, trucks or vans.



**5. PROCEDURES**

- Driver Criteria
- Drug/Alcohol Testing
- Accident Procedures
- Preventative Maintenance

**6. RELATED POLICIES/FORMS:**

Personal Use of Company-Owned Vehicle Policy Agreement

Attachment A

**7. REFERENCES: RULES/REGULATIONS/STANDARDS:**

Texas Council Risk Management Fund Driver Guidelines

# EXHIBIT F-12



Policy No.	Subject: Linguistic Competence Services
Agency Policy	Last Approval Date: 10/2020
Sponsor: Compliance Department	Reviewed/Revised DATE: 11/2021

### 1. PURPOSE

To provide meaningful access to the consumer's services for consumers with limited English proficiency, deaf, hard of hearing or blind.

### 2. POLICY

It is the Policy of the Harris Center for Mental Health and IDD to ensure effective communication with the individual and Legally Authorized Representative (LAR), (if applicable), in an understandable format as appropriate to meet the needs of individuals. This may require using: Interpretative services; Translated materials; or a staff member who can effectively respond to the cultural (e.g., customs, beliefs, action, and values) and language needs of the individual and LAR (if applicable).

### 3. APPLICABILITY/SCOPE

All Harris Center Staff, Contractors and Volunteers.

### 4. PROCEDURES

- Interpreter Resource Coordination
  - o Internal Interpreters/Certified Language Staff
  - o Outside Language Interpreter Services
- Interpreter Services For The Deaf And Hard Of Hearing
- Interpreter Services For Those Whose Primary Language Is Other Than English Scheduled Services
  - o Crisis Services

### 5. RELATED POLICIES/FORMS:

Assurance of Consumer Rights

CRT:4

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- [Functions of Department of Assistive and Rehabilitative Services Relating to Persons who are Deaf or Hard of Hearing](#), Texas Human Resources Code Chapter 81, ~~Services for the Deaf~~
- [Access to Mental Health Community Services](#), Title 265 Texas Administrative Code §301.327
- CARF



# EXHIBIT F-13



## **Cultural Competency and Diversity Plan (CCDP) FY2021 – FY2022**

### **Cultural Competency and Diversity Plan**

Culture is an integrated pattern of human behavior, which includes but is not limited to thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social, or political group, all dimensions of diversity. Cultural Competence is a key principle that is integrated within all aspects of The Harris Center's service delivery process. The agency will respond effectively to the needs of all persons served, families, employees, community, from culturally and linguistically diverse groups.

The Harris Center is committed to facilitate better outcomes for people with diverse cultural, religious, and linguistic needs. Our Cultural Competency and Diversity Plan (CCDP) addresses how we will respond to the diversity of our community as well as how our knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures.

The Harris Center for Mental Health and IDD (The Harris Center) believes cultural competence is the ability to interact effectively with people of different cultures and includes the ongoing practice of gathering and utilizing knowledge, information, and data from and about individuals and their families, communities, and groups. This plan is a framework to embed cultural diversity in all the department's services, programs, and policies. It builds on our wide-ranging efforts to improve services for culturally and linguistically diverse communities.

Competency reflects an acknowledgment that recovery is individual and unique. It includes the adaptation of approaches and interventions based on and targeted to the individual(s) being served. However, as opposed to memorizing information about groups and making assumptions, culturally competent staff maintain an "asking stance", remaining curious, and in partnership, asking consumers about who they are and seeking what approach works best for them. Cultural competence is staying open-minded, as well as applying methods and initiating services that are culturally congruent. The goal is to assist consumers in their acceptance and understanding of the benefits of mental health services and treatment.

The Harris Center is committed to the training and education in diversity and cultural competency for all staff initiated during the New Employee Orientation process and on an annual basis thereafter. The Harris Center will collaborate with external community resources to provide our personnel a well-rounded approach to diversity education. We will educate our personnel in terms of culture, age, gender, sexual orientation, spiritual beliefs, and socioeconomic status, with inclusion of an address on language. Training will focus on the cultures and spiritual beliefs of our region, and the views of health, wellness, disability and its causes, and the influence of culture on the choice of service outcomes and methods. Training will also emphasize the importance of valuing diversity and promoting a culture of inclusion.



## **Components of the Harris Center Cultural Competence and Diversity Plan**

### **Goals:**

- Improve communication to and from stakeholders, employees, community, persons served, served for whom cultural/linguistic issues are present.
- Improve employees' understanding and sensitivity to cultural diversity within the agency and with persons served.
- Improve services and outcomes for persons served.

### **The Harris Center Employee Demographic Data**

The Harris Center collects basic demographic information to assess and determine such information as:

- Ethnicity
- Gender
- Age
- Composition of the service area by key demographics (Harris County Area needs assessment completed every 3 years)

### **Policies, Procedures and Governance**

The Harris Center has a Board of Trustees that represents diverse community populations and promotes the importance of cultural competence to achieve quality outcomes. The Agency also participates in active collaborative committees with community partners (IDD PAC).

### **Services/Programs**

The Harris Center has a culturally competent agency which offers services that are culturally competent and in a language that ensures client/consumer comprehension. Interpreter services are provided to the people served at The Harris Center including Crisis Services.

### **Care Management**

The Harris Center ensures:

- Client services are monitored for clinical and cultural appropriateness
- Supervision of clinicians includes addressing cultural aspects of care
- Referrals consider the cultural appropriateness of the referred agency

### **Continuity of Care:**

The Harris Center continuum of care includes services that are culturally appropriate and compatible across all levels of the agency.



### **Education and Development**

The Harris Center implements staff training and development in cultural competence at all levels and across all disciplines including leadership. New employee orientation includes training on cultural diversity and there is an annual training required for all employees. If an issue arises, special cultural diversity training will be scheduled for that group/issue.

The Harris Center's Inclusion Hub is a volunteer, employee-driven group that was organized to further the mission of The Harris Center and its employees. The Hub was formed to enhance the following:

- Attracting, recruiting, and retaining diverse employees.
- Promoting diversity, culture awareness, and an inclusive work environment.
- Increasing employee job satisfaction, morale, and productivity.
- Fostering professional development and learning through mentoring, networking, open dialogue, and the exchange of ideas.
- Supporting The Harris Center's business by reinforcing The Harris Center's diversity initiatives in the workplace and the community at large.

### **Quality Monitoring and Performance Improvement**

The Harris Center has a quality monitoring and improvement program that:

- Evaluates services in terms of access, retention and engagement and service quality by key client demographics

### **Utilizes these data for service planning and improvement purposes**

### **APPLICABILITY/SCOPE**

This Plan applies to all The Harris Center staff and services

Cultural competence is essential to the provision of effective services and treatment for diverse populations. On the part of The Harris Center employee's cultural competence includes incorporating language, knowledge, skills, and attitudes within systems of care that are informed by the specific reality of a client/consumer's cultural circumstances. Truly competent service acknowledges and incorporates cultural variables into the assessment and treatment process. That information is integrated and transformed into specific clinical practices, standards and skills, service approaches, techniques and marketing strategies, and evidence-based initiatives that match the service population and serves to increase the quality and appropriateness of mental health care (Davis, 1997). "Competency" refers to the ability of staff to acknowledge and understand the influence of cultural histories (including oppressive histories), life experiences, language differences, beliefs, values, formal and informal help-seeking pathways, and traditional healing practices on an individual's recovery.



**CULTURAL COMPETENCE** is

1. A defined set of values and principles which are reflected within the behaviors, attitudes, policies and structures of The Harris Center's organization, staff, and community stakeholders to result in appropriate and effective services for all.
2. The capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served.
3. Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of consumers and families as appropriate, key stakeholders, and communities.

**LINGUISTIC COMPETENCE** is the capacity of The Harris Center and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of interagency and internal capacity to respond effectively to the mental health, literacy and communication needs of the populations served, and to possess the policy, structures, practices, procedures, and dedicated resources to support this capacity.

**CULTURAL** refers to integrated patterns of human customs, beliefs, and values of racial, ethnic, religious, or social groups.

**COMPETENCE** implies having the capacity to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by adults, children, youth and families and their communities.

**CULTURAL BROKERS** are individuals who help to communicate differences and similarities across cultures to eliminate the cultural gap between them. They may also mediate and negotiate more complex processes within organizations, government, communities, and between interest groups or countries. Cultural brokers are knowledgeable about the beliefs, values and norms of their cultural group, and the system they have helped to navigate successfully for their families. They can serve as cultural liaisons, cultural guides, and mediators of distrust between cultures, models, mentors, and catalysts for change.



## Cultural Competence and Diversity (CCDP) Action Plan

<b>GOAL #1: Continue to diversify The Harris Center staff composition to increase the match between client and staff demographics</b>					
<b>Objectives</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Time Frame</b>	<b>Expected Outcome</b>	<b>Measures</b>
1. Monitor and maintain the cultural diversity of staff.	<p>1. Bi-annually compare staff and consumer demographics to assess how closely the staff is consistent with the community we serve</p> <p>2. Develop and periodically update list of stakeholders and organizations in the community to notify when openings become available.</p> <p>3. Market employment incentives &amp; benefits of working at of The Harris Center via culturally connected outlets</p> <p>4. Focus on attracting and hiring more multi-lingual staff</p>	HR Director, HR Recruiter and Sr. Leadership	FY2021 FY2022	Increase match between cultural diversity of The Harris Center staff and those we serve.	Consumer demographics vs. staff demographics



<b>GOAL #2: Ensure that all staff receive ongoing cultural sensitivity training.</b>					
<b>Objectives</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Time Frame</b>	<b>Expected Outcome</b>	<b>Measures</b>
1. Ensure compliance with required annual training on diversity and cultural sensitivity	1. Continuously improve training materials and update as necessary 2. Audit training transcripts for compliance. 3. Notify management when staff are identified as out of compliance on diversity training	Management Team and Training	FY2021-FY2022	Optimum cultural diversity training conducted at least annually and for all new employees	Training compliance reports
2. Establish cultural competency training in relationship to the military culture	1. Work with Veteran Community partners on development of training materials and increase access to training	Management Team and Training, The Harris Center Veteran Services Work Group	FY2021-FY2022	Cultural diversity training conducted at least annually and for all new employees	Training compliance reports



# EXHIBIT F-14

*The HARRIS CENTER for  
Mental Health and IDD*  
**Board of Trustees Proposed Meetings  
2022**

<b><u>JANUARY 2022</u></b>	<b><u>FEBRUARY 2022</u></b>	<b><u>MARCH 2022</u></b>	<b><u>APRIL 2022</u></b>	<b><u>MAY 2022</u></b>	<b><u>JUNE 2022</u></b>
18 – Resource Committee 18 – Program Committee 18– Quality Committee 18 – Audit Committee 26 – Governance 26 – Board Meeting	15 – Resource Committee 15 – Program Committee 15 – Quality Committee 23 – Governance 23 – Board Meeting	15 – Resource Committee 15 – Program Committee 15 – Quality Committee 23 – Governance 23 – Board Meeting	19 – Resource Committee 19 – Program Committee 19– Quality Committee 19 – Audit Committee 27 – Governance 27 – Board Meeting	17 – Resource Committee 17 – Program Committee 17 – Quality Committee 25 – Governance 25 – Board Meeting	21 – Resource Committee 21 – Program Committee 21 – Quality Committee 29 – Governance 29 – Board Meeting
<b><u>JULY 2022</u></b>	<b><u>AUGUST 2022</u></b>	<b><u>SEPTEMBER 2022</u></b>	<b><u>OCTOBER 2022</u></b>	<b><u>NOVEMBER 2022</u></b>	<b><u>DECEMBER 2022</u></b>
19 – Resource Committee 19 – Program Committee 19 – Quality Committee 19 – Audit Committee 27 – Governance 27 – Board Meeting	01 – Board Budget Meeting 16 – Resource Committee 16 – Program Committee 16 – Quality Committee 24 – Governance 24 – Board Meeting	20 – Resource Committee 20 – Program Committee 20 – Quality Committee 28 – Governance 28 – Board Meeting	18 – Resource Committee 18 – Program Committee 18 – Quality Committee 18 – Audit Committee 26 – Governance 26 – Board Meeting 26 – Annual Board Training	8 – Resource Committee 8 – Program Committee 8 – Quality Committee 16 – Governance 16 – Board Meeting**	21- Full Board ** (as needed)

The Resource Committee Meetings are normally held at, **8:30 a.m.**, Quality Committee Meetings are normally held at **10:00 a.m.** and the Program Committee Meetings are normally held at **11:30 a.m.** on the 3<sup>rd</sup> Tuesday

The Audit Committee Meetings are normally held at **12:30 p.m.** on the 3<sup>rd</sup> Tuesday in January, April, July, and October.

The Governance Committee Meetings are normally held the 4<sup>th</sup> Wednesday as needed at **8:30 a.m.**

Full Board Meetings are normally held the 4<sup>th</sup> Wednesday of each month at **9:30 a.m.**

\*\* The November Committees and Board and the December Board Meeting are usually moved up 1 week early due to the Holidays.  
Meetings held in Conference Room (#104) at 9401 Southwest Freeway

# EXHIBIT F-15



**Award Recommendation  
Professional Services Request for Qualification (RFQ)  
Project #FY22-0213**

A Request for Qualification opening for Professional Services for Facility related requests was held on Tuesday, November 2, 2021.

**Services Consists of the following:** Architectural, Planning, Engineering, Electrical, Plumbing, Mechanical (HVAC) and Environmental (Abatement and Mold Removal) Services.

**The Project Team consisted of the following Members:** Todd McCorquodale, Director of Facility Services, Karen Hurst, Project Manager Facility Services, James Blunt, Buyer Purchasing and Sharon Brauner, Purchasing Manager.

One hundred and forty-five (145) vendors were contacted, thirty-four (34) were HUBS. Advertisements were placed in three (3) local newspapers, The Harris Center's website, the State of Texas ESBID website, the Houston Business Journal, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Twenty (20) submissions were received and deemed responsive. Three (3) Non-Participation notices were received from the following Architectural Firms:

BB&W Architects, LLC  
Cannon Design  
Perkins & Will

Facility Services staff rated each response using a qualitative approach. Based on team's evaluation of responses received, it is recommended a contract be awarded to the following for the provision of Facility related Professional Services.

**Architectural Firms:**

Powers Brown Architecture  
THT3E Design LLC (HUB)  
RDLR Architects (HUB)  
Amtech Solutions Inc.  
Brave Architecture (HUB)  
PGAL (Pierce, Goodwin, Alexander & Linville)  
Huit-Zollars (Architectural and Engineering)  
EK Design Group, LLC  
Autoarch Architects (HUB)  
Kirksey Architecture

**Environmental Firms:**

EFI Global, Inc.  
Choice Consulting  
Compass Abatement Services LLC (MBE/WBE)  
Terracon

**Engineering Firms:**

Ensign Haynes Whaley LLC (Structural Engineering) (HUB)  
Concept Engineers (Structural Engineering) (HUB)  
Walter P Moore (Structural | Civil Engineering)  
Huitt-Zollars (Engineering and Architectural)  
IMEG Corporation (MEP & Structural Engineering)  
E&C Engineers & Consultants Inc. (MEP Services) (HUB)

**Electrical Firm:**

TNT Electrical Contractors

The initial contract period is anticipated to begin upon award of contract for a two (2) year-based period with three (3) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract is made effective on date of execution and end on August 31, 2023 subject to Fiscal Year 2022 and 2023 budget, and shall remain in effect unless terminated, canceled, or extended.

The total NTE (Not to Exceed) for five (5) years is \$1,000,000.00 to be funded annually subject to availability of the budget each year.

- FY22 - \$200,000.00 (Unit# 1124 & 1899, GL# 569015)
- FY23 - \$200,000.00 (Unit# 1124 & 1899, GL# 569015)
- FY24 - \$200,000.00 (Unit# 1124 & 1899, GL# 569015)
- FY25 - \$200,000.00 (Unit# 1124 & 1899, GL# 569015)
- FY26 - \$200,000.00 (Unit# 1124 & 1899, GL# 569015)

Funding Source: Unit# 1124 – Maintenance/Constructions  
Unit# 1899 – Agency Wide Facilities

**Submitted By:**

Digitally signed by James Blunt  
Date: 2021.11.12 15:48:25 -06'00'

James L. Blunt, C.P.M. Buyer II

**Recommended By:**

Digitally signed by Nina Cook  
Date: 2021.11.12 15:45:00 -06'00'

Nina M. Cook, MBA, CTPM  
Director of Purchasing

**Recommended By:**

Digitally signed by Sean Kim  
Date: 2021.11.12 15:41:46 -06'00'

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer

# EXHIBIT F-16

**November 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									
CPEP									
CRISIS SERVICES									
1	Harris County Hospital District dba Harris Health System	No	COVID Screening/Testing and Vaccinations at the Bristow building at 2627 Caroline location	\$0.00	10/08/21- 08/31/22	GR	N/A	This Agreement will allow Harris Health Systems-Health Care for the Homeless Program to report to the Bristow building at 2627 Caroline location to provide COVID screening/testing and vaccine to the Harris Center clients, as well as staff, at no charge.	
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
INTERLOCALS									
LEASES									
MENTAL HEALTH SERVICES									
PROGRAM MANAGEMENT									
CROSS FISCAL YEAR CONTRACT RENEWALS									
ADMINISTRATION									
2	Handle with Care Behavioral Management System, Inc.	No	Behavioral Management Training Skills	\$3,500.00	11/01/21- 10/11/22	State Funds	RFQuote	Handle with Care will provide behavioral management training skills to the Harris Center's IDD Training Instructors on how to train existing employees on techniques to use in the area of behavioral management. This will allow the Agency's Training Instructors to become certified/recertified for one year in Handle with Care and capable of training the rest of the Agency's employees in Handle with Care's verbal and physical skills. After one year, we will evaluate the need to review.	





## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Harris Health System - Screening/Testing/Vaccine

**Contract ID #\***

2021-0244

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Harris Health System The Harris Center for Mental Health & IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

10/8/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

Agreement will allow Harris Health Systems-Health Care for the Homeless Program to report to the Bristow building at 2627 Caroline location to provide COVID screening/testing and vaccine to Harris Center clients as well as staff at no charge.

Program Director: Omar Sesay

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Harris Health System

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Bobby D. Hansford;Community Services Manager

**Address\***

Street Address

**Fournace Place**

Address Line 2

City

Bellaire

State / Province / Region

TX

Postal / Zip Code

77401

Country

US

**Phone Number\***

3464260702

**Email\***

Bobby.Hansford@harrishealth.org

**Budget Section**

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

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

<b>Budget Manager</b> OSHMAN, JODEL	<b>Secondary Budget Manager</b> KORNMAYER, KIMBERLY A
--	--

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

na

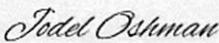
Project WBS (Work Breakdown Structure)\* (?)

na

<b>Requester Name</b> SINGH, PATRICIA R.	<b>Submission Date</b> 10/4/2021
---	-------------------------------------

#### Budget Manager Approval(s)

Approved by



Approval Date

10/4/2021

#### Procurement Approval

File Upload (?)

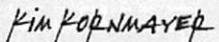
Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by



Approval Date

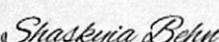
10/5/2021

#### Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

10/5/2021

Contract Section **Contractor\***

Handle with Care Behavioral Management System, Inc

**Contract ID #\***

2021-0250

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Handle with Care Behavioral Management System, Inc and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

11/1/2021

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

10/11/2022

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

1 year

**Fiscal Year\* (?)**

2021

**Amount\* (?)**

\$ 3,500.00

**Funding Source\***

State

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

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

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

Handle with Care Behavioral Management System, Inc will provide behavioral management training skills to the Harris Center Mental Health and IDD Training Instructors on how to train existing employees on techniques to use in the area of behavioral management. This will allow the Harris Center Training Instructors to become certified/ recertified for one year in Handle With Care and capable of training the rest of the Harris Center's employees in Handle With Care's Verbal and Physical Skills. After one year we will evaluate the need to review.

**Contract Owner\***

Wayne Young

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

Yes  No  Unknown

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

2019-2021 Handle with Care Certifications

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center for Mental Health and IDD.TX.1D Custom Contract 36.59KB  
 2021.Full program.R1.docx

**Vendor/Contractor Contact Person**

**Name\***

Handle with Care Behavioral Management System, Inc/Hilary Adler

**Address\***

Street Address

184 Mckinstry Road

Address Line 2

City

Gardiner

State / Province / Region

NY

Postal / Zip Code

12525-5133

Country

US

**Phone Number\***

845-255-4031

## Email \*

Hilary@handlewithcare.com

## Budget Section

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 3,500.00	549005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

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

\$75.00 per diem for any program requiring air travel &/or hotel accommodations.

\$50 per diem for any program requiring 3 or more hours of travel

Air travel, hotel, car rental, parking & any other transportation costs.

Auto travel: Mileage billed at the Federal Rate, currently 56 per mile.

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

NA

## Requester Name

MCLAURIN, SHARONDA R

## Submission Date

10/8/2021

## Budget Manager Approval(s)

## Approved by



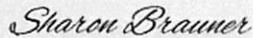
## Approval Date

10/8/2021

## Procurement Approval

## File Upload (?)

## Approved by



## Approval Date

10/18/2021

## Contract Owner Approval

## Approved by



## Approval Date

10/18/2021

## Contracts Approval

**Approve\***

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

**Approved by\***

*Shakéya Behn*

**Approval Date\***

10/21/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

International Critical Incident Stress Foundation, Inc. (ICISF)

#### Contract ID #\*

2021-0257

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

International Critical Incident Stress Foundation, Inc. (ICISF) and The Harris Center for Mental Health and IDD

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

12/8/2021

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

12/10/2021

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 10,750.00

#### Funding Source\*

State Grant

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

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

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

CISM Training is requirement for Suicide Care Initiative Grant. Vendor is sole provider of training.

**Contract Owner\***

Keena Pace

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide an explanation\***

Vendor is sole provider

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

CISM Training Contract.docx 14.36KB

**Vendor/Contractor Contact Person**

**Name\***

Millie Moorehouse

**Address\***

Street Address

3920 Pine Orchard Lane

Address Line 2

Ste. 106

City

Ellicott City

Postal / Zip Code

21042

State / Province / Region

MD

Country

US

**Phone Number\***

443-3255221

**Email\***

milliem@icisf.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7005	\$ 10,750.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
CAMPBELL, RICARDO		BROWN, ERICA S.

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

Presentation fee for the three-day remote Presentation course is \$10,750 and includes:

- One experienced faculty member
- Digital Course manuals for presented course (course materials are protected by copyright and can only be issued to registered participants) for up to 50 participants;
- Digital Certificates of Completion for up to 50 participants
- ICISF provided Zoom Platform with Moderator to provide support, create and operate breakout rooms, and take attendance.

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

NA

<b>Requester Name</b>	<b>Submission Date</b>
SMITH, JANAI L	10/12/2021

**Budget Manager Approval(s)** ⬆

<b>Approved by</b>	<b>Approval Date</b>
<i>Ricardo Campbell</i>	10/12/2021

**Procurement Approval** ⬆

File Upload (?)

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

**Contract Owner Approval** ⬆

<b>Approved by</b>	<b>Approval Date</b>
<i>keena pace</i>	10/21/2021

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Shakya Behn*

**Approval Date\***

10/26/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Harris County Psychiatric Center

#### Contract ID #\*

2021-0243

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

UT Harris County Psychiatric Center and The Harris Center for Mental Health and IDD Services

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

9/1/2021

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

2/28/2022

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 40,087.00

#### Funding Source\*

State

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

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

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

Dr. Warner will perform Outcomes Research and Client Evaluations for the Early Onset (HR-133 COVID) Program.

**Contract Owner\***

Mike Downey

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Alia R. Warner, PhD.

**Address\***

Street Address

2800 S MacGregor Way

Address Line 2

HCPC 1B60

City

Houston

State / Province / Region

TX

Postal / Zip Code

77021

Country

US

**Phone Number\***

713-741-3926

**Email\***

alia.r.warner@uth.tmc.edu

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2424	\$ 40,087.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

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

\$0.0

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

\$0.0

<b>Requester Name</b>	<b>Submission Date</b>
SHELBY, DEBBIE C	10/1/2021

**Budget Manager Approval(s)**

Approved by

*Debbie Chambers Shelby*

**Approval Date**  
10/1/2021

**Procurement Approval**

File Upload (?)

Approved by

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Michael Downey*

**Approval Date**  
10/1/2021

**Contracts Approval**

Approve\*

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

Approved by\*

*Shasthya Behn*

**Approval Date\***  
10/1/2021

# EXHIBIT F-17

# **November 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	
<b>ADMINISTRATION</b>									
1	R.J. Braniff Corporation dba Automated Business Systems	No	Maintenance Services	\$1,075.00	\$1,075.00	09/01/21- 08/31/22	GR	RFQuote	Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.
<b>CPEP</b>									
<b>CRISIS SERVICES</b>									
<b>FORENSICS</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>INTERLOCALS</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH SERVICES</b>									
<b>PROGRAM MANAGEMENT</b>									
<b>CROSS FISCAL YEAR CONTRACT RENEWALS</b>									
<b>ADMINISTRATION</b>									
2	Prowess Consulting, LLC dba SMARTDEPLOY	No	Software License, Equipment and Support Services	\$35,000.00	\$13,500.00	12/31/21- 12/31/22	GR	RFQ	Annual renewal funding for Hardware Independent OS and Software Deployment Services
3	West Publishing Corporation dba Thomson Reuters Business	No	Westlaw Subscription for Contracts	\$5,382.12	\$5,382.12	02/01/21- 01/31/22	GR	N/A	Annual renewal of the agreement
<b>CPEP</b>									





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

**Contract ID#\***

7539

**Contractor Name\***

R.J. Braniff Corporation dba Automated Business Systems

**Service Provided\* (?)**

Maintenance Service Agreement to provide maintenance for Formax fold/insert machine in Revenue Management.

**Term for Off-Cycle Only\***

9/1/2020 - 8/31/2021

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

**Contract NTE\* (?)**

\$1,075.00

**Rate(s)/Rate(s) Description**

**Unit(s) Served\***

1007

**G/L Code(s)\***

553001

**Current Fiscal Year Purchase Order Number\***

FY21 PO CT140928

**Contract Requestor\***

Karen Boren

**Contract Owner\***

Karen Boren

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

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. *
1107	\$ 1,075.00	553001

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

Fiscal Year * (?)	Amount * (?)
2022	\$ 1,075.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

General Revenue (GR)

### 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

Karen Boren

### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

### Contract Owner Approval

Approved by

*Karen Boren*

### Contracts Approval

Approve\*

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

Approved by\*

*Shasteyia Behn*

Approval Date\*

10/27/2021

**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#:	7355
Contractor Name:	SMARTDEPLOY a disregarded entity of PROWESS CONSULTING, LLC
Interlocal Agreement:	No
Service (brief description):	Hardware Independent OS and Software Deployment Services
Term for Off-Cycle Only:	Initial Term: 12/31/2018 – 12/31/2021
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$35,000.00
Rate(s)/Rate(s) Description:	\$35,000.00
Unit(s) Served:	1147
G/L Code(s):	553002, 553003
FY21 Purchase Order Number:	FY19 PO CT138841
Contract Requester:	Rick Hurst or Shawnti Boswell
Contract Owner:	Mustafa Cochinwala

**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: CONTINUED USE

**RECEIVED OCT 11 2021**

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 <sup>SB</sup> ~~36,750~~ \$13,500. FY22 Rate(s) <sup>SB</sup> ~~36,750~~ \$13,500  
UNIT ~~4147~~ 1130

GL CODE 553002, 553003. If Contract is a multi-year term, please provide the following.

FY23 \_\_\_\_\_ . FY23 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_  
FY24 \_\_\_\_\_ . FY24 Rate(s) \_\_\_\_\_ UNIT \_\_\_\_\_ GL CODE \_\_\_\_\_

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

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

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

F. CONTRACT CONTENT CHANGES:

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract COCHINWALA.

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

APPROVALS:

Budget Manager: Ricardo Campbell (Printed Name)

Ricardo Campbell Digitally signed by Ricardo Campbell Date: 2021.06.01 08:22:02 -05'00' (Signature). REQUIRED

Contract Owner: HURST (Printed Name)

[Signature] (Signature). REQUIRED

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

Current Fiscal Year Contract Information **Current Fiscal Year**

2022

**Contract ID#\***

6168

**Contractor Name\***

West Publishing Corporation dba Thomson Reuters Business

**Service Provided\* (?)**

West Law Subscription

**Term for Off-Cycle Only\***

2/1/2021 - 1/31/2022

**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 <input type="text" value="N/A"/> |

**Contract NTE\* (?)**

5,382.12

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1119

**G/L Code(s)\***

574000

**Current Fiscal Year Purchase Order Number\***

CT140834

**Contract Requestor\***

Silvia Tiller

**Contract Owner\***

Silvia Tiller

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.*
1119	\$ 5,382.12	574000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Fiscal Year*(?)	Amount*(?)
2022	\$ 5,382.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

### 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

Silvia Tiller

Budget Manager Approval(s) 

Approved by

*Ricardo Campbell*

Contract Owner Approval 

Approved by

*Silvia Tiller*

Contracts Approval

Approve \*

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

Approved by \*

*Shasthya Behu*

Approval Date \*

10/12/2021

Current Fiscal Year Contract Information **Current Fiscal Year**

2022

**Contract ID#\***

6678

**Contractor Name\***

Crothall Facilities Management, Inc.

**Service Provided\* (?)**

Medical equipment maintenance and support services for NPC.

**Term for Off-Cycle Only\***

1/1/2021 - 12/31/2021

**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 <b>Service Agreement</b> |

**Contract NTE\* (?)**

\$3,080.00

**Rate(s)/Rate(s) Description**

Annual Contract Price \$1,547.02. Labor and Parts rate(s) may vary.

**Unit(s) Served\***

9206, 9209

**G/L Code(s)\***

553000

**Current Fiscal Year Purchase Order Number\***

CT141567

**Contract Requestor\***

Patricia Singh

**Contract Owner\***

Kim Kornmayer

**File Upload (?)**Evaluation of Current Fiscal Year Performance 

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

Yes  No

Were Services delivered as specified in the contract?\*

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.*
9206	\$ 1,540.00	553000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,540.00	553000

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,080.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

**Contract Funding Source\***

General Revenue (GR)

**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

Kim Kornmayer

**Budget Manager Approval(s)**

Approved by

*Jodel Ostman*

**Contract Owner Approval**

Approved by

*KIM KORNMAYER*

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Shaskyia Behn*

**Approval Date\***  
10/19/2021

# EXHIBIT F-18

**November 2021**  
**AMENDMENTS UNDER 50k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$50,000

FY21/22 AMENDMENTS		*CROSS FISCAL YEAR AMENDMENTS			*MULTI-YEAR AMENDMENTS					
CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
<b>ADMINISTRATION</b>										
1	Adventure Playground Systems, Inc.	No	Play area for the Child and Adolescent Services at 6032 Airline	\$47,839.53	\$0.00	\$47,839.53	12/17/20- 08/31/22	The Harris Center Foundation	RFQuote	This Amendment is to extend the contract term from 12/31/21 to 08/31/22 and as result of issues obtaining the permit. Installation has not started; no change in funding.
2	Parata Systems, LLC	No	License, Maintenance & Support Services Northeast Clinic	\$10,000.00	\$500.00	\$10,500.00	09/01/21- 08/31/22	State Funds	Competitive Bid	This Amendment is for the rate increase.
3	Parata Systems, LLC	No	License, Maintenance & Support Services Southwest Clinic	\$10,000.00	\$1,220.00	\$11,220.00	09/01/20- 08/31/22	State Funds	Competitive Bid	This Amendment is for the rate increase.
4	Pingboard, Inc.	No	Real-time Organizational Charting and Planning Software Tool selected by the Executive Group	\$18,051.60	\$840.00	\$18,891.60	09/01/21- 08/31/22	GR	RFQuote	This Amendment is to increase Users licenses for FY22.
5	Ricoh USA, Inc.	No	Agency-Wide Copiers	\$1,748.70	\$475.80	\$2,224.50	09/01/21- 08/31/22	GR	Tag-On to DIR-TSO 3041	This Amendment is for FY2022 estimated lease amount for unit(s): 1173 and 1975.
<b>CPEP</b>										
<b>CRISIS SERVICES</b>										
<b>FORENSICS</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>										
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>										
<b>INTERLOCALS</b>										
<b>LEASES</b>										
<b>MENTAL HEALTH SERVICES</b>										
<b>PROGRAM MANAGEMENT</b>										



## Contract Section

**Contractor\***

Adventure Playground Systems, Inc.

**Contract ID #\***

2020-0035

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Adventure Playground Systems, 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 <input type="text"/> |

**Funding Information\***

- New Contract
- Amendment

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

12/17/2020

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

8/31/2022

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

**Current Contract Amount\***

\$ 47,839.53

**Increase Not to Exceed\***

\$ 0.00

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

\$ 47,839.53

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 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 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\* (?)

need to extend contract expiration date to 8/31/2022, currently expires 12/31/2021

need to extend due to issues obtaining permit and the installation has not started, no additional money needs to be added

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Please provide an explanation\*

does not meet criteria

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Adventure Playground Systems, Inc./ Candace Buenger

Address\*

Street Address

10845 Church Lane

Address Line 2

City

Houston

Postal / Zip Code

77043-4007

State / Province / Region

TX

Country

US

Phone Number\*

7139359684

Email \*

candace@adventureplaysystems.com

### Budget Section

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1849	\$ 0.00	557001
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

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

no pricing change, extending the date contract expires

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

n/a

Requester Name

HARPER, SARAH A

Submission Date

10/28/2021

### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

10/28/2021

### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

10/28/2021

### Contracts Approval

Approve \*

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

Approved by\*

*Shasthya Bahu*

Approval Date\*

10/28/2021

## Contract Section

**Contractor\***

Parata Systems Inc

**Contract ID #\***

7123

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Parata Systems Inc and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2021

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

8/31/2022

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

**Current Contract Amount\***

\$ 10,000.00

**Increase Not to Exceed\***

\$ 500.00

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

\$ 10,500.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 10,500.00

Funding Source\*

State

Contract Description / Type\* (?)

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

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

Rate Increase

Contract Owner\*

Angela Babin

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2020 to 8/31/2021

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

FW Parata-Update 10.7.2021.msg

107KB

Vendor/Contractor Contact Person

Name\*

Kelly Monan

Address\*

Street Address

2600 Meridian Parkway

Address Line 2

City

Durham

Postal / Zip Code

27713-2203

State / Province / Region

NC

Country

US

Phone Number\*

919.433.4737

Email\*

DSomerville@parata.com

## Budget Section



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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 500.00	553002
<b>Budget Manager</b> CAMPBELL, RICARDO		<b>Secondary Budget Manager</b> BROWN, ERICA S.

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

N/A

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

N/A

<b>Requester Name</b> BABIN, ANGELA W	<b>Submission Date</b> 10/7/2021
--	-------------------------------------

## Budget Manager Approval(s)



Approved by

Approval Date

10/7/2021

## Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

## Contract Owner Approval



Approved by

Approval Date

10/7/2021

## Contracts Approval

Approve\*

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

Approved by\*

Approval Date\*

10/8/2021



## Contract Section

**Contractor\***

Parata Systems LLC

**Contract ID #\***

5185

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Parata Systems LLC and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input 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 <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 (?)

**Current Contract Amount\***

\$ 10,000.00

**Increase Not to Exceed\***

\$ 1,220.00

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

\$ 11,220.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 11,220.00

Funding Source\*

State

Contract Description / Type\* (?)

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

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

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

Rate Increase

Contract Owner\*

Angela Babin

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2020 to 8/31/2021

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

PARATA-MTN0000095994.msg

443.5KB

FW Parata-Update 10.7.2021.msg

107KB

Vendor/Contractor Contact Person



Name\*

Kelly Monan

Address\*

Street Address

2600 Meridian Parkway

Address Line 2

City

Durham

State / Province / Region

NC

Postal / Zip Code

27713-2203

Country

US

Phone Number\*

919.433.4737

Email \*

DSomerville@parata.com

### Budget Section

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 1,220.00	553002
<b>Budget Manager</b> CAMPBELL, RICARDO		<b>Secondary Budget Manager</b> BROWN, ERICA S.

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

N/A

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

N/A

Requester Name

BABIN, ANGELA W

Submission Date

10/7/2021

### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

10/7/2021

### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by

*Angela Babin*

Approval Date

10/7/2021

### Contracts Approval

Approve \*

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

Approved by\*

*Shaskeyia Belu*

Approval Date\*

10/8/2021

## Contract Section



**Contractor\***

PINGBOARD INC.

**Contract ID #\***

7323

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

10/14/2021

**Parties\* (?)**

THE HARRIS CENTER  
PINGBOARD

**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 **CONTRACT AMENDMENT**

**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 (?)

**Current Contract Amount\***

\$ 18,051.60

**Increase Not to Exceed\***

\$ 840.00

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

\$ 18,891.60

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 18,891.60

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

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

INCREASE IN USERS FOR FY22

Contract Owner\*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

PINGBOARD, INC.

Address\*

Street Address

608 West Monroe Street

Address Line 2

SUITE A

City

Austin

Postal / Zip Code

78704

State / Province / Region

TX

Country

US

Phone Number\*

877-733-5157

Email\*

BILLING@PINGBOARD.COM

## Budget Section



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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 840.00	553002
<b>Budget Manager</b> BROWN, ERICA S.		<b>Secondary Budget Manager</b> CAMPBELL, RICARDO

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

N/A

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

N/A

<b>Requester Name</b> TURCIOS, LIVIA E	<b>Submission Date</b> 10/14/2021
---	--------------------------------------

## Budget Manager Approval(s)



Approved by

*Erica Brown*

Approval Date

10/14/2021

## Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

## Contract Owner Approval



Approved by

*Lesleigh Robertson*

Approval Date

10/15/2021

## Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

10/18/2021



## Contract Section

**Contractor\***

Ricoh USA, Inc

**Contract ID #\***

5808

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Contract:

Between RICOH and The Harris Center for Mental Health and IDD  
Tag-On to State DIR Contract No. DIR-TSO-3041

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2021

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

8/31/2022

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

This is a tag-on to DIR-TSO-3041

**Current Contract Amount\***

\$ 1,748.70

**Increase Not to Exceed\***

\$ 475.80

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

\$ 2,224.50

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 2,224.50

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

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

To amend FY 2022 estimated lease amount for unit(s): 1173 and 1975.  
See attached spreadsheet.

**Contract Owner\***

Nina Cook

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

Yes  No  Unknown

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

This is an existing contract. Same services provided.  
FY 2021 PO: CT140539  
FY 2022 PO: CT141318

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

Yes  No  Unknown

**Please provide an explanation\***

Vendor selected via State DIR Program

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Ricoh Agency wide copiers FY22 Amendment 1.xlsx 11.95KB

**Vendor/Contractor Contact Person**



**Name\***

Nina Cook

**Address \***

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

United States

**Phone Number \***

713-970-7287

**Email \***

nina.cook@TheHarrisCenter.org

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 475.80	552002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

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

Adjust rates for two (2) units: 1173 and 1975

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

N/A

**Requester Name**

COOK, NINA M

**Submission Date**

10/4/2021

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

10/4/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Nina Cook*

Approval Date

10/13/2021

## Contracts Approval

Approve \*

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

Approved by \*

*Shaskya Behu*

Approval Date \*

10/13/2021

## Contract Section ^

**Contractor\***  
INSTAMED COMMUNICATIONS, LLC

**Contract ID #\***  
2021-0067

**Presented To\***  
 Resource Committee  
 Full Board

**Date Presented\***  
11/9/2021

**Parties\* (?)**  
Instamed 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\* (?)**  
9/1/2021

**Contract Term End Date\* (?)**  
8/31/2022

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

**Current Contract Amount\***  
\$ 25,820.20

**Increase Not to Exceed\***  
\$ 7,180.00

**Revised Total Not to Exceed (NTE)\***  
\$ 33,000.20

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 7,180.00

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\* (?)

Adding Credit Card Machines at clinic business offices

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY2022 - Credit Card Services

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

Yes  No  Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Harris Center Device Order Form FY2022.pdf

731.22KB

Vendor/Contractor Contact Person

Name\*

Calvin Smith

Address\*

Street Address

1880 John F Kennedy Boulevard

Address Line 2

Floor 12

City

Philadelphia

Postal / Zip Code

19103

State / Province / Region

PA

Country

US

Phone Number\*

2153600816

Email\*

calvin.smith@instamed.com

### Budget Section

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 6,180.00	900010

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1158	\$ 1,000.00	900020

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

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

see above

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

EHR21\_1158\_02

Requester Name	Submission Date
HURST, RICHARD B	10/12/2021

### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

10/14/2021

### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

### Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

10/14/2021

### Contracts Approval

**Approve\***

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

**Approved by\***

*Shashyia Behm*

**Approval Date\***

10/14/2021

# EXHIBIT F-19

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

CONTRACTORS		HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY22 CONTRACTS</b>							
<b>AFFILIATION AGREEMENTS</b>							
1	Stephen F. Austin State University	No	Clinical Field Placements in the School of Social Work	New	11/01/21- 10/31/26	GR	This Agreement will allow students enrolled in Stephen F. Austin State University's School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.
2	University of Houston-College of Medicine	No	Affiliation, Student Chart Audit Anasazi/Epic Access	New	11/01/21- 08/31/22	State Funds	This Agreement will allow one to two University of Houston Master of Science students access to Anasazi or Epic EMR to perform a manual chart audit of The Harris Center patients, to isolate the number of patients seen with Hypertension, Diabetes, Hypothyroidism, and to review outcome measures as part of student practicum.
3	University of Houston-College of Medicine	No	Medical Students Clinical Training	New	11/01/21- 08/31/22	State Funds	This Agreement will allow UH medical students to train with clinical staff in an integrated care setting, and allow students to practice their clinical skills to meet training requirements.
<b>DAY LEASES</b>							
<b>GRANTS</b>							
<b>MOA</b>							
<b>MOU</b>							
4	Career and Recovery Resources, Inc.	No	Supportive Services, Case Management and Mentorship	New	10/13/21- 08/31/22	GR	To mutually promote the stability and success of program participants through provision of supportive services. Also to ensure program participants receive resources and supportive case management and mentorship through the provision of wrap around services.
5	El Dorado Texas Community Services Center	No	Mental Health Services	New	11/01/21- 08/31/22	State Funds	Coordinating mental health services for eligible persons with substance related disorders.





## Executive Contract Summary

### Contract Section

**Contractor\***

Stephen F. Austin State University

**Contract ID #\***

2021-0247

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Stephen F. Austin State University's School of Social Work

**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\* (?)**

11/1/2021

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

10/31/2026

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

This agreement will allow students enrolled in Stephen F. Austin State University's School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Lesleigh Robertson

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide an explanation\***

School is not a HBCU

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Stephen F. Austin State University

**Supporting Documentation Upload (?)**

SWK 5339.docx	36.86KB
Affiliation-Agreement (8).pdf	86.05KB

**Vendor/Contractor Contact Person**

**Name\***

Linda Harris

**Address\***

Street Address

420 East Starr Avenue

Address Line 2

P.O. Box 6104, SFA Station

City

Nacogdoches

Postal / Zip Code

75961

State / Province / Region

TX

Country

US

**Phone Number\***

(936) 468-5105

Email \*

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

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

N/A

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

N/A

<b>Requester Name</b> ROBERTSON, VALERIE R	<b>Submission Date</b> 10/15/2021
---	--------------------------------------

Budget Manager Approval(s)

Approved by

*Erica Brown*

**Approval Date**  
10/15/2021

Procurement Approval

File Upload (?)

Approved by

Sign

**Approval Date**

Contract Owner Approval

Approved by

*Lesleigh Robertson*

**Approval Date**  
10/15/2021

Contracts Approval

Approve \*

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

Approved by\*

*Shakeya Belu*

Approval Date\*

10/15/2021



## Executive Contract Summary

### Contract Section



#### Contractor\*

University of Houston - College of Medicine (Affiliation, Student Chart Audit Anasazi/Epic)

#### Contract ID #\*

2021-0255

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

The Harris Center and University of Houston College of Medicine - Student Audits

#### 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 Affiliation Agreement

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

11/1/2021

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

8/31/2022

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

State

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

- 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\* (?)**

Affiliation agreement which allows one to two University of Houston Master of Science students access to Anasazi or Epic EMR to perform a manual chart audit of The Harris Center patients, to isolate the number of patients seen with hypertension, diabetes, hypothyroidism, and to review outcome measures as part of student practicum.

**Contract Owner\***

Mike Downey

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

- Yes  No  Unknown

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

09-01-2019 to 08-31-2020

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name\***

PaulAnne Lewis, Associate VP of Business Operations

**Address\***

Street Address

4849 Calhoun Road

Address Line 2

UH College of Medicine Health 2 Building

City

Houston

State / Province / Region

TX

Postal / Zip Code

77004

Country

US

**Phone Number\***

713-743-9565

**Email\***

plewis@Central.UH.EDU

**Budget Section** 

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 0.00	000000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
SHELBY, DEBBIE C	LOERA, ANGELICA D

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

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

<b>Requester Name</b>	<b>Submission Date</b>
SHELBY, DEBBIE C	10/21/2021

#### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

10/21/2021

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Michael Donney*

Approval Date

10/21/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shasteyia Behu*

Approval Date\*

10/26/2021



## Executive Contract Summary

### Contract Section



#### Contractor\*

University of Houston College of Medicine (Student Shadowing)

#### Contract ID #\*

2021-0256

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

The Harris Center and University of Houston College of Medicine - Shadowing

#### 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\* (?)

11/1/2021

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

8/31/2022

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

State

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

- 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\* (?)**

Affiliation Agreement to allow UH medical students to train with clinical staff in an integrated care setting. And to allow students to practice their clinical skills to meet training requirements.

**Contract Owner\***

Mike Downey

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

Yes  No  Unknown

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

09-01-2020 to 08-31-2021

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

PaulAnne Lewis, Associate VP of Business Operations

**Address\***

Street Address

4849 Calhoun Road

Address Line 2

University of Houston - College of Medicine Health 2 Building

City

Houston

State / Province / Region

TX

Postal / Zip Code

77004

Country

US

**Phone Number\***

713-743-9565

**Email\***

plewis@Central.UH.EDU

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 0.00	000000

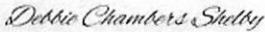
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
SHELBY, DEBBIE C	LOERA, ANGELICA D

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

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

<b>Requester Name</b>	<b>Submission Date</b>
SHELBY, DEBBIE C	10/21/2021

#### Budget Manager Approval(s)

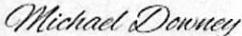
<b>Approved by</b>	<b>Approval Date</b>
	10/21/2021

#### Procurement Approval

File Upload (?)

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

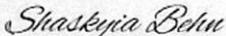
#### Contract Owner Approval

<b>Approved by</b>	<b>Approval Date</b>
	10/21/2021

#### Contracts Approval

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	10/26/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Career and Recovery Resources, Inc.

#### Contract ID #\*

2021-0246

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

Career and Recovery Resources, Inc. & The Harris Center for Mental Health and IDD

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

10/13/2021

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

8/31/2022

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

General Revenue (GR)

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

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

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

To mutually promote the stability and success of program participants through provision of supportive services. Also to ensure program participants receive resources and supportive case management and mentorship through the provision of wrap around services.

Director: Omar Sesay

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Career and Recovery Resources

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Nkechi (Nikki) Agwuenu, JD, MBA, PHR

**Address\***

Street Address

2525a San Jacinto Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-2219

Country

United States

**Phone Number\***

713-754-7083

**Email\***

Nkechi.Agwuenu@Careerandrecovery.org

**Budget Section**

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

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

<b>Budget Manager</b> OSHMAN, JODEL	<b>Secondary Budget Manager</b> KORNMAYER, KIMBERLY A
--	--

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

NA

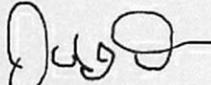
Project WBS (Work Breakdown Structure)\* (?)

NA

<b>Requester Name</b> SINGH, PATRICIA R.	<b>Submission Date</b> 10/13/2021
---	--------------------------------------

#### Budget Manager Approval(s)

Approved by



Approval Date

10/13/2021

#### Procurement Approval

File Upload (?)

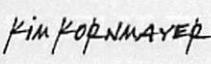
Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by



Approval Date

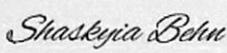
10/13/2021

#### Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

10/13/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

El Dorado Texas Community Services Center

#### Contract ID #\*

2021-0252

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

The Harris Center for Mental Health and IDD and El Dorado Texas Community Services 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\* (?)

11/1/2021

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

8/31/2022

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

#### Fiscal Year\* (?)

2022

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

State

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

- 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\* (?)**

Coordinating mental health services to eligible persons with substance related disorders.

**Contract Owner\***

Mike Downey

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

- Yes
- No
- Unknown

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

09-01-2020 to 08-31-2021

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

MOU The Harris Center.doc

39.5KB

**Vendor/Contractor Contact Person**

**Name\***

Rhonda Patrick

**Address\***

Street Address

1213 Durham Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008-5409

Country

US

**Phone Number\***

713-636-9138 | 713-397-9098

**Email\***

rhonda@rgpatrick.com

**Budget Section**

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

<b>Budget Unit Number*</b> 2802	<b>Amount Charged to Unit*</b> \$ 0.00	<b>Expense/GL Code No.*</b> 000000
<b>Budget Manager</b> SHELBY, DEBBIE C	<b>Secondary Budget Manager</b> LOERA, ANGELICA D	

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

0.00

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

0.00

<b>Requester Name</b> SHELBY, DEBBIE C	<b>Submission Date</b> 10/21/2021
---	--------------------------------------

### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

**Approval Date**  
10/21/2021

### Procurement Approval

File Upload (?)

Approved by

Sign

**Approval Date**

### Contract Owner Approval

Approved by

*Michael Downey*

**Approval Date**  
10/21/2021

### Contracts Approval

Approve\*

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

Approved by\*

*Shaskeyia Behn*

**Approval Date\***  
10/21/2021



## Executive Contract Summary

### Contract Section

**Contractor\***

the Montrose Center

**Contract ID #\***

2021-0249

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

The Harris Center for Mental Health and IDD and the Montrose 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\* (?)**

11/1/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 0.00

**Funding Source\***

County

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

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

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

Collaboration with the Montrose Center to refer Harris Center Youth needing LGBTQ services. A referral form and consents will be completed by the Harris Center staff and emailed to the Montrose Center. The consents should be the Harris Center consents. The documents will be emailed to the Montrose Center. Meetings to discuss any concerns can be arranged by both parties as needed.

**Contract Owner\***

Mike Downey

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Ann J. Robison, PhD, Executive Director

**Address\***

Street Address

401 Branard Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77006-5015

Country

US

**Phone Number\***

713-800-0900

**Email\***

info@montrosecenter.org

**Budget Section**

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

<b>Budget Unit Number*</b> 4323	<b>Amount Charged to Unit*</b> \$ 0.00	<b>Expense/GL Code No.*</b> 000000
<b>Budget Manager</b> SHELBY, DEBBIE C	<b>Secondary Budget Manager</b> LOERA, ANGELICA D	

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

0.00

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

0.00

<b>Requester Name</b> SHELBY, DEBBIE C	<b>Submission Date</b> 10/20/2021
---	--------------------------------------

### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

**Approval Date**  
10/20/2021

### Procurement Approval

File Upload (?)

Approved by

Sign

**Approval Date**

### Contract Owner Approval

Approved by

*Michael Downey*

**Approval Date**  
10/21/2021

### Contracts Approval

Approve\*

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

Approved by\*

*Shakeya Behn*

**Approval Date\***  
10/21/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Vita Living, Inc.

#### Contract ID #\*

2021-0254

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

Vita Living Inc. and the Hillcroft Empowerment 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 checked="" 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\* (?)

11/1/2021

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

8/31/2022

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

NA

#### Fiscal Year\* (?)

2022

#### Funding Source\*

State

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

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

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

A consumer from this HCS provider desires to receive Day Habilitation and Employment Services from the Hillcroft Empowerment Center.

**Contract Owner\***

Robert Stakem

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.87KB

**Vendor/Contractor Contact Person**

**Name\***

Donnette Armstead

**Address\***

Street Address

3300 S. Gessner Road Suite 150

Address Line 2

Apt 208

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77063

Country

United States

**Phone Number\***

713.292.1820 Fax # 713.952.3241

**Email\***

darmstead@vitaliving.org

**Budget Section**

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

Budget Unit Number\*

3585

Amount Charged to Unit\*

\$ 0.00

Expense/GL Code No.\*

000

Budget Manager

ADAMS-AUSTIN, MAMIE L

Secondary Budget Manager

STAKEM, ROBERT P

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

see upload

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

na

Requester Name

WILLS, THOMAS

Submission Date

10/21/2021

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Approval Date

10/21/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Res*

Approval Date

10/21/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behm*

Approval Date\*

10/21/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Volunteers of America Texas

#### Contract ID #\*

2021-0248

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

11/9/2021

#### Parties\* (?)

The Harris Center for Mental Health and IDD and Volunteers of America Texas

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

11/29/2021

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

8/31/2022

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

#### Fiscal Year\* (?)

2022

#### Funding Source\*

State

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

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

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

The purpose is for day habilitation and socialization skills training to be providing by the Coffeehouse program.

**Contract Owner\***

Robert Stakem

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

Yes  No  Unknown

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

09/01/20 - 08/31/21 Day Hab

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Volunteers of America Texas

**Supporting Documentation Upload (?)**

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.37KB

**Vendor/Contractor Contact Person**

**Name\***

Angela King, CEO

**Address\***

Street Address

4808 Yale St.

Address Line 2

City

Houston

Postal / Zip Code

77018

State / Province / Region

Texas

Country

USA

**Phone Number\***

713-460-0781 or 832-304-5231

**Email\***

aking@voatx.org

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3638	\$ 0.00	N/A
<b>Budget Manager</b> ADAMS-AUSTIN, MAMIE L		<b>Secondary Budget Manager</b> STAKEM, ROBERT P

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

See attachment/supporting documentation

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

N/A

Requester Name	Submission Date
CHILDS, MARGO S	10/13/2021

#### Budget Manager Approval(s) ^

Approved by

*Mamie Adams-Austin*

Approval Date  
10/15/2021

#### Procurement Approval ^

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval ^

Approved by

*Robert Stakem*

Approval Date  
10/20/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behn*

Approval Date\*  
10/21/2021

# EXHIBIT F-20

# Integrated Health Services

HRSA Review – Look-Alike-Program

Presented by: Stanley Williams, Ph.D., LPC, Director of Integrated Care

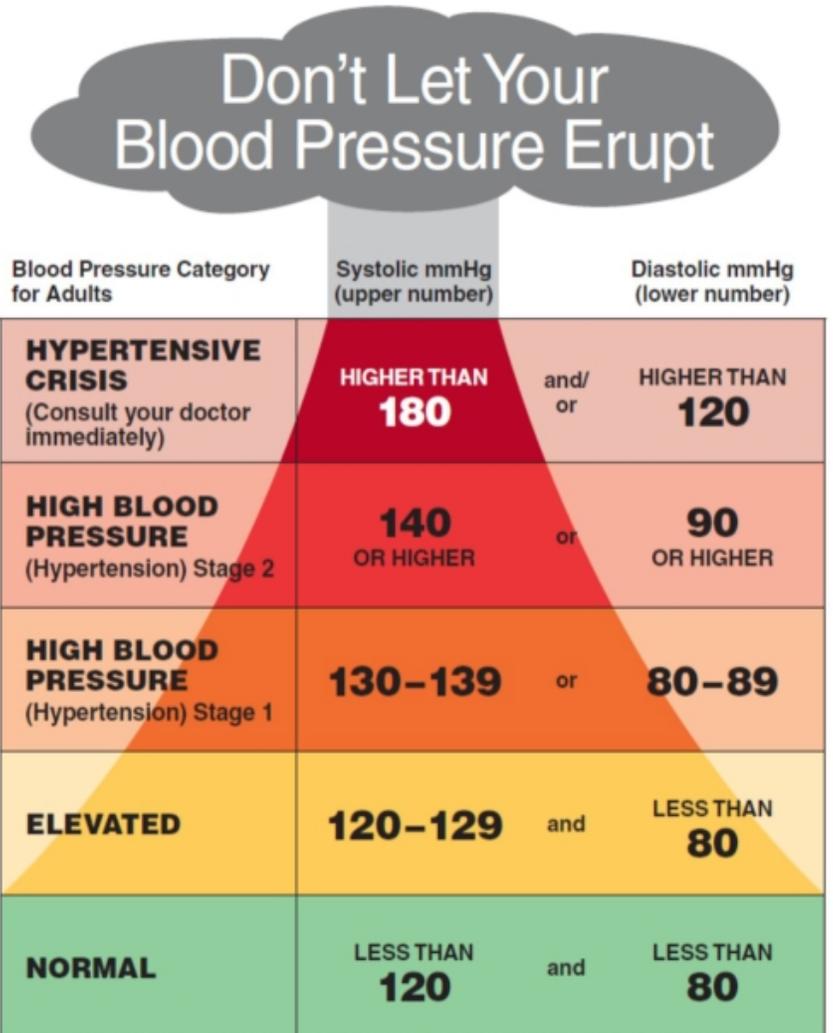
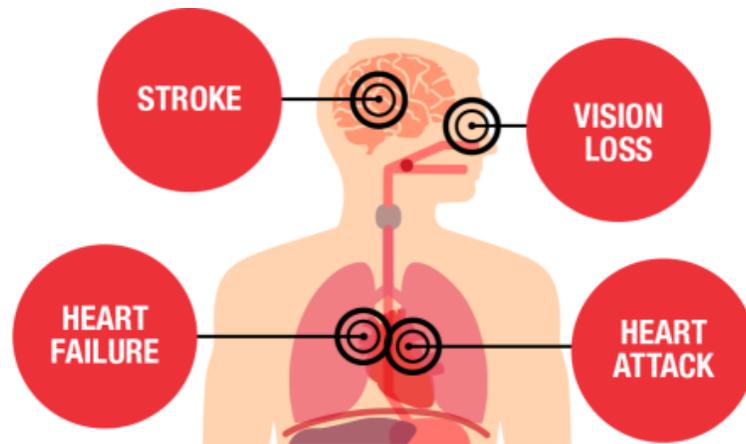
# The Current Need for Integrated Health Services

- Research:
  - Excess mortality in persons with severe mental disorders (SMD) is a major public health challenge that warrants action.
  - Persons with SMD (i.e., schizophrenia and other psychotic disorders, bipolar affective disorder, and moderate-to-severe depression) **die about 10 to 20 years earlier than the general population**, mostly from preventable physical diseases (Colton & Mandersheid, 2006; Laursen, 2011).
- **The physical health of people with SMD is commonly ignored not only by themselves and people around them but also by health systems.**
  - Resulting physical health disparities that lead to premature mortality have been rightfully stated to be contravening international conventions for the 'right to health' and has been considered a 'scandal.' (Thorncroft, 2011).

# Health Snapshot of Current Harris Center Clients

- **Over 11,000** clients have a blood pressure range between elevated to hypertensive crisis
- **Over 12,000** clients are either overweight or obese

\*Out of 19,303 who were administered vitals examination



2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *J Am Coll Cardiol* 2017;Nov 13.

**Source:** American Heart Association <https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure>

# Alignment to Strategic Plan Goals and Objectives

- Integration
  - Objective 1: Increase the number of patients receiving Primary Care at The Harris Center
    - Fully implement the Certified Community Behavioral Health Center grant, hiring the additional primary care providers
    - Develop and implement billing for services to increase funds available for growth
  - Objective 3: Average monthly third-party prescriptions filled
    - Educate all Harris Center Staff, prescribers, clients on the value of getting patient RX's filled at The Harris Center Pharmacies Encourage - "One Stop Shopping"
    - Monitor Patient Satisfaction Survey suggestions and continuously improve our services to maintain quality

# National Council for Mental Well-Being's Position

## Target Organizations – for FQHC Look-a-like Integration

- Community Mental Health Centers (CMHC) focused on primary care integration and models for long-term sustainability and access
- Certified Community Behavioral Health Clinics (CCBHC) focused on expanding integrated care access, enhancing care coordination and securing sustainability
- Federally Qualified Health Centers (FQHC) focused on whole person care, on behavioral health integration and long-term models for sustainability and access



NATIONAL  
COUNCIL  
for Mental  
Wellbeing

# What is a Federally Qualified Health Center (FQHC)?

## Four key components

1. Located in areas of high need
  - Designated as medically underserved area or populations by the federal government
2. Comprehensive set of services
  - Based on community needs, health centers offer medical, dental, vision, behavioral health and enabling services
3. Open to everyone
  - Regardless of insurance status or ability to pay, centers will offer sliding fee scale options for low-income patients
4. Patient-majority governing boards
  - At least 51% of the governing board must consist of patients (Yearly Health Screen Registration)



# Benefits of Becoming a Federally Qualified Health Center



## Harris Center Benefits

- Population health management
- Improved whole-person care
- Billing & financing (PPS – Prospective Payment System – Cost Reporting)
- Competitive edge for CCBHCs
- Increased patient access
- Staff and provider wellness



## Patient Benefits

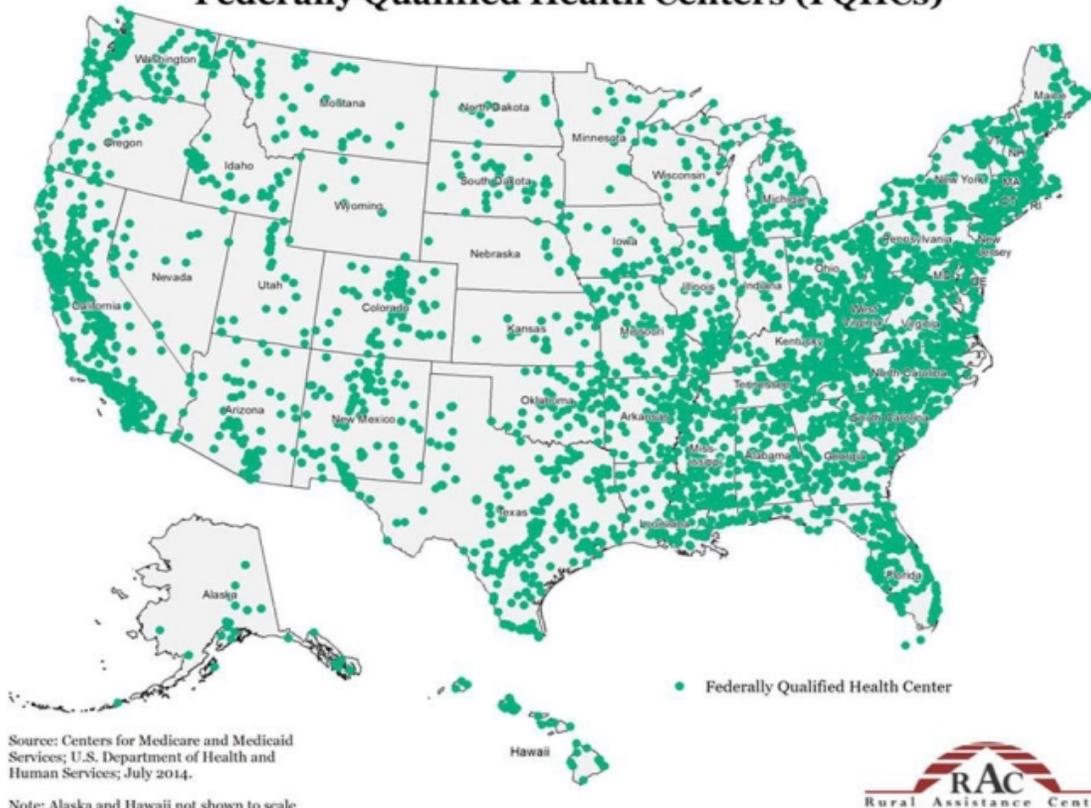
- Quality services regardless of patient's ability to pay
  - Offers sliding fee scales
- Provides comprehensive, preventative and primary integrative behavioral health, substance abuse and medical care service

# Benefits of Becoming a Federally Qualified Health Center

Benefits	Health Center Grantees	FQHC Look-Alikes
Grant funding	✓	✗
Eligible for Medicaid Prospective Payment System (PPS)	✓	✓
Eligible for Medicare cost-based reimbursement	✓	✓
Access to 340B drug pricing	✓	✓
Eligible for Federal Tort Claims Act medical malpractice insurance	✓	✗
Automatic Health Professional Shortage Area (HPSA) Designation	✓	✓
Vaccines for Children	✓	✓
Eligible for supplemental HRSA funding (PCMH, capital investments, HIT incentive payments)	✓	✗

# Federally Qualified Health Centers in the U.S.

Federally Qualified Health Centers (FQHCs)



## Who works at FQHCs & what services do they provide?

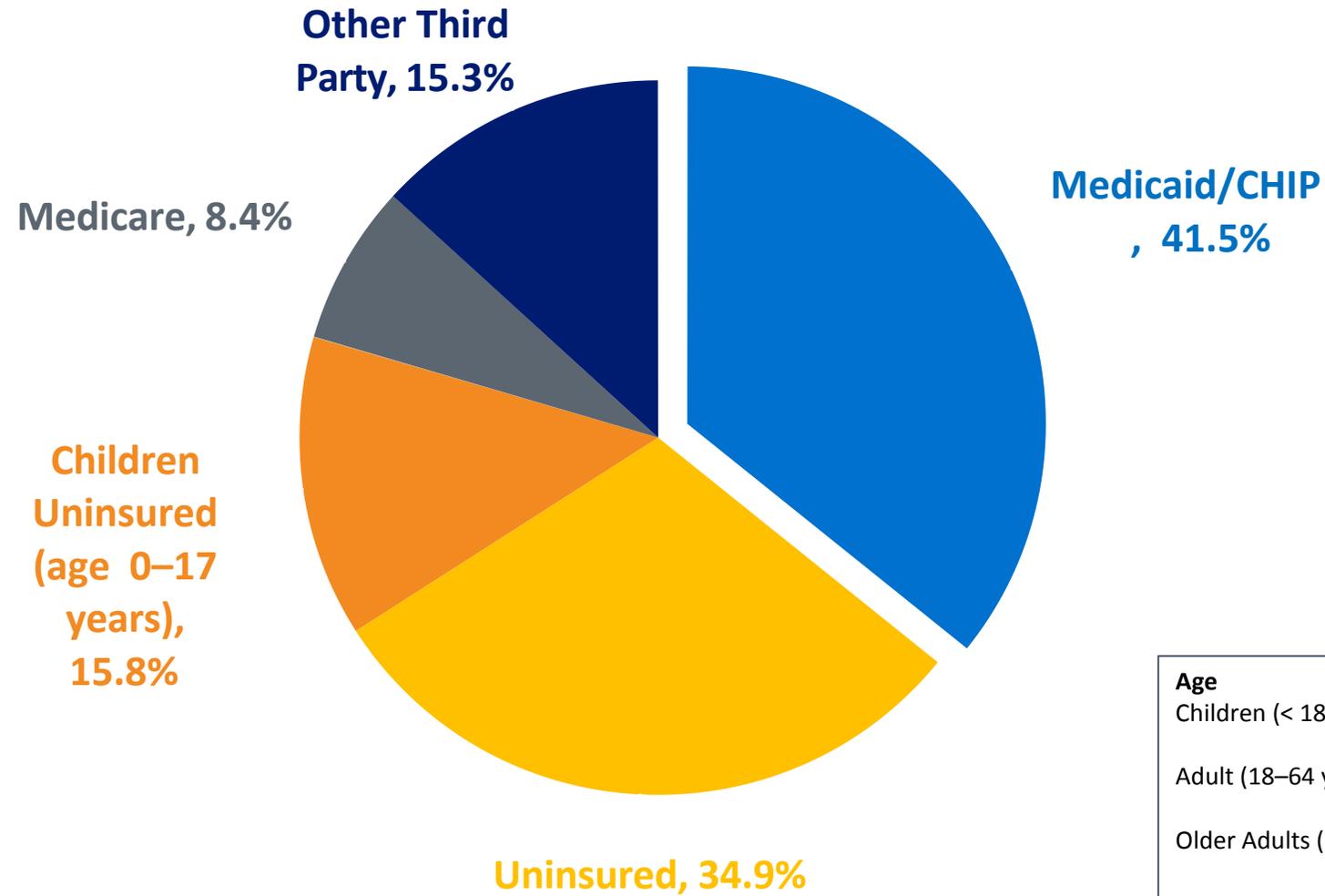
### Professional Services

General Primary Medical Care	99%
Prenatal and Perinatal Care	65%
Dental Care	76%
Mental Health and/or Substance Abuse Services	74%
Vision	19%
Pharmacy	39%

### Preventive Services

HIV Testing And Counseling	79%
Cervical Cancer Screening	98%
Breast Cancer Screening	66%
Health Supervision for Infants and Children	96%
Smoke and Tobacco Use Cessation Counseling	63%

# FQHC: Insurance Status of Patients



**Age**  
Children (< 18 years old) = 31.7%  
Adult (18–64 years) = 60.9%  
Older Adults (age 65 years and over) = 7.4%

**Income**  
92.8% of patients at or below 200% of FPL  
71.9% of patients at or below 100% of FPL

Source: <http://bphc.hrsa.gov/uds/datacenter.aspx?year=2013>

# Look-Alike Program Administration

- The FQHC Look-Alike Program is operated under an intra-agency agreement between HRSA and CMS
- The Health Resources and Services Administration (HRSA) is responsible for:
  - Assuring compliance with requirements under section 330 of the Public Health Service Act
  - Making a recommendation to the Centers for Medicare & Medicaid Services for designation as a Look-Alike
- The Centers for Medicare & Medicaid Services is responsible for:
  - Designating an organization as a Look-Alike
  - This designation makes the organization eligible to apply for Medicaid and Medicare reimbursement under the FQHC payment methodologies and to enroll in the 340B drug program.

# Eligibility

Eligibility Requirement	FQHC Grantees	FQHC Look-Alikes
Must be a private, charitable, tax-exempt <b>nonprofit</b> organization OR <b>public entity</b> (direct or co-applicant arrangement)	✓	✓
Must serve a <b>medically underserved area</b> (MUA) or <b>medically underserved population</b> (MUP) designated by DHHS	✓	✓
Must not be <b>owned, controlled or operated</b> by another entity	✗	✓
Must be <b>operational</b> and providing primary care services at the time of application submission	✗	✓

# Application Overview

The Initial Designation application must include evidence that the organization:

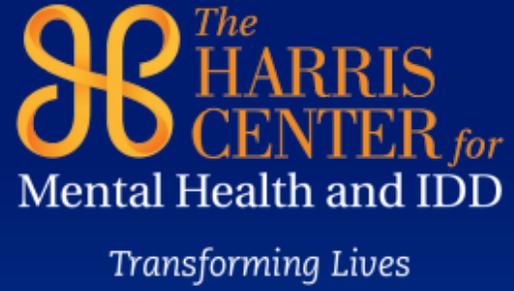
1. Serves populations in high-need areas
2. Will maintain or increase access to primary care health services, improve health outcomes, and reduce health disparities
3. Provides ready access to the full range of required primary, preventive, enabling and supplemental health care services to all persons in the target population
4. Has a collaborative and coordinated delivery system for the provision of integrated health care to the underserved
5. Has a sound and complete plan that is clearly responsive to identified health care needs of the target population
6. Has a reasonable and accurate budget
7. Is already operational and providing primary, preventive, enabling and supplemental services in the community

# Estimated Application Timeline

Responsible Entity	Step in Process	Number of Days
Applicant	Development and submission of application once the application process has been initiated in the EHB.	90
HRSA	Initial review of the application once received in EHB.	105
Applicant	Response to any follow-up information requested by HRSA.	30
HRSA	HRSA review of applicant response to requested follow-up information.	45
CMS	CMS review and approval process	30

- Estimated time from application submission to CMS approval for an application with no follow-up information requested by HRSA: **Up to 135 days**
- Estimated time from application submission to CMS approval for an application requiring follow-up information: **Up to 210 days**
- The **Health Resource and Services Administration (HRSA) Electronic Handbook (EHB)** is an end-to-end process which allows business processes such as grants management to be broken down into discrete role-based handbooks.

# Q & A



**Thank You**

# EXHIBIT F-21

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

**G**

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

**H**

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

**I**

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

**J**

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

**K****L**

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

**M**

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

**N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

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

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

**W**

**X**

**Y**