

**Full Board Meeting**

January 26, 2022

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, November 17, 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. Approve FY2022 Year-to-Date Budget Report – November and December  
(EXHIBIT F-2 Sean Kim)
- B. Quality Committee Report and/or Action  
(G. Santos, Chair)
- C. Program Committee Report and/or Action  
(B. Hellums, Chair)
- D. Audit Committee Report and/or Action  
(L. Morre, Chair)
- E. Governance Committee Report and/or Action  
(J. Lykes, Chair)

**VI. CONSENT AGENDA**

- A. Approve FY'22 Year-to-Date Budget Report-November and December  
(EXHIBIT F-3 Sean Kim)
- B. January 2022 New Contracts Over 50K  
(EXHIBIT F-4 Silvia Tiller)
- C. January 2022 Contract Amendments Over 50K  
(EXHIBIT F-5 Silvia Tiller)
- D. January 2022 Contract Ratifications  
(EXHIBIT F-6 Silvia Tiller)
- E. January 2022 Interlocal Agreements  
(EXHIBIT F-7 Silvia Tiller)
- F. Recommendation 426R-Nicholas Johnson representing Katy ISD  
(EXHIBIT F-8 Keena Pace)
- G. Recommendation 425R-Kim Torres-Family Member Advocate

*(EXHIBIT F-9 Keena Pace)*

- H. Membership Application for Pasadena Cottages, Inc. Board of Director Lynn Ganschinietz  
*(EXHIBIT F-10 Keena Pace)*
- I. Assurance of Individual Rights Policy  
*(EXHIBIT F-11 )*
- J. Burglaries or Thefts  
*(EXHIBIT F-12 )*
- K. Business Associate Policy  
*(EXHIBIT F-13 )*
- L. Court-Ordered Outpatient Mental Health Services  
*(EXHIBIT F-14 )*
- M. Emergency Medical Care for Consumers, Employees and Volunteers  
*(EXHIBIT F-15 )*
- N. Incident Reporting  
*(EXHIBIT-F16 )*
- O. Infection Control and Preventing Policy  
*(EXHIBIT F-17 )*
- P. Management of Legal Documents and Litigation  
*(EXHIBIT F-18 )*
- Q. Professional Review Committee  
*(EXHIBIT F-19 )*
- R. Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities  
*(EXHIBIT F-20 )*
- S. Reporting Automobile Accidents  
*(EXHIBIT F-21 )*
- T. Trauma Informed Practice  
*(EXHIBIT F-22 )*
- U. Utilization of Security Officer Services  
*(EXHIBIT F-23 )*
- V. Weapons  
*(EXHIBIT F-24 )*

**VII. CONSIDER AND TAKE ACTION**

- A. External Financial Audit Report  
*(EXHIBIT F-25 Whitley Penn)*
- B. Contract Award Recommendation for Professional Services FY2022  
*(EXHIBIT F-26 Sean Kim)*

**VIII. REVIEW AND COMMENT**

- A. UTHHealth John S. Dunn Center  
*(EXHIBIT F-27 Stephen M. Glazier, Chief Operating Officer-UTHHealth)*

B. Workforce Challenges and Strategies  
( Wayne Young)

**IX. BOARD CHAIR'S REPORT**

**X. EXECUTIVE SESSION**

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

**\* In accordance with §551.072 of the Texas Government Code, Discussion about the sale of real property located at 6603 Barbarella Court, Houston, TX 77088. Wayne Young, CEO and Silvia Tiller, Director of Contracts & Real Estate**

**\* In accordance with §551.072 of the Texas Government Code, Discussion about lease of real property located at 4400 Harrisburg Boulevard, Houston, TX 77011. Wayne Young, CEO, Keena Pace, COO, and Silvia Tiller, Director of Contracts and Real Estate.**

**\* In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Southeast Clinic located in Houston, TX-Wayne Young, CEO and 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 in Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**

**\* In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the proposed 2022 Slate of Officers.**

**XI. RECONVENE INTO OPEN SESSION**

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

**XIII. INFORMATION ONLY**

- A. January 2022 New Contracts Under 50K  
(EXHIBIT F-28)
- B. January 2022 Contract Renewals Under 50K  
(EXHIBIT F-29)
- C. January 2022 Contract Amendments Under 50K

(EXHIBIT F-30)

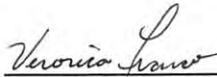
D. January 2022 Affiliation Agreements, Grants, MOU's and Revenues-  
Information Only

(EXHIBIT F-31)

E. Abbreviations List

(EXHIBIT F-32)

**XIV. ADJOURN**



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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:** November 17, 2021

**TRUSTEES  
IN ATTENDANCE:** Mr. Shaukat Zakaria, Chair  
Dr. George Santos, Vice Chairperson  
Dr. Lois Moore, Vice Chairperson  
Mr. Gerald Womack, Secretary  
Judge Bonnie Hellums  
Dr. Robin Gearing (via videoconference)  
Mr. Jim Lykes

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

**1. Declaration of Quorum**

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:33 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: SANTOS**

**SECOND: HELLUMS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Wednesday, November 17, 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- November
  - 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
6. **Consent Agenda**

- A. Approve FY'21 Year-to-Date Budget Report-November
- B. November 2021 New Contracts Over 50K
- C. November 2021 Contract Renewals Over 50K
- D. November 2021 Contract Amendments Over 50K
- E. November 2021 Interlocal Agreements
- F. Ordering Furniture Policy
- G. Facility Construction Renovation Repairs Maintenance
- H. Fleet Card Utilization Policy
- I. Personal Use of Company Owned Vehicle
- J. Linguistic Competence Services
- K. Revised Cultural Diversity Plan

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

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

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

## 7. **Review and Take Action**

## A. 2022 Proposed Board Calendar

**MOTION BY: WOMACK****SECOND: MOORE**

**With unanimous affirmative votes BE IT RESOLVED** 2022 Proposed Board Calendar, are approved.

## B. Contract Award Recommendation for Professional Services FY22-023

The Contract Award Recommendation for Professional Services FY22-23 was moved to an Executive Session item and no action was taken.

**8. Board Chair's Report-** Mr. Zakaria provided his Board Chair's report.

**9. Executive Session**

At 10:23 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 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
- Pursuant to Tex. Government Code §551.071, Consultation with Attorney regarding the Contract Award Recommendation for Professional Services FY22-23

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

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

At 12:42 pm, the Board of Trustees reconvened into open session.

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

The Board of Trustees unanimously agreed not approve the Contract Award Recommendations for Professional Services FY22-23 due to insufficient vendor responses across all specialties. The Board of Trustees directed the Harris Center staff to re-issue the solicitation to permit additional vendors to respond to the solicitation.

12. **ADJOURN**  
**MOTION: SANTOS                      SECOND: HELLUMS**  
**Motion passed with unanimous affirmative votes**  
The meeting was adjourned at 12:43 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*

DRAFT

# **EXHIBIT F-2**



## The Harris Center for Mental Health and IDD

Financial Report  
For the Fourth Month and Year to Date Ended December 31, 2021  
Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on January 18, 2022

## The Harris Center for Mental Health & IDD

January 18, 2022

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

The monthly financial report for December 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 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 Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,815	\$ 24,134	\$ (1,319)
Expenditures	23,946	26,862	2,916
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (1,131)</u>	<u>\$ (2,728)</u>	<u>\$ 1,597</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 3,387</u>	<u>\$ 1,670</u>	<u>\$ 1,717</u>

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

	Month Ended December 31, 2021				Four Months Ended December 31, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 5,023,395	\$ 4,998,957	\$ 24,438	0%	\$ 18,185,122	\$ 19,917,420	\$ (1,732,298)	-9%
PAP / Samples	677,968	1,025,902	(347,934)	-34%	3,090,430	4,103,587	(1,013,157)	-25%
Interest	4,741	4,166	575	14%	18,048	16,664	1,384	8%
State General	10,506,500	10,407,376	99,124	1%	41,560,266	41,477,916	82,350	0%
State Grants	1,603,314	1,189,481	413,833	c 35%	4,645,652	4,757,923	(112,271)	-2%
Federal Grants	3,115,278	3,195,474	(80,196)	d -3%	10,131,230	12,013,997	(1,882,767)	-16%
3rd party billings	1,883,810	3,312,428	(1,428,618)	e -43%	9,229,046	13,005,829	(3,776,783)	-29%
<b>Total Revenue</b>	<b>22,815,006</b>	<b>24,133,784</b>	<b>(1,318,778)</b>	<b>f -5%</b>	<b>86,859,794</b>	<b>95,293,336</b>	<b>(8,433,542)</b>	<b>-9%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	16,836,614	18,593,528	1,756,914	g 9%	69,029,120	72,597,876	3,568,756	5%
Travel	81,822	187,484	105,662	56%	270,521	751,990	481,469	64%
Contracts and Consultants	1,787,735	1,891,083	103,348	5%	7,013,019	7,486,810	473,791	6%
HCPC Contract	2,317,441	2,369,793	52,352	2%	9,312,113	9,479,172	167,059	2%
Supplies and Drugs	917,320	1,373,186	455,866	33%	4,538,866	5,530,824	991,958	18%
Equipment (Purch, Rent, Maint)	591,103	708,856	117,753	h 17%	2,003,796	2,751,073	747,277	27%
Building (Purch, Rent, Maint)	473,555	588,091	114,536	i 19%	1,597,981	2,384,265	786,284	33%
Vehicle (Purch, Rent, Maint)	50,291	48,104	(2,187)	-5%	200,058	183,025	(17,033)	-9%
Telephone and Utilities	296,610	246,109	(50,501)	-21%	999,902	1,002,597	2,695	0%
Insurance, Legal, Audit	168,520	205,300	36,780	18%	624,451	666,604	42,153	6%
Other	405,570	\$ 600,711	195,141	32%	1,880,847	\$ 2,459,425	578,578	24%
Claims Denials	19,541	\$ 50,037	30,496	61%	44,371	\$ 200,143	155,772	78%
<b>Total Expenses</b>	<b>23,946,122</b>	<b>26,862,282</b>	<b>2,916,160</b>	<b>j 11%</b>	<b>97,515,045</b>	<b>105,493,804</b>	<b>7,978,759</b>	<b>8%</b>
Excess of Revenues over (under) Expenditures before Other Sources	(1,131,116)	a (2,728,498)	1,597,382		(10,655,251)	(10,200,468)	(454,783)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	417,099	-	417,099		1,182,173	-	1,182,173	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,745	432,745	-		1,829,332	1,829,332	-	
Waiver 1115 Revenues	2,515,282	2,515,282	-		10,041,272	10,041,272	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 2,234,010	\$ 219,529	\$ 2,014,481		\$ 3,386,646	b \$ 1,670,136	\$ 1,716,510	

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

	Ending Balance		Increase/(Decrease)	
	November 30, 2021	December 31, 2021	December	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 121,779,506	\$ 130,814,770	\$ 9,035,264	a
Inventory - includes RX	285,636	278,046	(7,590)	b
Prepaid Expenses	11,146,678	10,930,286	(216,392)	c
A/R Medicaid, Medicare, 3rd Party	12,526,009	11,962,291	(563,718)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	18,298,405	18,486,567	188,162	d
A/R DSRIP	7,525,990	12,842,932	5,316,942	
Total Current Assets	<u>164,656,401</u>	<u>178,409,069</u>	<u>13,752,668</u>	
Land	6,432,036	6,432,036	-	
Building	25,773,792	25,773,792	-	
Building Improvements	21,621,995	21,621,995	-	
Furniture and Fixtures	7,585,244	7,585,244	-	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	16,838,696	17,255,795	417,099	
Total Property, Plant & Equipment	<u>79,821,531</u>	<u>80,238,630</u>	<u>417,099</u>	
<b>TOTAL ASSETS</b>	<u>\$ 244,477,932</u>	<u>\$ 258,647,699</u>	<u>\$ 14,169,767</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 21,370,904	\$ 39,710,697	\$ 18,339,793	e
Accrued Payroll and Accounts Payables	32,303,626	26,331,677	(5,971,949)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,674,530</u>	<u>66,042,374</u>	<u>12,367,844</u>	
State Escheatment Payable	39,418	40,076	658	
Total Non Current Liabilities	<u>39,418</u>	<u>40,076</u>	<u>658</u>	
<b>TOTAL LIABILITIES</b>	<u>53,713,948</u>	<u>66,082,450</u>	<u>12,368,502</u>	
General Fund Balance	18,298,765	18,306,355	7,590	g
Nonspendable				
Investment in Inventories	285,636	278,046	(7,590)	
Investment In Fixed Assets	79,821,531	80,238,630	417,099	
Assigned:				
Current Capital Projects	19,859,473	19,442,374	(417,099)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	62,277,425	61,844,680	(432,745)	i
COVID-19 eFMAP Reserve	486,658	486,658	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>189,611,348</u>	<u>189,178,603</u>	<u>(432,745)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,152,636	3,386,646	2,234,010	
<b>TOTAL FUND BALANCE</b>	<u>190,763,984</u>	<u>192,565,249</u>	<u>1,801,265</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 244,477,932</u>	<u>\$ 258,647,699</u>	<u>\$ 14,169,767</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of December 2021, the fourth month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$1,131,116.
  - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$3,386,646 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
  - c. State grants are favorable to budget by \$413,833 due to timing of ECI insurance collections.
  - d. Federal grants are unfavorable to budget by \$80,196 primarily due to unfilled positions associated with several new SAMHSA grants.
  - e. Third Party Billings are unfavorable to budget by \$1,428,618.
  - f. Total Revenue is unfavorable to budget by \$1,318,778.
  - g. Salaries and Fringe Benefits are favorable to budget by \$1,756,914 due to unfilled positions.
  - h. Equipment is favorable to budget by \$117,753 due to timing of expenses.
  - i. Building is favorable to budget by \$114,536 due to timing of expenses.
  - j. Total Expenses are favorable to budget by \$2,916,160.

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Statements  
For Month and Year to Date Ended December 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 decreased from the prior month because of operations.

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
Cash-General Fund Bank of America	\$ 2,371,009	\$ 2,370,391	\$ (618)
Cash-General Fund Chase	41,306,878	58,561,951	17,255,073
Cash-BOA ACH Vendor	408,292	273,191	(135,101)
Cash-FSA-Discovery	245,779	256,949	11,170
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,679	1,001,711	32
Investments-Texpool Self Insurance	2,289,157	2,289,229	72
Investments-Texpool Prime	37,721,165	29,623,659	(8,097,506)
Investments-Texas Class	36,429,847	36,431,989	2,142
	<u>\$ 121,779,506</u>	<u>\$ 130,814,770</u>	<u>\$ 9,035,264</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)
	11/30/2021	12/31/2021	December
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Used	(7,599)	(15,189)	(7,590)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 285,636</u>	<u>\$ 278,046</u>	<u>\$ (7,590)</u>

- c. Prepaid Expenses decreased due to amortization of prepaid insurance and other prepaid items.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in December.

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
Villas at Bayou Park	58,133	58,133	\$ -
Pear Grove	29,651	37,037	7,386
Pasadena Cottages	79,501	82,971	3,470
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	1,822,883	1,142,233	(680,650)
Harris County Projects	257,255	749,572	492,317
Harris County Juvenile Probation	317,931	607,803	289,872
Harris County Community Supervision	323,691	714,264	390,573
Harris County Sheriff's Department	4,197,593	2,662,851	(1,534,742)
ICFMR	172,269	251,034	78,765
ECI Administrative Claiming	(49,158)	82,365	131,523
TCOOMMI-Special Needs	571,377	737,921	166,544
TDCJ-Parole	82,000	102,500	20,500
TDCJ-Substance Abuse	67,851	84,518	16,667
TCOOMMI-Juvenile	190,796	206,023	15,227
Jail Diversion	1,956,715	2,655,162	698,447
ECI	919,752	1,380,491	460,739
ECI Respite	385	770	385
ECI SNAP	21,173	23,136	1,963
Federal Aot	55,450	167,338	111,888
PATH-Mental Health Block Grant	207,487	231,923	24,436
MH Block Grant-Coordinated Specialty Care	117,415	139,889	22,474
DSHS SAPT Block Grant	237,989	121,818	(116,171)
Enhanced Community Coordinator	70,545	95,903	25,358
Subtotal, A/R-Other	\$ 11,794,948	\$ 12,421,919	\$ 626,971

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
DSHS Mental Health First Aid	\$ 30,122	\$ 32,250	\$ 2,128
HHSC ZEST-Zero Suicide	111,529	64,228	(47,301)
HCC Open Door	1,933,256	360,818	(1,572,438)
HCS	22,416	22,416	-
Tx Home Living Waiver	317,526	309,737	(7,789)
Federal DSHS Disaster Assistance	703,588	794,699	91,111
DPP-BHS	2,371,314	3,161,752	790,438
Helpline Contracts	213,821	219,027	5,206
City of Houston-CCSI	75,805	75,805	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	25,182	35,547	10,365
A/R - HHSC Projects	688,567	978,038	289,471
Local TCDD C19 Vac Stipend	-	2,450	2,450
<b>Grand Total A/R - Other</b>	<b>\$ 18,298,405</b>	<b>\$ 18,486,567</b>	<b>\$ 188,162</b>

- e. Unearned Income increased due to receipt of the second quarter state DSHS allocation.
- f. Accrued Payroll and Accounts Payable decreased 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 144 days versus 132 days for the prior month.

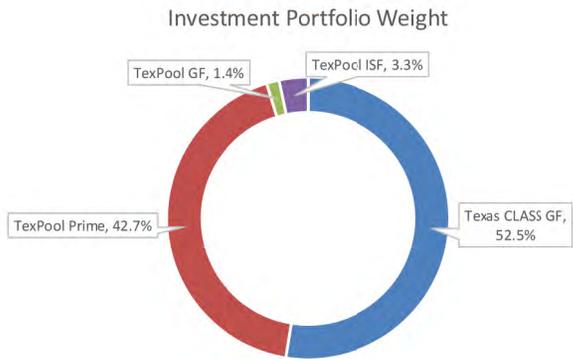
III. Investment Portfolio

- a. Total investments as of December 31, 2021 are \$69,346,588 of which 100% is in government pools. (Texas Class 52% and TexPool 48%)
- b. Investments this month yielded interest income of \$4,741.

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

**Local Government Investment Pools (LGIPs)**

	<u>Beginning Balance</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Interest Income</u>	<u>Ending Value</u>	<u>Portfolio %</u>	<u>Yield</u>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 36,429,847	\$ -	\$ -	\$ 2,142	\$ 36,431,989	52.5%	0.054%
<i>TexPool</i>							
TexPool Prime	37,721,165	\$ -	\$ (8,100,000)	2,494	29,623,659	42.7%	0.066%
TexPool General Fund	1,001,679			32	1,001,711	1.4%	0.038%
TexPool Internal Service Fund	2,289,156			73	2,289,229	3.3%	0.038%
<i>TexPool Sub-Total</i>	<u>41,012,000</u>	-	<u>(8,100,000)</u>	<u>2,599</u>	<u>32,914,599</u>	<u>47.5%</u>	<u>0.063%</u>
<b>Total Investments</b>	\$ 77,441,847	\$ -	\$ (8,100,000)	\$ 4,741	<b>\$ 69,346,588</b>	100%	0.058%



**3 Month Weighted Average Maturity (Days)** 1.00  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** 0.057%  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** 0.054%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 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 December 2021

Vendor	Description	Monthly Not-To-Exceed*	Dec-21	YTD Total Through December
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,992,316 **	\$6,232,100
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$204,913	\$801,046
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,069,235	\$8,176,551
Cigna Dental	Dental Insurance	\$100,000	\$78,572	\$310,334

\* 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 November payments of Liabilities for Employee Benefits = 11% of Expenditures.

\*\*Note : December Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$638,643 on December 30th was submitted for Board signature. Total Lincoln Financial Group payments in December not presented for Board signature totaled \$1,353,673 which meets the Board requirements for Not-To-Exceed for the month of December.



## The Harris Center for Mental Health and IDD

Financial Report

For the Third Month and Year to Date Ended November 30, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on January 18, 2022

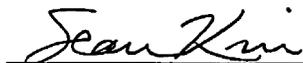
## The Harris Center for Mental Health & IDD

January 18, 2022

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

The monthly financial report for November 30, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

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



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Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD  
Financial Summary  
For the Third Month and Year to Date Ended November 30, 2021**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 23,575	\$ 22,385	\$ 1,190
Expenditures	25,832	25,405	(427)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,257)</u>	<u>\$ (3,019)</u>	<u>\$ 763</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 1,153</u>	<u>\$ (477)</u>	<u>\$ 1,629</u>

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

	Month Ended November 30, 2021				Three Months Ended November 30, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,530,008	\$ 4,671,780	\$ (141,772) c	-3%	\$ 13,163,702	\$ 14,000,009	\$ (836,307)	-6%
PAP / Samples	768,743	1,025,899	(257,156)	-25%	2,412,462	3,077,685	(665,223)	-22%
Interest	4,010	4,166	(156)	-4%	13,307	12,498	809	6%
State General	11,013,153	9,978,682	1,034,471	10%	31,053,765	29,945,468	1,108,297	4%
State Grants	1,206,097	1,189,481	16,616	1%	3,042,338	3,568,442	(526,104)	-15%
Federal Grants	2,779,130	2,275,486	503,644 d	22%	7,015,390	6,850,654	164,736	2%
3rd party billings	3,273,924	3,239,794	34,130 e	1%	7,343,822	9,685,994	(2,342,172)	-24%
<b>Total Revenue</b>	<b>23,575,065</b>	<b>22,385,288</b>	<b>1,189,777 f</b>	<b>5%</b>	<b>64,044,786</b>	<b>67,140,750</b>	<b>(3,095,964)</b>	<b>-5%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	13,360,800	17,420,871	(939,929) g	-5%	52,192,506	52,281,655	89,149	0%
Travel	73,182	158,221	85,039	54%	188,699	768,982	580,283	75%
Contracts and Consultants	1,759,861	1,820,153	60,292	3%	5,225,285	5,485,458	260,173	5%
HCPC Contract	2,317,441	2,369,793	52,352	2%	6,994,672	7,109,379	114,707	2%
Supplies and Drugs	1,148,033	1,368,542	220,509	16%	3,651,216	4,105,147	453,931	11%
Equipment (Purch, Rent, Maint)	471,956	543,399	71,443 h	13%	1,245,861	1,653,882	408,021	25%
Building (Purch, Rent, Maint)	711,442	566,471	(144,971) i	-26%	1,243,151	1,703,070	459,919	27%
Vehicle (Purch, Rent, Maint)	81,866	37,256	(44,610)	-120%	149,767	111,768	(37,999)	-34%
Telephone and Utilities	239,809	261,991	22,182	8%	703,292	749,406	46,114	6%
Insurance, Legal, Audit	149,626	226,560	76,934	34%	455,932	680,362	224,430	33%
Other	508,380	\$ 581,394	73,014	13%	1,475,277	\$ 1,787,144	311,867	17%
Claims Denials	9,217	\$ 50,036	40,819	82%	43,264	\$ 150,106	106,842	71%
<b>Total Expenses</b>	<b>25,831,613</b>	<b>25,404,687</b>	<b>(426,926) j</b>	<b>-2%</b>	<b>73,568,921</b>	<b>76,586,359</b>	<b>3,017,438</b>	<b>4%</b>
Excess of Revenues over (under) Expenditures before Other Sources	(2,256,548) a	(3,019,399)	762,851		(9,524,135)	(9,445,609)	(78,526)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	509,323	-	509,323		765,074	-	765,074	
Use of fund balance - COVID-19	62,500	-	62,500		982,500	-	982,500	
Fund Balance DSRIP	432,742	432,742	-		1,396,587	1,396,587	-	
Waiver 1115 Revenues	2,475,484	2,521,694	(46,210)		7,525,990	7,572,200	(46,210)	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 1,223,501	\$ (64,963)	\$ 1,288,464		\$ 1,152,636 b	\$ (476,822)	\$ 1,629,458	

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

	Ending Balance		Increase/(Decrease)	
	October 31, 2021	November 30, 2021	November	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 133,617,774	\$ 121,779,506	\$ (11,838,268)	a
Inventory - includes RX	287,699	285,636	(2,063)	b
Prepaid Expenses	11,120,092	11,146,678	26,586	c
A/R Medicaid, Medicare, 3rd Party	11,758,697	12,526,009	767,312	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	15,859,108	18,298,405	2,439,297	d
A/R DSRIP	5,050,506	7,525,990	2,475,484	
Total Current Assets	<u>170,788,053</u>	<u>164,656,401</u>	<u>(6,131,652)</u>	
Land	6,432,036	6,432,036	-	
Building	25,773,792	25,773,792	-	
Building Improvements	21,621,995	21,621,995	-	
Furniture and Fixtures	7,574,566	7,565,244	10,678	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	16,329,373	16,838,696	509,323	
Total Property, Plant & Equipment	<u>79,301,530</u>	<u>79,821,531</u>	<u>520,001</u>	
<b>TOTAL ASSETS</b>	<u>\$ 250,089,583</u>	<u>\$ 244,477,932</u>	<u>\$ (5,611,651)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 31,984,591	\$ 21,370,904	\$ (10,613,687)	e
Accrued Payroll and Accounts Payables	28,040,618	32,303,626	4,263,008	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>60,025,209</u>	<u>53,674,530</u>	<u>(6,350,679)</u>	
State Escheatment Payable	39,326	39,418	92	
Total Non Current Liabilities	<u>39,326</u>	<u>39,418</u>	<u>92</u>	
<b>TOTAL LIABILITIES</b>	<u>60,064,535</u>	<u>53,713,948</u>	<u>(6,350,587)</u>	
General Fund Balance	18,296,702	18,298,765	2,063	g
Nonspendable				
Investment in Inventories	287,699	285,636	(2,063)	
Investment In Fixed Assets	79,301,531	79,821,531	520,000	
Assigned:				
Current Capital Projects	20,368,796	19,859,473	(509,323)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	62,710,167	62,277,425	(432,742)	i
COVID-19 eFMAP Reserve	549,158	486,658	(62,500)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>190,095,913</u>	<u>189,611,348</u>	<u>(484,565)</u>	
Year to Date Excess Revenues over (under) Expenditures	(70,865)	1,152,636	1,223,501	
<b>TOTAL FUND BALANCE</b>	<u>190,025,048</u>	<u>190,763,984</u>	<u>738,936</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 250,089,583</u>	<u>\$ 244,477,932</u>	<u>\$ (5,611,651)</u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of November 2021, the third month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$2,256,548.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,152,636 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 \$141,772 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Federal grants are favorable to budget by \$503,644 primarily due to the addition of several new mental health block grants and federal ARPA funds passed through from Harris County.
- e. Third Party Billings are favorable to budget by \$34,130.
- f. Total Revenue is favorable to budget by \$1,189,777.
- g. Salaries and Fringe Benefits are unfavorable to budget by \$939,929 due to the addition of new grants.
- h. Equipment is favorable to budget by \$71,443 due to timing of expenses.
- i. Building is unfavorable to budget by \$144,971 due to timing of expenses associated with Board approved capital projects.
- j. Total Expenses are unfavorable to budget by \$426,926.

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

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
Cash-General Fund Bank of America	\$ 2,235,550	\$ 2,371,009	\$ 135,460
Cash-General Fund Chase	36,598,704	41,306,878	4,708,174
Cash-BOA ACH Vendor	524,803	408,292	(116,511)
Cash-FSA-Discovery	215,180	245,779	30,599
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,647	1,001,679	32
Investments-Texpool Self Insurance	2,289,085	2,289,157	72
Investments-Texpool Prime	52,418,949	37,721,165	(14,697,784)
Investments-Texas Class	38,328,156	36,429,847	(1,898,309)
	<u>\$ 133,617,774</u>	<u>\$ 121,779,506</u>	<u>\$ (11,838,268)</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)
	10/31/2021	11/30/2021	November
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Purchased	-	-	-
Supplies Used	(5,536)	(7,599)	(2,063)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 287,699</u>	<u>\$ 285,636</u>	<u>\$ (2,063)</u>

- c. Prepaid Expenses increased because of payment of insurance premiums.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in November.

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	76,486	79,501	3,015
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	2,637,985	1,822,883	(815,102)
Harris County Projects		257,255	257,255
Harris County Juvenile Probation	748,712	317,931	(430,781)
Harris County Community Supervision	555,645	323,691	(231,954)
Harris County Sheriff's Department	3,459,737	4,197,593	737,856
ICFMR	177,575	172,269	(5,306)
ECI Administrative Claiming	(98,309)	(49,158)	49,151
TCOOMMI-Special Needs	611,413	571,377	(40,036)
TDCJ-Parole	82,000	82,000	-
TDCJ-Substance Abuse	69,034	67,851	(1,183)
TCOOMMI-Juvenile	188,156	190,796	2,640
Jail Diversion	1,795,878	1,956,715	160,837
ECI	745,117	919,752	174,635
ECI Respite	231	385	154
ECI SNAP	21,203	21,173	(30)
Federal Aot	-	55,450	55,450
PATH-Mental Health Block Grant	183,831	207,487	23,656
MH Block Grant	-	-	-
MH Block Grant-Coordinated Specialty Care	113,236	117,415	4,179
Title XX Social Services	-	-	-
TANFF to Title XX Block Grant	-	-	-
DSHS SAPT Block Grant	124,535	237,989	113,454
Enhanced Community Coordinator	87,962	70,545	(17,417)
Subtotal, A/R-Other	\$ 11,754,475	\$ 11,794,948	\$ 40,473

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
DSHS Mental Health First Aid	\$ 15,201	\$ 30,122	\$ 14,921
HHSC ZEST-Zero Suicide	112,165	111,529	(636)
HCC Open Door	1,776,148	1,933,256	157,108
HCS	22,416	22,416	-
Tx Home Living Waiver	(1,062)	317,526	318,588
Federal DSHS Disaster Assistance	454,195	703,588	249,393
DPP-BHS	1,580,876	2,371,314	790,438
Helpline Contracts	55,408	213,821	158,413
City of Houston-CCSI	50,537	75,805	25,268
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	28,418	25,182	(3,236)
A/R - HHSC Projects	-	688,567	688,567
Grand Total A/R - Other	<u>\$ 15,859,108</u>	<u>\$ 18,298,405</u>	<u>\$ 2,439,297</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 132 days versus 133 days for the prior month.

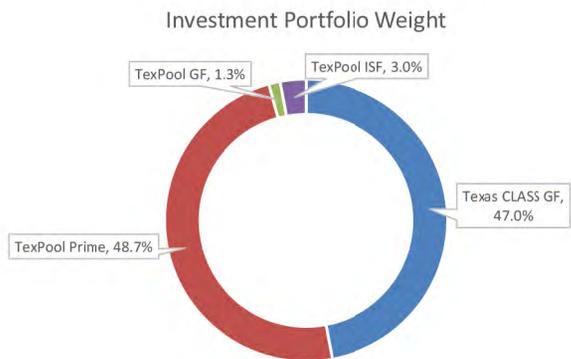
III. Investment Portfolio

- a. Total investments as of November 30, 2021, is \$77,441,847 of which 100% is in government pools. (Texas Class 47% and TexPool 53%)
- b. Investments this month yielded interest income of \$4,010.

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

**Local Government Investment Pools (LGIPs)**

	<u>Beginning Balance</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Interest Income</u>	<u>Ending Value</u>	<u>Portfolio %</u>	<u>Yield</u>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 38,328,156	\$ -	\$ (1,900,000)	\$ 1,691	\$ 36,429,847	47.0%	0.054%
<i>TexPool</i>							
TexPool Prime	52,418,949	\$ -	\$ (14,700,000)	2,216	37,721,165	48.7%	0.066%
TexPool General Fund	1,001,647			31	1,001,679	1.3%	0.038%
TexPool Internal Service Fund	2,289,085			72	2,289,156	3.0%	0.038%
<i>TexPool Sub-Total</i>	<i>55,709,681</i>	<i>-</i>	<i>(14,700,000)</i>	<i>2,319</i>	<i>41,012,000</i>	<i>53.0%</i>	<i>0.064%</i>
<b>Total Investments</b>	<b>\$ 94,037,837</b>	<b>\$ -</b>	<b>\$ (16,600,000)</b>	<b>\$ 4,010</b>	<b>\$ 77,441,847</b>	<b>100%</b>	<b>0.059%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **0.055%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **0.059%**

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

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

Report for November 2021

Vendor	Description	Monthly Not-To-Exceed*	Nov-21	YTD Total Through November
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,507,723**	\$4,239,784
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$200,723	\$395,410
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,057,676	\$4,049,640
Cigna Dental	Dental Insurance	\$100,000	\$77,858	\$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 November payments of Liabilities for Employee Benefits = 11% of Expenditures.

\*\*Note : November Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$866,229 on November 20th was submitted for Board signature. Total Lincoln Financial Group payments in November not presented for Board signature totaled \$641,494 which meets the Board requirements for Not-To-Exceed for the month of November.

# **EXHIBIT F-3**



## The Harris Center for Mental Health and IDD

Financial Report  
For the Fourth Month and Year to Date Ended December 31, 2021  
Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on January 18, 2022

## The Harris Center for Mental Health & IDD

January 18, 2022

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

The monthly financial report for December 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 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 Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,815	\$ 24,134	\$ (1,319)
Expenditures	23,946	26,862	2,916
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (1,131)</u>	<u>\$ (2,728)</u>	<u>\$ 1,597</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 3,387</u>	<u>\$ 1,670</u>	<u>\$ 1,717</u>

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

	Month Ended December 31, 2021				Four Months Ended December 31, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 5,023,395	\$ 4,998,957	\$ 24,438	0%	\$ 18,185,122	\$ 19,917,420	\$ (1,732,298)	-9%
PAP / Samples	677,968	1,025,902	(347,934)	-34%	3,090,430	4,103,587	(1,013,157)	-25%
Interest	4,741	4,166	575	14%	18,048	16,664	1,384	8%
State General	10,506,500	10,407,376	99,124	1%	41,560,266	41,477,916	82,350	0%
State Grants	1,603,314	1,189,481	413,833 c	35%	4,645,652	4,757,923	(112,271)	-2%
Federal Grants	3,115,278	3,195,474	(80,196) d	-3%	10,131,230	12,013,997	(1,882,767)	-16%
3rd party billings	1,883,810	3,312,428	(1,428,618) e	-43%	9,229,046	13,005,829	(3,776,783)	-29%
<b>Total Revenue</b>	<b>22,815,006</b>	<b>24,133,784</b>	<b>(1,318,778) f</b>	<b>-5%</b>	<b>86,859,794</b>	<b>95,293,336</b>	<b>(8,433,542)</b>	<b>-9%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	16,836,614	18,593,528	1,756,914 g	9%	69,029,120	72,597,876	3,568,756	5%
Travel	81,822	187,484	105,662	56%	270,521	751,990	481,469	64%
Contracts and Consultants	1,787,735	1,891,083	103,348	5%	7,013,019	7,486,810	473,791	6%
HCPC Contract	2,317,441	2,369,793	52,352	2%	9,312,113	9,479,172	167,059	2%
Supplies and Drugs	917,320	1,373,186	455,866	33%	4,538,866	5,530,824	991,958	18%
Equipment (Purch, Rent, Maint)	591,103	708,856	117,753 h	17%	2,003,796	2,751,073	747,277	27%
Building (Purch, Rent, Maint)	473,555	588,091	114,536 i	19%	1,597,981	2,384,265	786,284	33%
Vehicle (Purch, Rent, Maint)	50,291	48,104	(2,187)	-5%	200,058	183,025	(17,033)	-9%
Telephone and Utilities	296,610	246,109	(50,501)	-21%	999,902	1,002,597	2,695	0%
Insurance, Legal, Audit	168,520	205,300	36,780	18%	624,451	666,604	42,153	6%
Other	405,570	\$ 600,711	195,141	32%	1,880,847	\$ 2,459,425	578,578	24%
Claims Denials	19,541	\$ 50,037	30,496	61%	44,371	\$ 200,143	155,772	78%
<b>Total Expenses</b>	<b>23,946,122</b>	<b>26,862,282</b>	<b>2,916,160 j</b>	<b>11%</b>	<b>97,515,045</b>	<b>105,493,804</b>	<b>7,978,759</b>	<b>8%</b>
Excess of Revenues over (under) Expenditures before Other Sources	(1,131,116) a	(2,728,498)	1,597,382		(10,655,251)	(10,200,468)	(454,783)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	417,099	-	417,099		1,182,173	-	1,182,173	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,745	432,745	-		1,829,332	1,829,332	-	
Waiver 1115 Revenues	2,515,282	2,515,282	-		10,041,272	10,041,272	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 2,234,010	\$ 219,529	\$ 2,014,481		\$ 3,386,646 b	\$ 1,670,136	\$ 1,716,510	

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

	Ending Balance		Increase/(Decrease)	
	November 30, 2021	December 31, 2021	December	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 121,779,506	\$ 130,814,770	\$ 9,035,264	a
Inventory - includes RX	285,636	278,046	(7,590)	b
Prepaid Expenses	11,146,678	10,930,286	(216,392)	c
A/R Medicaid, Medicare, 3rd Party	12,526,009	11,962,291	(563,718)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	18,298,405	18,486,567	188,162	d
A/R DSRIP	7,525,990	12,842,932	5,316,942	
Total Current Assets	<u>164,656,401</u>	<u>178,409,069</u>	<u>13,752,668</u>	
Land	6,432,036	6,432,036	-	
Building	25,773,792	25,773,792	-	
Building Improvements	21,621,995	21,621,995	-	
Furniture and Fixtures	7,585,244	7,585,244	-	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	16,838,696	17,255,795	417,099	
Total Property, Plant & Equipment	<u>79,821,531</u>	<u>80,238,630</u>	<u>417,099</u>	
<b>TOTAL ASSETS</b>	<u>\$ 244,477,932</u>	<u>\$ 258,647,699</u>	<u>\$ 14,169,767</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 21,370,904	\$ 39,710,697	\$ 18,339,793	e
Accrued Payroll and Accounts Payables	32,303,626	26,331,677	(5,971,949)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>53,674,530</u>	<u>66,042,374</u>	<u>12,367,844</u>	
State Escheatment Payable	39,418	40,076	658	
Total Non Current Liabilities	<u>39,418</u>	<u>40,076</u>	<u>658</u>	
<b>TOTAL LIABILITIES</b>	<u>53,713,948</u>	<u>66,082,450</u>	<u>12,368,502</u>	
General Fund Balance	18,298,765	18,306,355	7,590	g
Nonspendable				
Investment in Inventories	285,636	278,046	(7,590)	
Investment In Fixed Assets	79,821,531	80,238,630	417,099	
Assigned:				
Current Capital Projects	19,859,473	19,442,374	(417,099)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	62,277,425	61,844,680	(432,745)	i
COVID-19 eFMAP Reserve	486,658	486,658	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>189,611,348</u>	<u>189,178,603</u>	<u>(432,745)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,152,636	3,386,646	2,234,010	
<b>TOTAL FUND BALANCE</b>	<u>190,763,984</u>	<u>192,565,249</u>	<u>1,801,265</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 244,477,932</u>	<u>\$ 258,647,699</u>	<u>\$ 14,169,767</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of December 2021, the fourth month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$1,131,116.
  - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$3,386,646 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
  - c. State grants are favorable to budget by \$413,833 due to timing of ECI insurance collections.
  - d. Federal grants are unfavorable to budget by \$80,196 primarily due to unfilled positions associated with several new SAMHSA grants.
  - e. Third Party Billings are unfavorable to budget by \$1,428,618.
  - f. Total Revenue is unfavorable to budget by \$1,318,778.
  - g. Salaries and Fringe Benefits are favorable to budget by \$1,756,914 due to unfilled positions.
  - h. Equipment is favorable to budget by \$117,753 due to timing of expenses.
  - i. Building is favorable to budget by \$114,536 due to timing of expenses.
  - j. Total Expenses are favorable to budget by \$2,916,160.

The Harris Center for Mental Health and IDD  
Notes to the Preliminary Financial Statements  
For Month and Year to Date Ended December 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 decreased from the prior month because of operations.

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
Cash-General Fund Bank of America	\$ 2,371,009	\$ 2,370,391	\$ (618)
Cash-General Fund Chase	41,306,878	58,561,951	17,255,073
Cash-BOA ACH Vendor	408,292	273,191	(135,101)
Cash-FSA-Discovery	245,779	256,949	11,170
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,679	1,001,711	32
Investments-Texpool Self Insurance	2,289,157	2,289,229	72
Investments-Texpool Prime	37,721,165	29,623,659	(8,097,506)
Investments-Texas Class	36,429,847	36,431,989	2,142
	<u>\$ 121,779,506</u>	<u>\$ 130,814,770</u>	<u>\$ 9,035,264</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)
	11/30/2021	12/31/2021	December
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Used	(7,599)	(15,189)	(7,590)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 285,636</u>	<u>\$ 278,046</u>	<u>\$ (7,590)</u>

- c. Prepaid Expenses decreased due to amortization of prepaid insurance and other prepaid items.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in December.

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
Villas at Bayou Park	58,133	58,133	\$ -
Pear Grove	29,651	37,037	7,386
Pasadena Cottages	79,501	82,971	3,470
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	1,822,883	1,142,233	(680,650)
Harris County Projects	257,255	749,572	492,317
Harris County Juvenile Probation	317,931	607,803	289,872
Harris County Community Supervision	323,691	714,264	390,573
Harris County Sheriff's Department	4,197,593	2,662,851	(1,534,742)
ICFMR	172,269	251,034	78,765
ECI Administrative Claiming	(49,158)	82,365	131,523
TCOOMMI-Special Needs	571,377	737,921	166,544
TDCJ-Parole	82,000	102,500	20,500
TDCJ-Substance Abuse	67,851	84,518	16,667
TCOOMMI-Juvenile	190,796	206,023	15,227
Jail Diversion	1,956,715	2,655,162	698,447
ECI	919,752	1,380,491	460,739
ECI Respite	385	770	385
ECI SNAP	21,173	23,136	1,963
Federal Aot	55,450	167,338	111,888
PATH-Mental Health Block Grant	207,487	231,923	24,436
MH Block Grant-Coordinated Specialty Care	117,415	139,889	22,474
DSHS SAPT Block Grant	237,989	121,818	(116,171)
Enhanced Community Coordinator	70,545	95,903	25,358
Subtotal, A/R-Other	\$ 11,794,948	\$ 12,421,919	\$ 626,971

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	11/30/2021	12/31/2021	December
DSHS Mental Health First Aid	\$ 30,122	\$ 32,250	\$ 2,128
HHSC ZEST-Zero Suicide	111,529	64,228	(47,301)
HCC Open Door	1,933,256	360,818	(1,572,438)
HCS	22,416	22,416	-
Tx Home Living Waiver	317,526	309,737	(7,789)
Federal DSHS Disaster Assistance	703,588	794,699	91,111
DPP-BHS	2,371,314	3,161,752	790,438
Helpline Contracts	213,821	219,027	5,206
City of Houston-CCSI	75,805	75,805	-
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	25,182	35,547	10,365
A/R - HHSC Projects	688,567	978,038	289,471
Local TCDD C19 Vac Stipend	-	2,450	2,450
<b>Grand Total A/R - Other</b>	<b>\$ 18,298,405</b>	<b>\$ 18,486,567</b>	<b>\$ 188,162</b>

- e. Unearned Income increased due to receipt of the second quarter state DSHS allocation.
- f. Accrued Payroll and Accounts Payable decreased 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 144 days versus 132 days for the prior month.

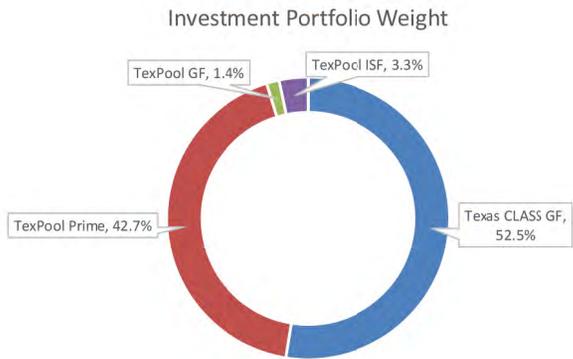
III. Investment Portfolio

- a. Total investments as of December 31, 2021 are \$69,346,588 of which 100% is in government pools. (Texas Class 52% and TexPool 48%)
- b. Investments this month yielded interest income of \$4,741.

The Harris Center for Mental Health and IDD  
 Investment Portfolio  
 December 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	\$ 36,429,847	\$ -	\$ -	\$ 2,142	\$ 36,431,989	52.5%	0.054%
<i>TexPool</i>							
TexPool Prime	37,721,165	\$ -	\$ (8,100,000)	2,494	29,623,659	42.7%	0.066%
TexPool General Fund	1,001,679			32	1,001,711	1.4%	0.038%
TexPool Internal Service Fund	2,289,156			73	2,289,229	3.3%	0.038%
<i>TexPool Sub-Total</i>	<i>41,012,000</i>	<i>-</i>	<i>(8,100,000)</i>	<i>2,599</i>	<i>32,914,599</i>	<i>47.5%</i>	<i>0.063%</i>
<b>Total Investments</b>	<b>\$ 77,441,847</b>	<b>\$ -</b>	<b>\$ (8,100,000)</b>	<b>\$ 4,741</b>	<b>\$ 69,346,588</b>	<b>100%</b>	<b>0.058%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **0.057%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **0.054%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 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 December 2021

Vendor	Description	Monthly Not-To-Exceed*	Dec-21	YTD Total Through December
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,992,316 **	\$6,232,100
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$204,913	\$801,046
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,069,235	\$8,176,551
Cigna Dental	Dental Insurance	\$100,000	\$78,572	\$310,334

\* 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 November payments of Liabilities for Employee Benefits = 11% of Expenditures.

\*\*Note : December Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$638,643 on December 30th was submitted for Board signature. Total Lincoln Financial Group payments in December not presented for Board signature totaled \$1,353,673 which meets the Board requirements for Not-To-Exceed for the month of December.



## The Harris Center for Mental Health and IDD

Financial Report

For the Third Month and Year to Date Ended November 30, 2021

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on January 18, 2022

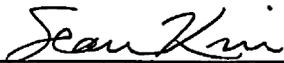
## The Harris Center for Mental Health & IDD

January 18, 2022

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

The monthly financial report for November 30, 2021 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial and Administrative Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

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



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Sean Kim, CPA  
Chief Financial and Administrative Officer

**The Harris Center for Mental Health and IDD**  
**Financial Summary**  
**For the Third Month and Year to Date Ended November 30, 2021**

<b>Month (,000)</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Revenues	\$ 23,575	\$ 22,385	\$ 1,190
Expenditures	25,832	25,405	(427)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,257)</u>	<u>\$ (3,019)</u>	<u>\$ 763</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>\$ 1,153</u>	<u>\$ (477)</u>	<u>\$ 1,629</u>

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

	Month Ended November 30, 2021				Three Months Ended November 30, 2021			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
<b>Total Revenues:</b>								
Harris County and Local	\$ 4,530,008	\$ 4,671,780	\$ (141,772) c	-3%	\$ 13,163,702	\$ 14,000,009	\$ (836,307)	-6%
PAP / Samples	768,743	1,025,899	(257,156)	-25%	2,412,462	3,077,685	(665,223)	-22%
Interest	4,010	4,166	(156)	-4%	13,307	12,498	809	6%
State General	11,013,153	9,978,682	1,034,471	10%	31,053,765	29,945,468	1,108,297	4%
State Grants	1,206,097	1,189,481	16,616	1%	3,042,338	3,568,442	(526,104)	-15%
Federal Grants	2,779,130	2,275,486	503,644 d	22%	7,015,390	6,850,654	164,736	2%
3rd party billings	3,273,924	3,239,794	34,130 e	1%	7,343,822	9,685,994	(2,342,172)	-24%
<b>Total Revenue</b>	<b>23,575,065</b>	<b>22,385,288</b>	<b>1,189,777 f</b>	<b>5%</b>	<b>64,044,786</b>	<b>67,140,750</b>	<b>(3,095,964)</b>	<b>-5%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	13,360,800	17,420,871	(939,929) g	-5%	52,192,506	52,281,655	89,149	0%
Travel	73,182	158,221	85,039	54%	188,699	768,982	580,283	75%
Contracts and Consultants	1,759,861	1,820,153	60,292	3%	5,225,285	5,485,458	260,173	5%
HCPC Contract	2,317,441	2,369,793	52,352	2%	6,994,672	7,109,379	114,707	2%
Supplies and Drugs	1,148,033	1,368,542	220,509	16%	3,651,216	4,105,147	453,931	11%
Equipment (Purch, Rent, Maint)	471,956	543,399	71,443 h	13%	1,245,861	1,653,882	408,021	25%
Building (Purch, Rent, Maint)	711,442	566,471	(144,971) i	-26%	1,243,151	1,703,070	459,919	27%
Vehicle (Purch, Rent, Maint)	81,866	37,256	(44,610)	-120%	149,767	111,768	(37,999)	-34%
Telephone and Utilities	239,809	261,991	22,182	8%	703,292	749,406	46,114	6%
Insurance, Legal, Audit	149,626	226,560	76,934	34%	455,932	680,362	224,430	33%
Other	508,380	\$ 581,394	73,014	13%	1,475,277	\$ 1,787,144	311,867	17%
Claims Denials	9,217	\$ 50,036	40,819	82%	43,264	\$ 150,106	106,842	71%
<b>Total Expenses</b>	<b>25,831,613</b>	<b>25,404,687</b>	<b>(426,926) j</b>	<b>-2%</b>	<b>73,568,921</b>	<b>76,586,359</b>	<b>3,017,438</b>	<b>4%</b>
Excess of Revenues over (under) Expenditures before Other Sources	(2,256,548) a	(3,019,399)	762,851		(9,524,135)	(9,445,609)	(78,526)	
<b>Funds from other sources:</b>								
Use of fund balance - CapEx	509,323	-	509,323		765,074	-	765,074	
Use of fund balance - COVID-19	62,500	-	62,500		982,500	-	982,500	
Fund Balance DSRIP	432,742	432,742	-		1,396,587	1,396,587	-	
Waiver 1115 Revenues	2,475,484	2,521,694	(46,210)		7,525,990	7,572,200	(46,210)	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		6,620	-	6,620	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under) Expenditures after Other Sources	\$ 1,223,501	\$ (64,963)	\$ 1,288,464		\$ 1,152,636 b	\$ (476,822)	\$ 1,629,458	

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

	Ending Balance		Increase/(Decrease)	
	October 31, 2021	November 30, 2021	November	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 133,617,774	\$ 121,779,506	\$ (11,838,268)	a
Inventory - includes RX	287,699	285,636	(2,063)	b
Prepaid Expenses	11,120,092	11,146,678	26,586	c
A/R Medicaid, Medicare, 3rd Party	11,758,697	12,526,009	767,312	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	15,859,108	18,298,405	2,439,297	d
A/R DSRIP	5,050,506	7,525,990	2,475,484	
Total Current Assets	<u>170,788,053</u>	<u>164,656,401</u>	<u>(6,131,652)</u>	
Land	6,432,036	6,432,036	-	
Building	25,773,792	25,773,792	-	
Building Improvements	21,621,995	21,621,995	-	
Furniture and Fixtures	7,574,566	7,565,244	10,678	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	16,329,373	16,838,696	509,323	
Total Property, Plant & Equipment	<u>79,301,530</u>	<u>79,821,531</u>	<u>520,001</u>	
<b>TOTAL ASSETS</b>	<u>\$ 250,089,583</u>	<u>\$ 244,477,932</u>	<u>\$ (5,611,651)</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 31,984,591	\$ 21,370,904	\$ (10,613,687)	e
Accrued Payroll and Accounts Payables	28,040,618	32,303,626	4,263,008	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>60,025,209</u>	<u>53,674,530</u>	<u>(6,350,679)</u>	
State Escheatment Payable	39,326	39,418	92	
Total Non Current Liabilities	<u>39,326</u>	<u>39,418</u>	<u>92</u>	
<b>TOTAL LIABILITIES</b>	<u>60,064,535</u>	<u>53,713,948</u>	<u>(6,350,587)</u>	
General Fund Balance	18,296,702	18,298,765	2,063	g
Nonspendable				
Investment in Inventories	287,699	285,636	(2,063)	
Investment In Fixed Assets	79,301,531	79,821,531	520,000	
Assigned:				
Current Capital Projects	20,368,796	19,859,473	(509,323)	h
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	62,710,167	62,277,425	(432,742)	i
COVID-19 eFMAP Reserve	549,158	486,658	(62,500)	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>190,095,913</u>	<u>189,611,348</u>	<u>(484,565)</u>	
Year to Date Excess Revenues over (under) Expenditures	(70,865)	1,152,636	1,223,501	
<b>TOTAL FUND BALANCE</b>	<u>190,025,048</u>	<u>190,763,984</u>	<u>738,936</u>	
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<u>\$ 250,089,583</u>	<u>\$ 244,477,932</u>	<u>\$ (5,611,651)</u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of November 2021, the third month of the fiscal year, the Harris Center is reporting Excess Expenditures over Revenues of \$2,256,548.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,152,636 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 \$141,772 primarily due to unfilled positions which are eligible for reimbursement from the County.
- d. Federal grants are favorable to budget by \$503,644 primarily due to the addition of several new mental health block grants and federal ARPA funds passed through from Harris County.
- e. Third Party Billings are favorable to budget by \$34,130.
- f. Total Revenue is favorable to budget by \$1,189,777.
- g. Salaries and Fringe Benefits are unfavorable to budget by \$939,929 due to the addition of new grants.
- h. Equipment is favorable to budget by \$71,443 due to timing of expenses.
- i. Building is unfavorable to budget by \$144,971 due to timing of expenses associated with Board approved capital projects.
- j. Total Expenses are unfavorable to budget by \$426,926.

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

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
Cash-General Fund Bank of America	\$ 2,235,550	\$ 2,371,009	\$ 135,460
Cash-General Fund Chase	36,598,704	41,306,878	4,708,174
Cash-BOA ACH Vendor	524,803	408,292	(116,511)
Cash-FSA-Discovery	215,180	245,779	30,599
Petty Cash	5,700	5,700	-
Investments-Texpool General Fund	1,001,647	1,001,679	32
Investments-Texpool Self Insurance	2,289,085	2,289,157	72
Investments-Texpool Prime	52,418,949	37,721,165	(14,697,784)
Investments-Texas Class	38,328,156	36,429,847	(1,898,309)
	<u>\$ 133,617,774</u>	<u>\$ 121,779,506</u>	<u>\$ (11,838,268)</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)
	10/31/2021	11/30/2021	November
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Purchased	-	-	-
Supplies Used	(5,536)	(7,599)	(2,063)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 287,699</u>	<u>\$ 285,636</u>	<u>\$ (2,063)</u>

- c. Prepaid Expenses increased because of payment of insurance premiums.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in November.

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
Villas at Bayou Park	58,133.00	58,133.00	\$ -
Pear Grove	29,651.00	29,651.00	-
Pasadena Cottages	76,486	79,501	3,015
Employee	29	29	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	81,834	81,834	-
General Accounts Receivable	2,637,985	1,822,883	(815,102)
Harris County Projects		257,255	257,255
Harris County Juvenile Probation	748,712	317,931	(430,781)
Harris County Community Supervision	555,645	323,691	(231,954)
Harris County Sheriff's Department	3,459,737	4,197,593	737,856
ICFMR	177,575	172,269	(5,306)
ECI Administrative Claiming	(98,309)	(49,158)	49,151
TCOOMMI-Special Needs	611,413	571,377	(40,036)
TDCJ-Parole	82,000	82,000	-
TDCJ-Substance Abuse	69,034	67,851	(1,183)
TCOOMMI-Juvenile	188,156	190,796	2,640
Jail Diversion	1,795,878	1,956,715	160,837
ECI	745,117	919,752	174,635
ECI Respite	231	385	154
ECI SNAP	21,203	21,173	(30)
Federal Aot	-	55,450	55,450
PATH-Mental Health Block Grant	183,831	207,487	23,656
MH Block Grant	-	-	-
MH Block Grant-Coordinated Specialty Care	113,236	117,415	4,179
Title XX Social Services	-	-	-
TANFF to Title XX Block Grant	-	-	-
DSHS SAPT Block Grant	124,535	237,989	113,454
Enhanced Community Coordinator	87,962	70,545	(17,417)
Subtotal, A/R-Other	\$ 11,754,475	\$ 11,794,948	\$ 40,473

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	10/31/2021	11/30/2021	November
DSHS Mental Health First Aid	\$ 15,201	\$ 30,122	\$ 14,921
HHSC ZEST-Zero Suicide	112,165	111,529	(636)
HCC Open Door	1,776,148	1,933,256	157,108
HCS	22,416	22,416	-
Tx Home Living Waiver	(1,062)	317,526	318,588
Federal DSHS Disaster Assistance	454,195	703,588	249,393
DPP-BHS	1,580,876	2,371,314	790,438
Helpline Contracts	55,408	213,821	158,413
City of Houston-CCSI	50,537	75,805	25,268
City of Houston-DMD	10,331	10,331	-
City of Houston-911 CCD Amended	28,418	25,182	(3,236)
A/R - HHSC Projects	-	688,567	688,567
Grand Total A/R - Other	<u>\$ 15,859,108</u>	<u>\$ 18,298,405</u>	<u>\$ 2,439,297</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 132 days versus 133 days for the prior month.

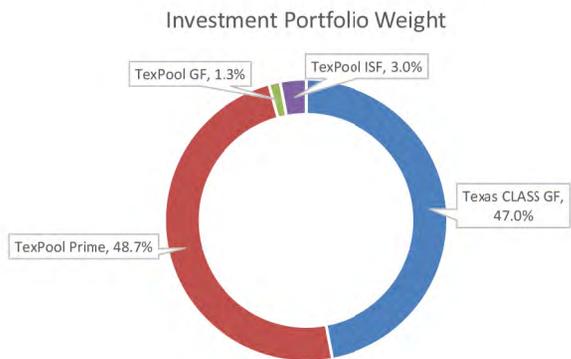
III. Investment Portfolio

- a. Total investments as of November 30, 2021, is \$77,441,847 of which 100% is in government pools. (Texas Class 47% and TexPool 53%)
- b. Investments this month yielded interest income of \$4,010.

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

**Local Government Investment Pools (LGIPs)**

	<u>Beginning Balance</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Interest Income</u>	<u>Ending Value</u>	<u>Portfolio %</u>	<u>Yield</u>
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 38,328,156	\$ -	\$ (1,900,000)	\$ 1,691	\$ 36,429,847	47.0%	0.054%
<i>TexPool</i>							
TexPool Prime	52,418,949	\$ -	\$ (14,700,000)	2,216	37,721,165	48.7%	0.066%
TexPool General Fund	1,001,647			31	1,001,679	1.3%	0.038%
TexPool Internal Service Fund	2,289,085			72	2,289,156	3.0%	0.038%
<i>TexPool Sub-Total</i>	<i>55,709,681</i>	<i>-</i>	<i>(14,700,000)</i>	<i>2,319</i>	<i>41,012,000</i>	<i>53.0%</i>	<i>0.064%</i>
<b>Total Investments</b>	<b>\$ 94,037,837</b>	<b>\$ -</b>	<b>\$ (16,600,000)</b>	<b>\$ 4,010</b>	<b>\$ 77,441,847</b>	<b>100%</b>	<b>0.059%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **0.055%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **0.059%**

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

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

Report for November 2021

Vendor	Description	Monthly Not-To-Exceed*	Nov-21	YTD Total Through November
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$1,500,000	\$1,507,723**	\$4,239,784
UNUM Insurance	Life Insurance, AD&D, LTD, Vision, Individual Disability Insurance	\$220,000	\$200,723	\$395,410
Cigna Health and Life Insurance	Health and Life Insurance	\$2,300,000	\$2,057,676	\$4,049,640
Cigna Dental	Dental Insurance	\$100,000	\$77,858	\$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 November payments of Liabilities for Employee Benefits = 11% of Expenditures.

\*\*Note : November Lincoln Financial Group payments exceeded the agreed upon monthly Not-To Exceed amount not requiring Board signature. To satisfy the Board Resolution in regards to the Not-To-Exceed amount of \$1,500,000 for the month, the Lincoln Financial Group payment in the amount of \$866,229 on November 20th was submitted for Board signature. Total Lincoln Financial Group payments in November not presented for Board signature totaled \$641,494 which meets the Board requirements for Not-To-Exceed for the month of November.

# **EXHIBIT F-4**

**January 2022**

**NEW CONTRACTS OVER 50k**

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY22 NEW CONTRACTS</b>								
	<b>ADMINISTRATION</b>								
1	LivingWorks Education, Inc.	No	ASIST T4T Training		\$68,400.00	03/28/2022- 04/01/2022	State Grant	SCI Grant Requirement	The ASIST T4T Training is required as a part of the Suicide Care Initiatives Grant.
2	Master Pool Facility Specialty Service Providers (Pool-7)	Yes	Painting, Flooring, Door Hardware/Locksmith, Paving/Striping Doors, Fence Installation/Repair, Restoration/Waterproofing, Glazing, Roofing and General Contractor		\$790,836.00	12/01/21- 08/31/26	GR	RFP	A Proposal Opening for Facility Specialty Services Providers was held on Wednesday, November 10, 2021. One hundred twenty-six (126) vendors were contacted and advertisements were placed in four (4) local newspapers. The Harris Center's website, the State of Texas ESBDD website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. Thirty-three (33) HUB vendors were contacted. Seven (7) proposals were received. All proposals were deemed responsive and evaluated by the project team. One (1) "Notice Not to Participate" was received. The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Karen Hurst, Project Manager II, Oscar Garcia, Project Manager II and Todd McCorquodale, Director of Facilities. Five (5) areas were evaluated, emergency response and/or standard response time, experience and capacity, financial viability, price and cost savings and value of engineering suggestions/creative teamwork. The seven vendors that were selected are: DAAS Commercial Flooring, TE-KO Contractors Inc., Smithco Construction Services LLC, TDC Waterproofing and Restoration, LiquaTech, Virtue Constructions Partners LLC and Guarantee Builders Inc. The initial contract period is anticipated to begin upon award of contract for an initial two (2) base years with three (3) one-year renewal options, which will end on August 31, 2023 subject to Fiscal Year budget approval. The Fiscal Year 2022 budget requested is \$790,836.00. The Total NTE requested for the five years is \$3,954,180.00, funded annually. FY22: \$790,836.00 FY23: \$790,836.00 FY24: \$790,836.00 FY25: \$790,836.00 FY26: \$790,836.00 Five-Year NTE Total: \$3,954,180.00
3	Pinnacle Business Solutions	No	Prescription Delivery Service to Patient Homes		\$10,000.00	02/01/22- 01/31/23		Competitive Bid/RFP	A Proposal Opening for Medication Courier Services was held on Wednesday, September 8, 2021. Thirty-two (32) vendors were contacted and advertisements were placed in three local newspapers, The Harris Center's website, the State of Texas ESBDD website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. Seven (7) HUB vendors were located. Nine (9) proposals were received. Four (4) were deemed responsive and evaluated by the project team. No "Notice Not to Participate" was received. The vendors who submitted a responsive proposal are North Houston Carriers LLC, Pinnacle Business Solutions, Package Express and Good Hands Medical Transportation. The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Angela Babin, Director of Pharmacy Programs, Tanya White, Pharmacy Operations Manager and Teri Gleason, Pharmacy Operations Coordinator. Six (6) areas were evaluated: Credentialing, Understanding, Past Performance, References, Financial and Cost. After review of the Proposals, a Best and Final Offer (BAFO) was requested of the four (4) responsive vendors. All four vendors submitted a BAFO. The Project Team's evaluation of responses received, and recommendation is based on the team's belief that Pinnacle Business Solutions is the greatest value to The Harris Center. Pinnacle Business Solutions is not a HUB vendor. The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion. The total NTE requested for the five years is \$50,000.00 (\$10,000.00 per each fiscal year), funded annually. The Funding Source is Mental Health Administration. FY22: \$10,000.00 FY23: \$10,000.00 FY24: \$10,000.00 FY25: \$10,000.00 FY26: \$10,000.00
	<b>CPEP/CRISIS SERVICES</b>								
4	UT Health Science Center	No	Research and Evaluation for the Step Down Program		\$99,257.00	12/17/21- 11/30/22	State Grant		This Agreement is for research and evaluation to be completed on the StepDown Program from the state hospitals and Step Down from HCPC to the Hospital to Home Program.
	<b>FORENSICS</b>								



# Executive Contract Summary

## Contract Section



**Contractor\***

LivingWorks Education Inc

**Contract ID #\***

2021-0294

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

The Harris Center for Mental Health and IDD and LivingWorks Education 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

- 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 **SCI Grant Requirement**

**Funding Information\***

- New Contract  Amendment

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

3/28/2022

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

4/1/2022

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 68,400.00

**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\* (?)**

ASIST T4T Training is required as part of the Suicide Care Initiatives Grant

**Contract Owner\***

Keena Pace

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

Yes  No  Unknown

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

May 2021 - ASIST T4T Training

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

The Harris Center for Mental Health ASIST T4T March 28-April 1 2022.pdf 269.94KB

**Vendor/Contractor Contact Person**

**Name\***

Karen Palfreeman

**Address\***

Street Address  
#119, 807-42 Ave SE  
Address Line 2

City	State / Province / Region
Calgary	AB
Postal / Zip Code	Country
T2G 1Y8	Canada

**Phone Number\***

587-482-2012

**Email\***

karen.palfreeman@livingworks.net

**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	\$ 68,400.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

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

24 person Training Class @ \$2850.00 per person

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

Unknown

<b>Requester Name</b>	<b>Submission Date</b>
SMITH, JANAI L	12/20/2021

**Budget Manager Approval(s)**

Approved by

*Ricardo Campbell*

**Approval Date**  
12/20/2021

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*ICP*

**Approval Date**  
12/23/2021

**Contracts Approval**

Approve\*

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

Approved by\*

*Shashya Behn*

**Approval Date\***  
12/27/2021



## **Award Recommendation**

### **REQUEST FOR PROPOSAL (RFP)**

#### **FACILITY SPECIALTY SERVICE PROVIDERS: Painting, Flooring, Door Hardware/Locksmith, Paving/Striping, Doors, Fence Installation/Repair, Restoration/Waterproofing, Glazing, Roofing and General Contractor**

A Proposal Opening for Facility Specialty Services Providers was held on Wednesday, November 10, 2021.

One hundred twenty-six (126) vendors were contacted and advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESBID website, the Houston Minority Supplier Development Council and the Women's Business Enterprise Alliance. Thirty-three (33) HUB vendors were contacted. Seven (7) proposals were received. All proposals were deemed responsive and evaluated by the project team. One (1) "Notice Not to Participate" was received. The vendors who submitted a responsive proposal are DAAS Commercial Flooring (HUB), TE-KO Contractors Inc., Smithco Construction Services LLC, TDC Waterproofing and Restoration (HUB), LiquaTech (HUB), Virtue Constructions Partners LLC (HUB) and Guaranteed Builders Inc.

The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Karen Hurst, Project Manager II, Oscar Garcia, Project Manager II and Todd McCorquodale, Director of Facilities.

Five (5) areas were evaluated, emergency response and/or standard response time, experience and capacity, financial viability, price and cost savings & value of engineering suggestions/creative teamwork.

The initial contract period is anticipated to begin upon award of contract for an initial two (2) base years with three (3) one-year renewal options 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 shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The initial two contract years will begin upon award of contract and end on August 31, 2023 subject to Fiscal Year budget approval.

The Fiscal Year 2022 budget requested is \$790,836.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$3,954,180.00, funded annually. The Funding Source is Agency Wide Facilities (1899).

FY22 NTE: \$790,836.00

FY23 NTE: \$790,836.00

FY24 NTE: \$790,836.00

FY25 NTE: \$790,836.00

FY26 NTE: \$790,836.00

FIVE-YEAR NTE: \$3,954,180.00

Based on the project team's evaluation of responses received, it is recommended awarding a pool of seven (7) vendors for the provision of various services as follows (Four (4) of the vendors are HUBs.):

<b>Service</b>	<b>Vendor</b>
<b>Painting</b>	DAAS Commercial Flooring TE-KO Contractors, Inc. Smithco Construction Services LLC
<b>Flooring</b>	DAAS Commercial Flooring Smithco Construction Services LLC
<b>Restoration/Waterproofing</b>	TDC Waterproofing & Restoration LiquaTech
<b>Glazing</b>	TDC Waterproofing & Restoration
<b>Roofing</b>	TDC Waterproofing & Restoration LiquaTech Smithco Construction Services LLC
<b>General Contractor</b>	Virtue Construction Partners LLC Gauranteed Builders Inc Smithco Construction Services LLC
<b>Door Hardware/Locksmith</b>	No Award Made
<b>Paving/Striping</b>	No Award Made
<b>Doors</b>	No Award Made
<b>Fencing</b>	No Award Made

Digitally signed by  
Frances Otto  
Date: 2021.12.01  
10:28:43 -06'00'

Frances Otto, CTCD  
Buyer II

Digitally signed by Nina  
Cook  
Date: 2021.12.01  
10:57:14 -06'00'

Nina Cook, MBA, CTPM  
Director of Purchasing

Digitally signed by Sean  
Kim  
Date: 2021.12.01  
12:45:47 -06'00'

Sean Kim, MBA, CPA  
Chief Financial and Administrative Officer



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Pinnacle Business Solutions

**Contract ID #\***

2021-0288

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Pinnacle Business Solution and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

2/1/2022

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

1/31/2025

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 10,000.00

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 10,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,000.00
2025	\$ 10,000.00
2026	\$ 10,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

Prescription delivery service to patient homes

**Contract Owner\***

Angela Babin

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

Yes  No  Unknown

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

Courier services between Harris Center locations. 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 (?)**

Award Recommendation for January Board - Medication Courier Services RFP.msg 10.19MB

**Vendor/Contractor Contact Person**

**Name\***

Woodrow Clayton

**Address \***

Street Address

2335 Minimax Drive

Address Line 2

City

Houston

Postal / Zip Code

77008

State / Province / Region

TX

Country

US

**Phone Number \***

8557272002

**Email \***

wclayton@pinnacledelivery.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 10,000.00	542000

**Budget Manager**

SHELBY, DEBBIE C

**Secondary Budget Manager**

LOERA, ANGELICA D

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

\$9.25 per delivery within a 10 mile radius from pick up pharmacy. Guarantee delivery within 4 hours.

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

N/A

**Requester Name**

BABIN, ANGELA W

**Submission Date**

12/16/2021

**Budget Manager Approval(s)**

**Approved by**

*Debbie Chambers Shelby*

**Approval Date**

12/16/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

*Sharon Brauner*

**Approval Date**

12/16/2021

**Contract Owner Approval**

Approved by

*Angela Babir*

Approval Date

12/16/2021

**Contracts Approval**

Approve\*

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

Approved by\*

*Shashya Behu*

Approval Date\*

12/16/2021



**Award Recommendation**  
**REQUEST FOR PROPOSAL (RFP)**  
**MEDICATION COURIER SERVICES**

A Proposal Opening for Medication Courier Services was held on Wednesday, September 8, 2021.

Thirty-two (32) vendors were contacted and advertisements were placed in three 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. Seven (7) HUB vendors were located. Nine (9) proposals were received. Four (4) were deemed responsive and evaluated by the project team. No "Notice Not to Participate" was received. The vendors who submitted a responsive proposal are North Houston Carriers LLC, Pinnacle Business Solutions, Package Express and Good Hands Medical Transportation.

The Project Team consisted of the following members: Frances Otto, Buyer II, Sharon Brauner, Purchasing Manager, Angela Babin, Director of Pharmacy Programs, Tanya White, Pharmacy Operations Manager and Teri Gleason, Pharmacy Operations Coordinator.

Six (6) areas were evaluated; Credentialing, Understanding, Past Performance, References, Financial and Cost.

After review of the Proposals, a Best and Final Offer (BAFO) was requested of the four (4) responsive vendors. All four vendors submitted a BAFO.

Based on the project team's evaluation of responses received, it is recommended to award Pinnacle Business Solutions. This recommendation is based on the team's belief that Pinnacle Business Solutions is the greatest value to The Harris Center. Pinnacle Business Solutions is not a HUB vendor.

The initial contract period is anticipated to begin upon award of contract for One (1) base year with four (4) 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 shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled or extended. The first contract year will begin upon award of contract and end on August 31, 2022 subject to Fiscal Year budget approval.

The Fiscal Year 2022 budget requested is \$10,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$50,000.00 (\$10,000.00 per each fiscal year), funded annually. The Funding Source is Mental Health Administration (2200).

Digitally signed by  
 Frances Otto  
 Date: 2021.12.16  
 07:19:00 -06'00'

Frances Otto, CTCD  
 Buyer II

Digitally signed by Nina  
 Cook  
 Date: 2021.12.16  
 08:38:20 -06'00'

Nina Cook, MBA, CTPM  
 Director of Purchasing

Digitally signed by Sean  
 Kim  
 Date: 2021.12.16  
 09:18:04 -06'00'

Sean Kim, MBA, CPA  
 Chief Financial and Administrative Officer



# Executive Contract Summary

## Contract Section

**Contractor\***

UT Health Science Center for Research

**Contract ID #\***

2021-0291

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

UT Health Science Center & The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

12/17/2021

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

11/30/2022

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

Contract will be for eleven (11) months

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 99,257.00

**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 Research and Evaluation

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

To contract with UT Health Science Center for research and evaluation to be completed on the Step Down program from the state hospitals and Step Down from HCPC to the Hospital to Home program.

**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\***

UT Health Science Center

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Lokesh Shahani MD

**Address\***

Street Address

2800 South Macgregor Way

Address Line 2

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

US

**Phone Number\***

713-741-3837

**Email\***

Lokesh.R.Shahani@uth.tmc.edu

**Budget Section**



Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b> 9502	<b>Amount Charged to Unit*</b> \$ 99,257.00	<b>Expense/GL Code No.*</b> 542000
<b>Budget Manager</b> RAMIREZ, PRISCILLA M	<b>Secondary Budget Manager</b> OSHMANN, JODEL	

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

Monthly payments made to contractor.

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

na

<b>Requester Name</b> SINGH, PATRICIA R.	<b>Submission Date</b> 12/17/2021
---	--------------------------------------

**Budget Manager Approval(s)**

**Approved by**

*Priscilla M. Ramirez*

**Approval Date**  
12/17/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Kim Kopnmayer*

**Approval Date**  
12/17/2021

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Shasthya Behu*

**Approval Date\***  
12/17/2021

# **EXHIBIT F-5**

# **January 2022**

## **AMENDMENTS OVER 50k**

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY21/22 AMENDMENTS</b>									
	<b>ADMINISTRATION</b>									
1	Johnson Controls Fire Protection, LP	No	Life Safety Systems/Inspection Services Project# 18/0014	\$94,879.00	\$110,923.00	\$205,802.00	09/01/21- 08/31/22	GR	RFP	This Amendment is to increase funds to complete all current and future deficiencies/repairs to bring all Agency buildings up to NFPA Code and ensure the Agency is in full compliance with the Fire Marshal's Office.
2	Knight Security Systems, LLC	No	Agency-Wide Access Control and Other System Related Services including Pharmacy Intrusion Alarm Monitoring Services.	\$145,000.00	\$24,482.60	\$169,482.60	09/01/21- 08/31/22	GR	RFP	<b>6160 S. Loop East</b> - work required by code (COH), access control requested so residents can access courtyard and Jail Diversion doors being replaced. Door hardware provided by Knight and access controls and Jail Diversion entrance and main lobby will be activated <b>NEED TO INCREASE</b> the contract for a total amount of \$21,692.82 for grant unit number 9407 GL code 553001 <b>9401 SW Freeway</b> - addition of access controls at Fire Command Room and HR Reception, repair of safety loop at parking area behind garage and eyes for safety and entrance and exit gate. <b>TOTAL INCREASE</b> to contract is \$24,482.60 - with \$2,789.78 for 1817-553001 and \$21,692.82 for 9407-553001
3	Kronos Incorporated	No	Agency Wide Time Equipment, Software, Attendance System Maintenance and Support Services	\$315,904.19	\$11,715.00	\$327,619.19	11/01/21- 08/31/22	GR	RFP	This Amendment is to increase funds for additional licenses, that are required to support the increase in current number of employees.
4	VC5 Partners dba Rekruters	No	Temporary IT Recruitment and Placement Services	\$625,000.00	\$180,000.00	\$805,000.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to increase funds for additional EPIC Training and Support for Doctors, Nursing and Business Office Staff.
	<b>CPEP/CRISIS SERVICES</b>									
	<b>FORENSICS</b>									
5	Lanier Parking Meter Services, LLC dba REEF Parking	No	JD Parking Lease for Spaces at 1200 Baker Street	\$75,600.00	\$8,400.00	\$84,000.00	01/01/22- 12/31/22	County Funds	Competitive Bid	This Amendment is to increase funds for additional staff added to contract due to increase in number of positions at jail locations.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
	<b>LEASES</b>									
	<b>MENTAL HEALTH SERVICES</b>									



# Executive Contract Summary

## Contract Section



**Contractor\***

Johnson Controls Fire Protection, LP

**Contract ID #\***

7213

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Johnson Controls Fire Protection, LP and The Harris Center for MH and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input 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 <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 (?)

n/a

**Current Contract Amount\***

\$ 94,879.00

**Increase Not to Exceed\***

\$ 110,923.00

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

\$ 205,802.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 205,802.00

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

To complete all current and future deficiencies/repairs to bring All Agency buildings up to NFPA Code and ensure we are in full compliance with the Fire Marshal's Office.

Contract Owner\*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

2003 to Present - Fire and Life Safety

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

- Yes
- No
- Unknown

Please provide an explanation\*

RFP process chosen vendor

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Rachael Kundts, Johnson Controls

Address\*

Street Address

8323 North Eldridge Parkway, STE 120

Address Line 2

City

Houston

Postal / Zip Code

77041

State / Province / Region

TX

Country

US

Phone Number \*

346-229-9471

Email \*

Rachael.kundts@jci.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 110,923.00	569010
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

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

See Current Contract for rates

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

n/a

Requester Name

CANTU-ESPINOZA, LISA A.

Submission Date

12/13/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/13/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

12/13/2021

Contracts Approval

Approve \*

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

Approved by\*

*Shasthya Belu*

Approval Date\*

12/13/2021



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Knight Security Systems, LLC

**Contract ID #\***

2021-0171

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Knight Security Systems, LLC and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal                 |
| <input 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 checked="" type="checkbox"/> Other business continuity |

**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\***

\$ 145,000.00

**Increase Not to Exceed\***

\$ 24,482.60

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

\$ 169,482.60

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 169,482.60

**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\* (?)**

6160 S. Loop East - work required by code (COH), access control requested so residents can access courtyard and Jail Diversion doors being replaced. Door hardware provided by Knight and access controls and Jail Diversion entrance and main lobby will be activated  
NEED TO INCREASE the contract for a total amount of \$21,692.82 for grant unit number 9407 GL code 553001

9401 SW Freeway - addition of access controls at Fire Command Room and HR Reception, repair of safety loop at parking area behind garage and eyes for safety and entrance and exit gate

NEED TO - administrative change #1 - transfer from "New Door's" 1190-553001 to unit 1817 in GL code 553001 in the amount of \$2,000.00

administrative change #2 - transfer from 'Contingency' 1190-553001 to unit 1817 in GL code 553001 in the amount of \$5,000.00

INCREASE the contract for \$2,789.78 in unit 1817 GL code 553001

TOTAL INCREASE to contract is \$24,482.60 - with \$2,789.78 for 1817-553001 and \$21,692.82 for 9407-553001

**Contract Owner\***

Todd McCorquodale

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

Yes  No  Unknown

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

09/2014 to present

**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 (?)**

Knight Security - admin change contingency Gate Repairs.pdf	2.63MB
Knight Security - admin change new doors HR Door Adds.pdf	2.77MB
Knight Security 9407 6160 Fire Alarm.pdf	3.33MB
Knight Security 9407 6160 door upgrade.pdf	2.68MB

**Vendor/Contractor Contact Person**

**Name\***

Knight Security Systems, LLC / Alfred Trevino

**Address\***

Street Address

500 Century Plaza Dr, Ste. 120

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77073

Country

US

**Phone Number\***

832.786.5800 x5869

**Email\***

atrevino@knightsecurity.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 2,789.78	553001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
BROWN, ERICA S.	CAMPBELL, RICARDO	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 21,692.82	553001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
RAMIREZ, PRISCILLA M	OSHMANN, JODEL	

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

see attached quotes

see justification for administrative change requests

TOTAL INCREASE to contract is \$24,482.60 - with

\$2,789.78 for 1817-553001 and \$21,692.82 for 9407-553001

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

n/a

**Requester Name**

HARPER, SARAH A

**Submission Date**

11/11/2021

Budget Manager Approval(s) 

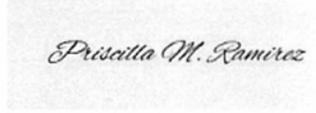
Approved by



Approval Date

11/12/2021

Approved by



Approval Date

11/12/2021

Procurement Approval 

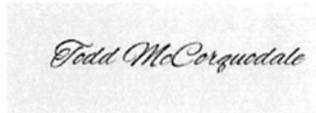
File Upload (?)

Approved by

Approval Date

Contract Owner Approval 

Approved by



Approval Date

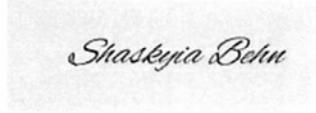
11/15/2021

Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

11/17/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

Ultimate Kronos Group

**Contract ID #\***

6685

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Ultimate Kronos Group & 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 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 <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 (?)**

11/1/2021 - 8/31/2022

**Current Contract Amount\***

\$ 315,904.19

**Increase Not to Exceed\***

\$ 11,715.00

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

\$ 327,619.19

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 327,619.19

Funding Source\*

General Revenue (GR)

Contract Description / Type\* (?)

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

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

Additional UKG licenses are required to support the increased number of employees.

Contract Owner\*

Lesleigh Robertson

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

9/1/2020 - 8/31/2022 (Software, IT Professional services, Support services and Hardware)

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

HARRIS CENTER WFD SMB OMNIA 150EE CAP INC Q-88543-SO.pdf	27.15KB
HARRIS CENTER WFD PAYROLL SRVCS CAP INC Q-88552-SO.pdf	29.33KB

Vendor/Contractor Contact Person

Name\*

Gerald Connors

Address\*

Street Address

900 Chelmsford St

Address Line 2

City

Lowell

Postal / Zip Code

01851

State / Province / Region

MA

Country

United States

Phone Number\*

17275121904

Email\*

gerald.connors@ukg.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 11,715.00	900020

Budget Manager  
BROWN, ERICA S.

Secondary Budget Manager  
CAMPBELL, RICARDO

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

\$300.0 x 10 = \$300.00 (PAYROLL SERVICES WITH SMARTCHECK)

\$871.50 x 10 = \$8,715.00n(Licenses)

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

IT21.1147.08

Requester Name  
JONES, ANTHONY

Submission Date  
11/2/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date  
11/3/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Anthony Jones*

Approval Date  
11/8/2021

Contracts Approval

**Approve\***

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

**Approved by\***

*Shasthya Behn*

**Approval Date\***

11/8/2021



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

VC5 Partners DBA ReKruiters

**Contract ID #\***

7356

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

The Harris Center and VC5/ReKruiters

**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\***

\$ 625,000.00

**Increase Not to Exceed\***

\$ 180,000.00

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

\$ 805,000.00

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 180,000.00

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\* (?)

Additional EPIC Training and Support for Doctors, Nursing and Business Office staff

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY19 FY20, FY21

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

Yes  No  Unknown

Please provide the HUB status\*

WBE - Women owned business.

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Gabe Quintanilla

Address\*

Street Address

11111 Katy Freeway

Address Line 2

Suite 310

City

Houston

State / Province / Region

TX

Postal / Zip Code

77079

Country

US

Phone Number\*

832-243-4000

Email\*

support@rekruters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 180,000.00	542000
<b>Budget Manager</b> SHELBY, DEBBIE C	<b>Secondary Budget Manager</b> LOERA, ANGELICA D	

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

N/A

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

N/A

Requester Name

HURST, RICHARD B

Submission Date

12/1/2021

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

12/1/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cechinwala*

Approval Date

12/1/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shaskeyia Belin*

Approval Date\*

12/3/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

REEF Parking

#### Contract ID #\*

7717

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

1/18/2022

#### Parties\* (?)

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

#### Funding Information\*

- New Contract  Amendment

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

1/1/2022

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

12/31/2022

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

end of current contract

#### Current Contract Amount\*

\$ 75,600.00

#### Increase Not to Exceed\*

\$ 8,400.00

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

\$ 84,000.00

Fiscal Year\* (?) Amount\* (?)  
2022 \$ 63,000.00

Fiscal Year\* (?) Amount\* (?)  
2023 \$ 21,000.00

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\* (?)

additional staff added to contract due to increase in number of positions at jail locations

Contract Owner\*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

January 1, 2021-December 31, 2021 - Parking Services

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Specify Name\*

Harris County Sheriff Office

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

REEF Parking

**Address \***

Street Address

3040 Post Oak Boulevard

Address Line 2

Suite 1050

City

Houston

Postal / Zip Code

77056

State / Province / Region

TX

Country

United States

**Phone Number \***

7132251071

**Email \***

teariq.muhammad@reefparking.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6202	\$ 8,400.00	544005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
WILLIAMS-WESLEY, SHEENIA L.	JILES, MONALISA	

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

n/a

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

n/a

**Requester Name**

WILLIAMS-WESLEY, SHEENIA L.

**Submission Date**

12/3/2021

**Budget Manager Approval(s)**

**Approved by**

*Sheenia Williams-Wesley*

**Approval Date**

12/3/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by

*Monalisa Tiles*

Approval Date

12/3/2021

**Contracts Approval**

Approve \*

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

Approved by \*

*Shasthya Behn*

Approval Date \*

12/3/2021

# **EXHIBIT F-6**

# **January 2022 RATIFICATIONS**





# Executive Contract Summary

## Contract Section



**Contractor\***

ASCEND HR CORP

**Contract ID #\***

2021-0209SERVICE

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

The Harris Center and Ascend HR Corp

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <input 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\***

\$ 49,000.00

**Increase Not to Exceed\***

\$ 300,000.00

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

\$ 349,000.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 349,000.00

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\* (?)

The vendor supplies three different lines of business including hourly staff. They supply staffing as well as marketing services for the employer brand, based on the contract and supplies services they are already billing an average of 30k plus monthly.

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\*

Ascend HR Corp

Address\*

Street Address

20333 State Highway249

Address Line 2

Suite 200

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77070

Country

Harris

Phone Number\*

281-940-5057

Email\*

leah@ascendhrcorp.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 300,000.00	592000
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

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

N/A

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

N/A

Requester Name	Submission Date
TURCIOS, LIVIA E	10/25/2021

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/9/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Leleigh Robertson*

Approval Date

12/10/2021

Contracts Approval

Approve\*

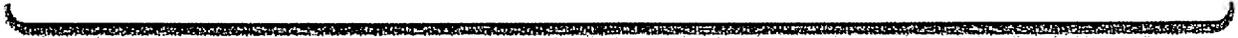
- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shaskyia Behm*

Approval Date\*

12/10/2021





# Executive Contract Summary

## Contract Section



**Contractor\***

Now Solutions

**Contract ID #\***

N/A 2021-0253

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Now Solutions and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

12/1/2021

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

11/30/2022

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

1 year with 2 optional renewal years

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 109,000.00

**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\* (?)**

New SaaS (Software as a Service) license agreement for access to legacy Empath employee data for use by Human Resources staff. This data is not in current HRIS system and is needed for historical lookup.

**Contract Owner\***

Mustafa Cochinwala

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

- Yes
- No
- Unknown

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

FY 2000 - FY 2015  
Empath HRIS software

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

Price Summary for The Harris Center.pdf 1.08MB

**Vendor/Contractor Contact Person**

**Name\***

Marianne Malcom

**Address\***

Street Address<sup>1</sup>

6205 Airport Road

Address Line <sup>2</sup>

Building B, Suite 214

City

Mississauga

Postal / Zip Code

L4V 1E1

State / Province / Region

ON

Country

Canada

**Phone Number\***

905-681-9888

**Email\***

marianmalcolm@nowsolutions.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 109,000.00	574000
Budget Manager BROWN, ERICA S.		Secondary Budget Manager CAMPBELL, RICARDO

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

SAAS 1 Year License - \$84,000  
Setup Fee - \$25,000

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

N/A

Requester Name	Submission Date
HURST, RICHARD B	12/8/2021

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/9/2021

#### Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

12/9/2021

#### Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

12/9/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

12/9/2021

# **EXHIBIT F-7**

# **January 2022**

# **INTERLOCAL AGREEMENTS**





## Executive Contract Summary

### Contract Section


**Contractor\***

Harris County

**Contract ID #\***

2021-0296

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Harris County 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 ARPA Grant

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**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\* (?)**

Harris County awarded local American Rescue Plan Act (ARPA) funds to The Harris Center to expand the Behavioral Health Response Team to assist people experiencing homelessness and are at high-risk for COVID-19 and infections among that population. The Harris Center has agreed to collaborate with the Coalition in the provision of services by the Behavioral Health Response Team-Wellness Team. The Wellness Team serves clients with the most pressing needs, providing year-round crisis intervention and support. The intensive services will address the needs of clients experiencing mental health and addiction issues by delivering and supporting access to psychiatric care and rehabilitation. The Harris Center is responsible to enroll and assess clients based on referrals received from the Coalition for the Homeless and their housing partners programs that meet the definition of chronically or literally homeless. Individuals must be from an encampment identified by the Coalition for the Homeless, housed at the temporary Navigation Center, or housed through The Way Home programs.

Program Director: Amber Honsinger

**Contract Owner\***

Kim Kornmayer

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

- Yes  No  Unknown

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

current contract

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

- Yes  No  Unknown

**Community Partnership\* (?)**

- Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Natalie Garcia

**Address\***

Street Address

1001 Preston St

Address Line 2

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

US

Phone Number\*

8329274774

Email\*

natalie.garcia@csd.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 633,600.00	000000

Budget Manager

OSHMAN, JODEL

Secondary Budget Manager

KORNMEYER, KIMBERLY A

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

NA

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

NA

Requester Name

SINGH, PATRICIA R.

Submission Date

12/9/2021

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

12/14/2021

Contract Owner Approval

Approved by

*Kim Kornmeyer*

Approval Date

12/14/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

12/28/2021



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

**Contract ID#\***

2021-0042

**Contractor Name\***

Texas Workforce Commission

**Service Provided\* (?)**

Access to wage information to determine consumer program eligibility.

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

2/1/2021 - 1/31/2024

**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"/> |

**Contract NTE\* (?)**

\$2,000

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

\$2,000 annually

**Unit(s) Served\***

2299

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

574000

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

CT140904

**Contract Requestor\***

Debbie Shelby

**Contract Owner\***

Mike Downey

**File Upload (?)**

TWC - ID 2021-0042 - FY21 New Agreement - Fully Executed.pdf 535.81KB

### 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.*
2299	\$ 2,000.00	574000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
SHELBY, DEBBIE C	LOERA, ANGELICA D	

Fiscal Year* (?)	Amount* (?)
2022	\$ 2,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State

**Contract Content Changes**



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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

*Debbie Chambers Shelly*

Contract Owner Approval



Approved by

*Michael Downey*

Contracts Approval

Approve\*

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

Approved by\*

*Shasteyia M. Belin*

Approval Date\*

12/7/2021



## Executive Contract Summary

### Contract Section

**Contractor\***

University of Houston, Mental Health Research Innovation Treatment Engagement Service (MH-RITES)

**Contract ID #\***

2021-0280

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

The Harris Center for Mental Health and IDD and University of Houston, Mental Health Research Innovation Treatment Engagement Service (MH-RITES)

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

12/1/2021

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

9/30/2024

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

Harris County cycle

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 233,000.00

**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\* (?)**

external program evaluation required by ARPA contract with Harris County.

**Contract Owner\***

Jennifer Battle

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

Yes  No  Unknown

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

UNK

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Sarah Narendorf

**Address\***

Street Address

3511 Cullen Boulevard

Address Line 2

Room 110HA

City

Houston

Postal / Zip Code

77204-4013

State / Province / Region

TX

Country

US

**Phone Number\***

713-743-8672

**Email\***

sanarend@central.uh.edu

**Budget Section**

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

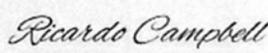
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7008	\$ 233,000.00	542000
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
CAMPBELL, RICARDO		BROWN, ERICA S.

**Provide Rate and Rate Descriptions if applicable\* (?)**  
233000.00

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

<b>Requester Name</b>	<b>Submission Date</b>
SMITH, JANAI L	12/9/2021

**Budget Manager Approval(s)** ^

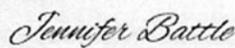
<b>Approved by</b>	<b>Approval Date</b>
	12/9/2021

**Procurement Approval** ^

**File Upload (?)**

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

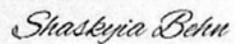
**Contract Owner Approval** ^

<b>Approved by</b>	<b>Approval Date</b>
	12/13/2021

**Contracts Approval**

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	12/13/2021

# **EXHIBIT F-8**

**THE HARRIS CENTER**  
**9401 Southwest Freeway**  
**Houston, TX 77074**

**INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE**  
**Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]**

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

**If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.**

**PART I**

Organization Name: Katy ISD  
Mailing Address: 6301 S Stadium Ln  
City: Katy State: TX Zip code: 77494  
Telephone: 832-263-4833 Fax No.: \_\_\_\_\_  
E-mail Address: nicholasjohnson@katyisd.org  
Relationship to The Harris Center: School District Representative

We were referred to The Harris Center by: Christopher Rigdon, SPED Director Katy ISD

Who will represent your organization on the Advisory Council? Nicholas Johnson  
Special Education Parent Liaison  
(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.  
Please enclose a copy of your organization's Mission Statement.

Katy ISD special education department leads and provides support, training, resources, etc.  
for all of Katy ISD for best practices, evaluations, services, and IEP implementation for the district.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Katy ISD partners with numerous outside agencies and community partners.

PAGE 2 OF 3

**PART II**Name: Nicholas Johnson

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

Mailing Address: 6301 S Stadium LnCity: Katy State: TX Zip code: 77494Telephone: Home: \_\_\_\_\_ Work: 281-396-2097 Cell: 832-263-4833E-Mail Address: nicholasrjohnson@katyisd.orgFax No.: \_\_\_\_\_ Occupation: Special Education Parent LiaisonName of Company/Agency: Katy ISDBusiness Address: 6301 S Stadium LnCity: Katy State: TX Zip code: 77494

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Katy ISD

(Organization Name)

Organization Authorization: Christopher Rigdon, Special Education Director 

(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?

I would like to be a member to increase community and parent engagement in the district, learn about local resources and partnerships, and be able to better advocate for students identified with disability.

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

My work experience has primarily been in special education as a teacher, diagnostician, dyslexia specialist, and my current role to be the liaison for parents to contact.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

Yes  No If no, please explain: \_\_\_\_\_

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

PAGE 3 OF 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

Katy ISD partners with numerous local and state organizations and associations.

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Nicholas Johnson Digitally signed by Nicholas Johnson  
Date: 2021.11.12 09:09:21 -06'00'

(Signature of Officer Making Application/Title)

11/12/21

(Date)

**Please mail the completed application form to: Mona Arismendez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to maria.arismendez@mhmraharris.org or faxed to 713-970-3481.**

- Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
  - The Harris Center Board By-Laws Regarding Advisory Councils
  - Copy of The Harris Center Code of Ethics
  - Certification of Compliance with Code of Ethics
  - Conflict of Interest Declaration
  - Voluntary Disclosure Statement

**THE HARRIS CENTER ORGANIZATION MEMBERS OF  
ADVISORY COUNCILS CERTIFICATION OF  
COMPLIANCE WITH  
THE HARRIS CENTER'S CODE OF ETHICS**

I, Nicholas Johnson, hereby certify on behalf

of Katy ISD, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Nicholas Johnson Digitally signed by Nicholas Johnson  
Date: 2021.11.12 09:10:42 -0800

(Signature of Organization Representative)

Special Education Parent Liaison

(Title)

11/12/21

(Date)

# THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

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We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

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We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family\* of our organization representative.

EXCEPTION:

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We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

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We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family\* of our organization representative.

EXCEPTION:

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Advisory Council:

Intellectual and Developmental Disabilities  Your Name: Nicholas Johnson

Representing: Katy ISD

Signature: 

Date: Nicholas Johnson

Digitally signed by Nicholas Johnson  
Date: 2021.11.12 09:07:26 -0500

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

**The Harris Center**

**Intellectual and Developmental Disabilities Planning Advisory Council**

**Voluntary Disclosure Statement**

**Nicholas Johnson**

\_\_\_\_\_  
(Name)

Please check one:

- Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)
- Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
- Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

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

**11/12/21**

\_\_\_\_\_  
(Date)

**Nicholas Johnson**

Digitally signed by Nicholas Johnson  
Date: 2021.11.12 09:08:24 -06'00'

\_\_\_\_\_  
(Signature)

# **EXHIBIT F-9**



Intellectual Disabilities Services Division  
9401 Southwest Freeway  
Houston, Texas 77074  
P.O. Box 25381  
Phone: (713) 970-3466  
Fax: (713) 970-3481

## MEMORANDUM

To: Wayne Young, Chief Executive Officer

From: Robert Stakem, Jr., MPM, CPHQ, Deputy Director  
Intellectual Disabilities Services Division

Date: January 6, 2022

Subject: Recommendation #425R – Kim Torres as a Family Member Advocate

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends to The Harris Center the application for Kim Torres as a Family Member Advocate membership to the IDD-PAC.

Thank you for your consideration of this recommendation.

Attachment: Application for Organization Representative Membership  
(IDD-PAC Executive Committee asked for Ms. Torres' application to be considered for Family Member Advocate)

**THE HARRIS CENTER**  
**9401 Southwest Freeway**  
**Houston, TX 77074**

**INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE**

**Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]**

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

**If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.**

**PART I**

Organization Name: Bloom Fitness

Mailing Address: 2047 Westcreek Lane #608

City: Houston State: TX Zip code: 77027

Telephone: 713-962-2260 Fax No.: \_\_\_\_\_

E-mail Address: kim@bloomfitness.org

Relationship to The Harris Center: Bloom Fitness is a partner agency with The Harris Center, providing programs to the Hillcroft and Humble locations.

We were referred to The Harris Center by: Shelley Townsend

Who will represent your organization on the Advisory Council? Kim Torres - Executive Director

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.

Please enclose a copy of your organization's Mission Statement.

Mission: Bloom Fitness strives to lead the IDD population to a lifetime of fitness. We do this by providing high-quality fitness programming to IDD services providers.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

n/a

PAGE 2 OF 3

## PART II

Name: Kim Torres

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

Mailing Address: [REDACTED]City: Houston State: TX Zip code: 77069Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: [REDACTED]E-Mail Address: kim@bloomfitness.orgFax No.: \_\_\_\_\_ Occupation: executive directorName of Company/Agency: Bloom FitnessBusiness Address: 2047 Westcreek Lane #608City: Houston State: TX Zip code: 77027

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Shelley Townsend - University of Houston

(Organization Name)

Organization Authorization: \_\_\_\_\_

(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?

As a representative of Bloom Fitness we are dedicated to improving the lives of adults with IDD through fitness, community, and connectivity.

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

I have a masters degree in public administration. I also do nonprofit consulting. I am the parent of a child with IDD and have worked within the IDD sector for ten years.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

 Yes  No If no, please explain: \_\_\_\_\_

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

PAGE 3 OF 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

n/a

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Kim Torres Digitally signed by Kim Torres  
Date: 2021.11.03 12:49:05 -05'00'  
(Signature of Officer Making Application/Title)

11/3/21  
(Date)

**Please mail the completed application form to: Mona Arismendez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to maria.arismendez@mhmraharris.org or faxed to 713-970-3481.**

- Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
  - The Harris Center Board By-Laws Regarding Advisory Councils
  - Copy of The Harris Center Code of Ethics
  - Certification of Compliance with Code of Ethics
  - Conflict of Interest Declaration
  - Voluntary Disclosure Statement

**THE HARRIS CENTER ORGANIZATION MEMBERS OF  
ADVISORY COUNCILS CERTIFICATION OF  
COMPLIANCE WITH  
THE HARRIS CENTER'S CODE OF ETHICS**

I, Kim Torres, hereby certify on behalf

of Bloom Fitness, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Kim Torres

Digitally signed by Kim Torres  
Date: 2021.11.03 12:49:35 -05'00'

(Signature of Organization Representative)

Executive director

(Title)

11/3/21

(Date)

## THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

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We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

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---

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family\* of our organization representative.

EXCEPTION:

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---

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

---

---

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family\* of our organization representative.

EXCEPTION:

---

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Advisory Council:

Intellectual and Developmental Disabilities  Your Name: Kimberly Torres

Representing: Bloom Fitness

Signature: 11/3/21

Date: Kim Torres

Digitally signed by Kim Torres  
Date: 2021.11.03 12:51:01 -05'00'

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

## The Harris Center

### Intellectual and Developmental Disabilities Planning Advisory Council

#### Voluntary Disclosure Statement

**Kimberly Torres**

(Name)

Please check one:

- Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)
- Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
- Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

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

**11/3/21**

(Date)

**Kim Torres**

Digitally signed by Kim Torres  
Date: 2021.11.03 12:51:43  
-05'00'

(Signature)

# **EXHIBIT F-10**

The Harris Center  
9401 Southwest Freeway  
Houston, TX. 77074

**INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE  
Pasadena Cottages Board**

Please Print

Name: Lynn Ganschinietz  
 Mr.  Mrs.  Ms.  Dr.  Consumer  Family Member of Consumer\*

Mailing Address: [REDACTED]

City: Cause State: TX Zip Code: 77384

Telephone: Home 713-560-0245 Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax No: \_\_\_\_\_ E-mail Address Lynn46@yahoo.com

Occupation: retired

Employed by:  
N/A

Why do you want to be a member of the Pasadena Cottages Board?  
I think it's important to have a clients family member represented on this board. I am aware of the obligations it requires.

What special interests, talents, or experience do you feel you bring to the Pasadena Cottages Board?  
I have been on the Board of Avozdale House and the Autism Society. I support the Board and the established operating procedures, but also realize a different perspective, being the Mom of a Client.

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

I am an active member of an outreach class at  
The Art League of Houston.

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

Lynne B. Yanschunsky  
(Signature)

Oct 18, 2021  
(Date)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION  
Pasadena Cottages Board**

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family\*.

EXCEPTION:

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I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family\*.

EXCEPTION:

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---

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family\*.

EXCEPTION:

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---

I am not employed by The Harris Center, nor is any member of my immediate family\*.

EXCEPTION:

---

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

EXCEPTION:

---

---

Print Your Name: Lynn Ganschinietz  
Signature: Lynn B Ganschinietz  
Date: 10/13/21

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

**THE HARRIS CENTER INDIVIDUAL MEMBER OF  
ADVISORY COUNCIL CERTIFICATION OF  
COMPLIANCE  
THE HARRIS CENTER CODE OF ETHICS**

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

Lynn B. Ganschmidt  
(Signature)

10/13/21  
(Date)

**The Harris Center  
Pasadena Cottages Board  
Voluntary Disclosure Statement**

Lynn Ganschinietz  
(Name)

Please check one:

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

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

10/13/21  
(Date)

Lynn B Ganschinietz  
(Signature)

# **EXHIBIT F-11**

Current Status: *Pending*

PolicyStat ID: 11000898



**Origination:** N/A  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** N/A  
**Next Review:** 1 year after approval  
**Owner:** Michael Dangerfield:  
 Dir  
**Area:** Rights &  
 Responsibilities  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## Assurance of Individual Rights

### 1. PURPOSE:

The purpose of this policy is to assure the protection of civil and human rights for all individuals receiving services through The Harris Center for Mental Health and IDD (The Harris Center) and to assure that the rights of individuals are not violated.

### 2. POLICY:

It is the policy of The Harris Center that an individual receiving services from The Harris Center shall have the same rights, ~~benefits~~ benefits and privileges guaranteed by state and federal laws. The Harris Center will ensure the protection of these rights through its policies and procedures. All services shall be provided in a manner consistent with recognized professional and ethical standards.

### 3. APPLICABILITY/SCOPE:

All Harris Center employees, contract providers, contract personnel, volunteers, students, clients and family/legally authorized representative as applicable.

### 4. PROCEDURES:

Administrative Hearings, Individual Complaints, Appeals, and Fair Hearing Procedures

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

The Harris Center Individual Rights handbook

~~Consents~~

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

Individual Rights Handbooks- The Harris Center

Texas Health & Safety Code, Chapter, 592-Rights of Persons with an Intellectual Disability

Texas Health & Safety Code, Chapter, 593- Admission & Commitment to Intellectual Disability Services

Texas Health & Safety Code, Chapter 576- Rights of ~~Patient~~Patients

Title 25 Texas Administrative Code Chapter 401, Subchapter G- Local Mental Health Authority Notification and Appeal

Title 25 Texas Administrative Code Chapter 404, Subchapter E-Rights of Persons Receiving Mental Health Services

Title 25 Texas Administrative Code Chapter 414, Subchapter L-Abuse, Neglect, and Exploitation in Local Authorities and Community Center

Title 40 Texas Administrative Code Chapter 2, Subchapter A- Local Authority Notification and Appeal

Title 40 Texas Administrative Code Chapter 4, Subchapter D-Administrative Hearings under Texas Health & Safety Code, Title 7, Subtitle D

CARF: Section 1. Subsection K., Rights of Person Served

~~CARF: Section 1. Subsection H., Health and Safety~~

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Department Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Michael Dangerfield: Dir	01/2022

# **EXHIBIT F-12**

Current Status: *Pending*

PolicyStat ID: 10983552



**Origination:** 06/2013  
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**Last Approved:** N/A  
**Last Revised:** 06/2013  
**Next Review:** 1 year after approval  
**Owner:** Anthony Robinson:  
 VP  
**Area:** Environmental  
 Management  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## EM3A Burglaries or Thefts

### 1. PURPOSE

To ensure documentation, tracking and reporting of lost or stolen property.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, theft or loss of The Harris Center property shall be reported immediately upon discovery to the local police and/or to the appropriate personnel at The Harris Center. Property losses shall be reviewed to determine negligence, including degree of financial responsibility for the loss.

### 3. APPLICABILITY/SCOPE

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

### 4. DEFINITIONS

N/A

### 5. PROCEDURES

- Reporting Procedures
- Recovery of Lost Property

### 6. RELATED POLICIES/FORMS:

- Incident Reporting
- Equipment Disposal Report
- The Harris Center Property Authorization for Employee Use Form

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

- The Harris Center Policy and Procedure Handbook

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Anthony Robinson: VP	pending
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Dwight Robinson,: VP	01/2022
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Dwight Robinson,: VP	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Initial Assignment	Dwight Robinson,: VP	01/2022

# **EXHIBIT F-13**

Current Status: *Pending*

PolicyStat ID: 11003058



Transforming Lives

**Origination:** 10/2020  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 10/2020  
**Next Review:** 1 year after approval  
**Owner:** Kendra Thomas:  
*Counsel*  
**Area:** Leadership  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## LD1A - Business Associate Policy

### 1. PURPOSE:

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

### 2. POLICY:

It is the policy of The Harris Center to enter into business associate agreements in compliance with the relevant provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. The Business Associate agreements shall comply with the federal requirements. The Business Associate must sign the Business Associate agreement prior to performing any services on behalf of the Harris Center. The Harris Center shall allow its business associates to create, receive, maintain, or transmit protected health information (PHI) on its behalf, if the Harris Center obtains satisfactory written assurance that the business associate will appropriately maintain the privacy and security of the PHI and fulfill HIPAA business associate obligations.

### 3. APPLICABILITY/SCOPE

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

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

Business Associate Agreement

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

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

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Shannon Fleming: Counsel	01/2022
Initial Assignment	Kendra Thomas: Counsel	01/2022

# **EXHIBIT F-14**

Current Status: *Pending*

PolicyStat ID: 10983475



**Origination:** 06/2000  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 06/2000  
**Next Review:** 1 year after approval  
**Owner:** Shiela Oquin, :  
 ExecAsst  
**Area:** Assessment, Care &  
 Continuity  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## ACC1A Court-Ordered Outpatient Mental Health Services

### 1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

### 2. POLICY:

It is the policy of The Harris Center that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or a risk associated with relapse or re-hospitalization, dangerous behavior or deterioration.

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

Section I: Routes to Court-Ordered Out-Patient Mental Health Services

Section II: Order Following Hearing on Application for Temporary Mental Health Services

Section III: Modification of In-Patient to Out-Patient Commitment

Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment

Section V: Termination of Commitment

Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In Patient Treatment

Section VII: Treatment Failure

Section VIII: Procedure for Transmitting Documents to Court Staff Training

Section IX: Staff Training

Section X: Review of Policy and Procedure

Section XI: References

Section XII: Forms

Section XIII: Attachments

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

NA

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

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574  
CARF: Section 1. Subsection E., Legal Requirements

### Attachments

No Attachments

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Departmental Review	Keena Pace: Exec	01/2022
Initial Assignment	Shiela Oquin,: ExecAsst	01/2022

# **EXHIBIT F-15**

Current Status: *Pending*

PolicyStat ID: 10983585



Origination:	02/2015
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	01/2022
Next Review:	1 year after approval
Owner:	Maria Richardson: Dir
Area:	Medical Services
Standards & Regulations:	
Document Type:	Agency Policy

## MED15A Emergency Medical Care for Consumers, Employees and Volunteers

### 1. PURPOSE:

The purpose of the policy is to describe the manner ~~in which~~ that The Harris Center manages emergent and non-emergent injuries and illnesses for consumers, employees and volunteers with the Harris Center for Mental Health and IDD.

### 2. POLICY:

Acute injuries and or illnesses of individuals occurring during visits at The Harris Center for Mental Health and IDD shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a minor injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

### 3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of the Harris Center, where consumers, employees and volunteers may be present.

### 4. Related Procedures/Policies/Forms:

- Composition and Function of First-Aid Kits
- Incident Reporting (for injury or illness resulting from an accident or non-accidental injury or illness)
- Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)
- Employee On-the Job Injuries and Illnesses (Worker's Compensation Reporting) - (for accidental injury of employees and volunteers)
- Disaster and Severe Weather Emergencies Disaster and Evacuation Plan  
~~CPEP Medical Emergency Procedure.~~
- Emergency Codes, Alerts and Response Policy
- Code Blue/Medical Alert Procedure  
~~Medical Emergency Flow Sheet~~

## 5. References: Rules/Regulations/Standards

- ~~Texas Administrative Code Chapter 25; 411.61 & 411.62~~
- [Organizational Standards-Environment of Care and Safety, 26 Tex. Admin. Code 301.323](#)

### Attachments

No Attachments

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2022
Initial Assignment	Maria Richardson: Dir	01/2022

# **EXHIBIT F-16**

**Current Status:** *Pending***PolicyStat ID:** 10983553

**Origination:** 02/2013  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 02/2013  
**Next Review:** 1 year after approval  
**Owner:** Anthony Robinson:  
 VP  
**Area:** Environmental  
 Management  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## EM4A Incident Reporting

### 1. PURPOSE

To provide documentation with exact details of all incidents that occur on or off facility grounds at The Harris Center for Mental Health and IDD. This includes incidents that may include, but are not limited to, all employees, interns, contractors, volunteers, and patients. Information obtained may be utilized in the future to address any liabilities presented from the incident.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to establish an incident reporting process which includes a mechanism to ensure all reportable incidents are recorded and evaluated, documenting follow-up and corrective actions where necessary. All Harris Center's staff, contractors, volunteers, interns or others in programs operated by The Harris Center, shall document the following incident types including patients identified and defined below after contacting any applicable regulatory agencies as soon as practical. The internal documentation shall occur within 24 hours of the incident.

- Violations of patients' rights, including, but not limited to allegations of abuse, neglect, & exploitation
- Accidents and injuries
- Patient Behavior
- Abuse/Neglect/Rights Violation
- Death
- Homicide, Homicide attempt, threat with plan or threat without plan
- Medical Issues
- Restraint (Personal & Mechanical)
- Safety Issues
- Seclusion
- Suicide & Suicide Attempts by an active patient (on or off the program site)
- Theft/Loss
- Fire
- Bomb Threat
- Improper disclosure of patient health information
- Loss or theft of patient record(s)
- Patient absent without permission from a residential program
- Critical Incidents

- Any other significant disruptions

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

- Incident Reporting Procedures

### 5. RELATED POLICIES/FORMS:

- Closed Records Review Committee
- Reporting Allegations of Abuse, Neglect, and Exploitation
- Assurance of Individual Rights

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

- Texas Family Code, Chapter 261
- Texas Human Resources Code, Chapter 48
- Title 25 Texas Administrative Code, Chapter 414, Subchapter L
- The Harris Center Policy and Procedure Handbook
- CARF: Section 1. Subsection K., Rights of Persons Served

#### Attachments

No Attachments

#### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Anthony Robinson: VP	pending
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Dwight Robinson,: VP	01/2022
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Dwight Robinson,: VP	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Initial Assignment	Dwight Robinson,: VP	01/2022

# **EXHIBIT F-17**

Current Status: *Pending*

PolicyStat ID: 10983609



Origination:	01/2000
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	01/2022
Next Review:	1 year after approval
Owner:	Maria Richardson: Dir
Area:	Medical Services
Standards & Regulations:	
Document Type:	Agency Policy

## MED2A Infection Control and Prevention Policy

### 1. PURPOSE:

~~The Harris Center for Mental Health and IDD's Infection Control and Prevention Policy provides quality infection control procedures for staff, individuals served, volunteers and visitors. The Infection Control Nurse Manager monitors and ensures that the plan is implemented throughout the Agency in order to support an environment free of endemic and epidemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices and precautions to prevent the spread of infectious organisms and diseases.~~

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

### 2. POLICY:

~~It is the policy of The Harris Center for Mental Health and IDD to comply with the Infection Control and Prevention Plan.~~

The Harris Center shall provide an effective infection control and prevention plan for staff, individuals served, volunteers and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices and precautions to prevent or mitigate the spread of infectious organisms and diseases.

### 3. APPLICABILITY/SCOPE:

~~The Harris Center for Mental Health and IDD.~~

All Harris Center Staff, contractors, volunteers and interns.

### 4. PROCEDURES:

- a. Infection Control ~~Precautions~~  
~~Food Service Personal Cleanliness, and Sanitation and Food Sanitation~~
- b. Tuberculosis Testing and Exposure to Tuberculosis

- c. Regulated Medical Waste Disposal
- d. Accidental Blood and Bodily Fluid Exposures

~~Cleaning/Disinfection of Play Equipment~~

- e. Hand Hygiene
- f. Handling Contaminated Linens

~~Food Refrigerator Sanitation~~

~~Scabies and Lice Procedure~~

## 5. RELATED POLICIES/FORMS:

Infection Control Plan

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

- a. Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030
- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H §§81.301 et seq.
- f. Online Incident Report Form

### Attachments

No Attachments

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2022
Initial Assignment	Maria Richardson: Dir	01/2022

# **EXHIBIT F-18**

Current Status: *Pending*

PolicyStat ID: 11003048



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**Last Approved:** N/A  
**Last Revised:** 01/2022  
**Next Review:** 1 year after approval  
**Owner:** Kendra Thomas:  
*Counsel*  
**Area:** Leadership  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## LD10A - Management of Legal Documents & Litigation

### 1. PURPOSE

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

### 2. POLICY

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

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

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

### 3. APPLICABILITY/SCOPE

All Harris Center Staff, contractors, volunteers and interns.

### 4. RELATED ~~POLICIES~~ POLICIES/FORMS

Subpoenas  
Search Warrants

### 5. References:

Regulations/Standards/Statutes

## Attachments

No Attachments

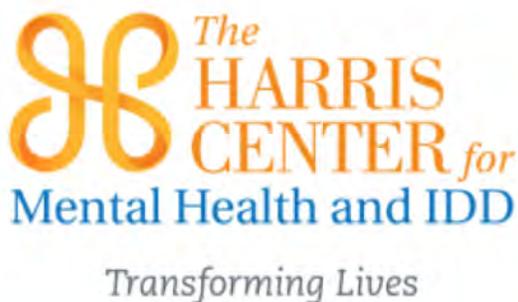
## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Kendra Thomas: Counsel	01/2022
Initial Assignment	Shannon Fleming: Counsel	01/2022

# **EXHIBIT F-19**

Current Status: *Pending*

PolicyStat ID: 10983586



Origination:	04/2018
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Last Approved:	N/A
Last Revised:	01/2022
Next Review:	1 year after approval
Owner:	Maria Richardson: Dir
Area:	Medical Services
Standards & Regulations:	
Document Type:	Agency Policy

## MED12A - Professional Review Committee

### 1. PURPOSE

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

### 2. POLICY

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

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

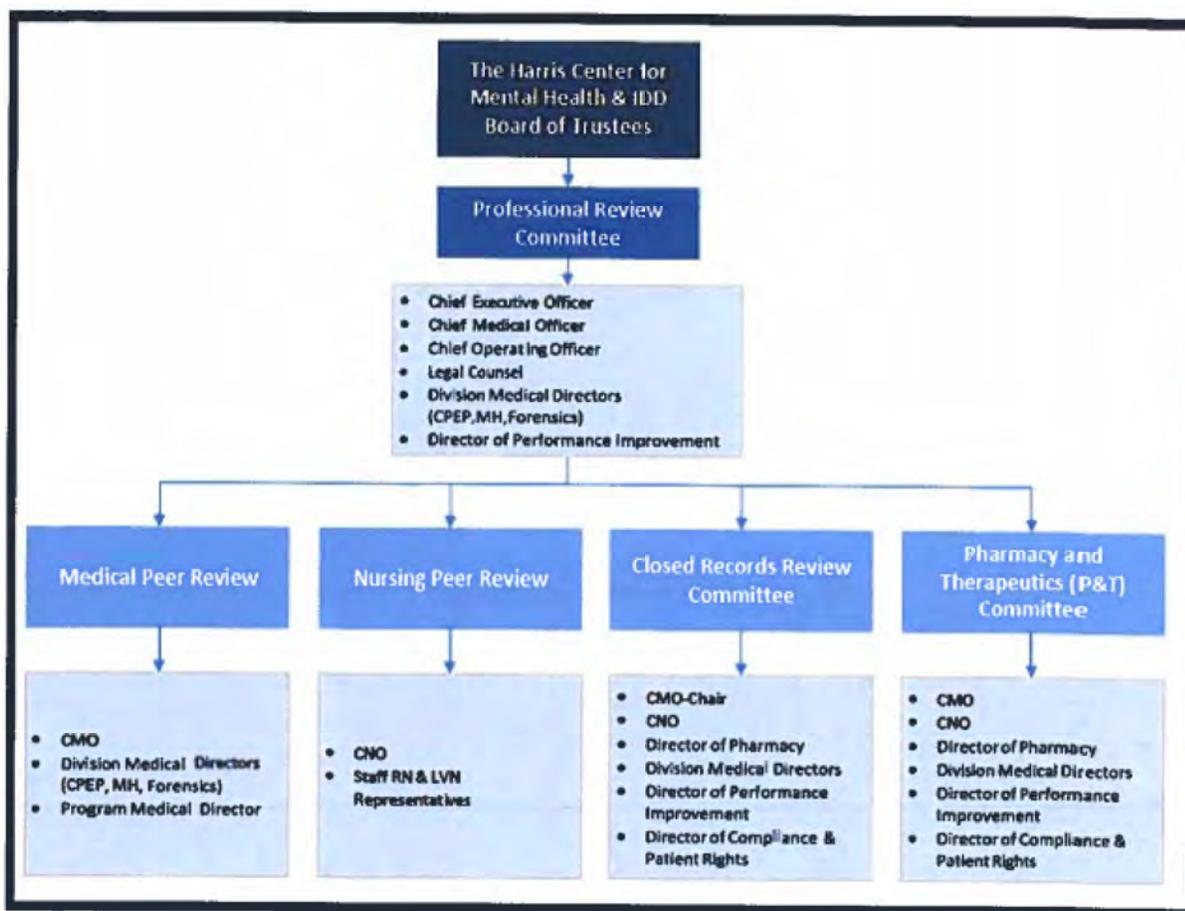
- ▲ ~~Professional Review Committee Membership~~
- ▲ ~~Professional Review Committee Meetings~~
- ▲ ~~Standing Subcommittees~~
- ▲ ~~Confidential and Privileged~~
- ▲ ~~Critical Incident Review~~
- ▲ ~~Sentinel Events~~
- ▲ ~~Closed Records Review Committee~~
- ▲ ~~Professional Qualitative Chart review~~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

## 5. Related Policies/Forms:

- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- ~~Pharmacy and Therapeutics Committee~~
- ~~Professional Review Committee Bylaws~~
- Patient Safety Committee

## 6. References- Rules/Regulations/Standards:

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



## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,; Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,; VP	01/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2022
Initial Assignment	Maria Richardson: Dir	01/2022

# **EXHIBIT F-20**

Current Status: Pending

PolicyStat ID: 10993085



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**Last Revised:** 01/2022  
**Next Review:** 1 year after approval  
**Owner:** Michael Dangerfield:  
 Dir  
**Area:** Rights &  
 Responsibilities  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## RR1A Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities

### 1. PURPOSE

The purpose of this policy is to ~~establish a~~ express the uniform policy approach for immediate reporting of allegations or incidents of abuse, neglect, and exploitation of persons served by The Harris Center for Mental Health and IDD (The Harris Center).

### 2. POLICY

All persons served at The Harris Center have a right to be free from abuse, neglect, ~~or~~ exploitation, and humiliation. It is the policy and responsibility of all employees, agents, interns, volunteers or contract affiliates of The Harris Center who have knowledge of or reason to believe that a child, elderly person, or person with a disability is the victim of abuse, neglect, or exploitation shall report such to the proper authorities, including Texas Department of Family and Protective Services (DFPS).

### 3. APPLICABILITY/SCOPE

All ~~Harris Center~~ employees, volunteers, interns, individuals/family/LAR, contractors and subcontractors of The Harris Center shall adhere to the standards set forth in this policy.

### 4. RELATED POLICIES/FORMS:

Assurance of ~~Consumer~~ Insurance Rights Policy  
 Incident Reporting Policy  
~~Nursing Peer Review Committee~~

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

- ~~Texas Family Code, Chapter 261 Investigation of Report of Child Abuse or Neglect~~
- ~~Texas Human Resources Code, Chapter 48~~
- ~~Title 25 Texas Admin. Code, Ch. 414, Subchapter L: Abuse, Neglect, and Exploitation in Local~~

~~Authorities and Community Centers~~

- ~~Title 40 Texas Administrative Code, Chapter 4, Subchapter L-Abuse, Neglect & Exploitation in Local Authorities and Community Centers~~
- ~~Title 40 Texas Admin. Code, Chapter 705-Adult Protective Services~~
- ~~CARF: Section 1. Subsection K., Rights of Persons Served~~
- ~~CARF: Section 1. Subsection H., Health and Safety~~

Texas Family Code, Chapter 261 Investigation of Report of Child Abuse or Neglect

Texas Human Resources Code, Chapter 48 Investigations and Protective Services for Elderly and Disabled Persons

Title 25 Texas Admin. Code, Ch. 414, Subchapter L Abuse, Neglect, and Exploitation in Local Authorities and Community Centers

Title 40 Texas Administrative Code, Chapter 4, Subchapter L-Abuse, Neglect & Exploitation in Local Authorities and Community Centers

Title 40 Texas Admin. Code, Chapter 705 Adult Protective Services

CARF: Section 1. Subsection K., Rights of Persons Served

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Department Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Michael Dangerfield: Dir	01/2022

# **EXHIBIT F-21**

Current Status: *Pending*

PolicyStat ID: 10983554



**Origination:** 11/2012  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 01/2022  
**Next Review:** 1 year after approval  
**Owner:** Dwight Robinson, : VP  
**Area:** Environmental Management  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## EM5A Reporting Automobile Accidents

### 1. PURPOSE

To ensure all motor vehicular accidents are documented and reported.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (Harris Center) that any accident involving a Harris Center vehicle, or personal vehicle used in the course and scope of Harris Center business shall be reported immediately upon discovery to the appropriate Harris Center personnel, the police and other law enforcement officials having jurisdiction.

### 3. APPLICABILITY/SCOPE

This policy applies to all ~~employees and~~ All Harris Center Staff, contractors ~~of The Harris Center~~, volunteers and interns.

### 4. DEFINITIONS

N/A

### 5. PROCEDURES

- Reporting Procedures

### 6. RELATED POLICIES/FORMS:

- Employee On-The-Job Inquiries and Illnesses INC:3
- Supervisor's Accident Report
- Incident Reporting INC:9

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

- The Harris Center Policy and Procedure Handbook

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Dwight Robinson,: VP	pending
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Dwight Robinson,: VP	01/2022
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Legal Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Dwight Robinson,: VP	01/2022

# **EXHIBIT F-22**

Current Status: *Pending*

PolicyStat ID: 10983496



Origination:	08/2019
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Last Approved:	N/A
Last Revised:	08/2019
Next Review:	1 year after approval
Owner:	Shiela Oquin, ExecAsst
Area:	Assessment, Care & Continuity
Standards & Regulations:	
Document Type:	Agency Policy

## ACC6A Trauma-Informed Practice

### 1. PURPOSE

The purpose of this procedure is to ensure services and programs are supportive of individuals that have experienced trauma and to avoid re-traumatization which is based in an understanding of the vulnerabilities or triggers of trauma survivors some traditional service delivery approaches may exacerbate.

### 2. POLICY

The Harris Center will create and maintain a safe and secure environment with supportive care, a system-wide understanding of trauma and its prevalence and impact, recovery and trauma specific services; and recovery-focused, consumer-driven services.

### 3. APPLICABILITY/SCOPE

The policy is applicable to all Harris Center staff, volunteers, interns and contractors.

### 4. RELATED POLICIES/FORMS:

- Trauma-Informed Practice Procedures

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

- SAMHSA's National Center for Trauma-Informed Care (NCTIC) Website
- Trauma Informed CCBHC Criteria Guidelines
- CCBHC: Program Requirements 1-4
- CARF: Section 2. Subsection B., Screening and Access to Services

### Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Compliance Review	Dwight Robinson,: VP	01/2022
Departmental Review	Keena Pace: Exec	01/2022
Initial Assignment	Shiela Oquin,: ExecAsst	01/2022

# **EXHIBIT F-23**

Current Status: *Pending*

PolicyStat ID: 10983566



Transforming Lives

**Origination:** 10/2020  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 10/2020  
**Next Review:** 1 year after approval  
**Owner:** Dwight Robinson, : VP  
**Area:** Environmental Management  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## EM6A Utilization of Security Officer Services

### 1. PURPOSE

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

### 2. POLICY

The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of the Harris Center's commitment to maintain a safe environment, the Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect Harris Center property, proactively identify, and promptly mitigate security risks in the environment.

### 3. APPLICABILITY/SCOPE

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

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

- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program
- Limitation to Security Officer's Role - Least Restrictive Environment

### 5. References/Rules/Regulations/Standards

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards-Organizational Standards, 26 Tex. Admin. Code §301.323

#### Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Dwight Robinson,: VP	pending
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Dwight Robinson,: VP	01/2022
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Legal Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Dwight Robinson,: VP	01/2022

# **EXHIBIT F-24**

Current Status: *Pending*

PolicyStat ID: 11009222



**Origination:** 02/1992  
**Effective:** Upon Approval  
**Last Approved:** N/A  
**Last Revised:** 02/1992  
**Next Review:** 1 year after approval  
**Owner:** Dwight Robinson, : VP  
**Area:** Environmental Management  
**Standards & Regulations:**  
**Document Type:** Agency Policy

## EM7A Weapons

### 1. PURPOSE

The purpose of this policy is to establish clear boundaries and expectations relating to weapons.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD ("Harris Center") to prohibit all weapons on the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law.

For the purpose of this policy, "weapon(s)" include handguns, firearms, clubs, location-restricted knives, "prohibited weapons" defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon; or (ii) may be reasonably foreseen or expected to be used as a weapon.

### 3. APPLICABILITY/SCOPE

This policy applies to all Harris Center facilities and other program locations

### 4. RELATED POLICIES/FORMS:

• Incident Reporting	INC: 9
• Statement of Weapon Confiscation	INC: 5.001
• Online Incident Report	INC: 9.001
• Prevention and Management of Aggressive Behavior	ST/D: 7

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

- The Harris Center's Policy and Procedure Handbook
- Texas Penal Code §§46.01,46.02,46.03,46.05, 46.15; §§30.06, and 30.07
- Texas Government Code Chapter 411, Subchapter H

- Texas Occupations Code Chapters 1701-1702
- Texas Labor Code - Sections 52.061-52.063
- CARF: Section 2. Subsection A., General Program Standards

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Dwight Robinson,: VP	pending
Management of Board Approval	Christopher Webb,: Audit	pending
CEO Approval	Dwight Robinson,: VP	01/2022
CEO Approval	Wayne Young: Exec	01/2022
Legal Review	Kendra Thomas: Counsel	01/2022
Legal Review	Dwight Robinson,: VP	01/2022
Initial Assignment	Dwight Robinson,: VP	01/2022

# **EXHIBIT F-25**

# The Harris Center for Mental Health and IDD (the “Center”)

## FY 2021 Audit Results

---

# Engagement Team



**Donald Nguyen**  
*Associate*



**Joey Killion**  
*Senior Associate*



**Ailene Comple  
Makalintal**  
*CPA CFE – Senior  
Manager*



**Celina Cereceres**  
*CPA – Engagement  
Partner*



**Tom Pedersen**  
*CPA – Engagement  
Quality Control Partner*

# Purpose of the Audit – The Opinion on the Report



**Disclaimer**



**Qualification**  
(modification due to scope  
limitation or departure from  
GAAP)



**Unmodified**  
(Clean Opinion)

# The Audit Process



**Planning**  
Risk Assessment



**Internal Controls**  
Determine if we can rely on controls and reduce risk of material misstatement



**Substantive Testing**  
Sufficient audit evidence



**Opinion**  
Unmodified, Modified, Disclaimer

# Internal Controls Over Critical Areas

- **Human Resources**
- **Payroll**
- **Procurement**
- **Accounts Payable**
- **Federal & State Grants**
- **Internal Audit**
- **Information Technology**
- **3<sup>rd</sup> Party Revenues**

# Major Federal and State Programs

- **\$76.8 million in expenditures of federal awards**
- **\$124.8 million in expenditures of state awards**
- **Total \$201.6 million**
  
- **Type A/B Threshold - \$2.3 million (federal) & \$3.0 million (state)**
  
- **Major Federal Programs Selected for Testing FY 201**
  - Substance Abuse Prevention & Treatment Block Grant (ALN 93.959)
  - Medicaid Cluster (ALN 93.778)
  - Disaster Assistance (ALN 93.982)
  - Medication Opioid Use Disorder (ALN 93.982)
  - Coronavirus Relief Fund (ALN 21.019)
  
- **Major State Programs Selected for Testing FY 2021**
  - General Revenue Mental Health
  - General Revenue Psychiatric Hospitals
  - General Revenue Intellectual Development Disabilities
  - Healthy Community Collaborative

# The Center's Audit Opinions

## Clean Report



- **Unmodified opinion over financial statements**
- **Unmodified opinions on each federal and state major program**
- **No internal control findings related to financial reporting or federal/state compliance**
- **No findings related to federal or state compliance**

# Statement of Net Position

- **Total Assets: \$212.6 million**
  - Cash and investments: \$130.6 million
  - Capital assets, net of depreciation: \$54.1 million
- **Total Liabilities: \$45.0 million**
  - Accrued liabilities: \$14.0 million
  - Unearned revenue: \$18.2 million
  - Compensated absences: \$8.1 million
- **Net Position: \$167.6 million**
  - An increase of \$21.0 million from FY 2020

# General Fund

- Actual revenues of \$292.5 were greater than budgeted amounts by \$13.3 million due to Delivery System Reform Incentive Payments
- Actual expenditures of \$292.1 million were under budget by \$33.8 million
- Fund balance increased by \$0.4 million
- Ending fund balance is \$121.1 million

# Required Communications

## Significant Accounting Policies

- The Center's accounting policies and methods are appropriate and in accordance with industry standards.

## Accounting Estimates

- The preparation of the financial statements requires that certain estimates and judgments be made by management. These judgments and estimates include:
  - Allowances for uncollectable accounts receivable – 3<sup>rd</sup> Party/Patient Fees
  - Useful lives of capital assets
- We concluded that management has a reasonable basis for significant judgments and estimates that impact the financial statements.

# Required Communications

## Difficulties Encountered in Performing the Audit

- We encountered no difficulties in dealing with management in performing and completing our audit

## Corrected or Uncorrected Misstatements

- There were no material misstatements that were identified by us that required management's correction

## Disagreements with Management

- We had no disagreements with management over the application of accounting principles or management's judgments about accounting estimates.

# Required Communications

## Management Representations

- We have requested certain representations from management

## Consultation with Other Accountants

- We are not aware of any situations in which management consulted with other accountants on accounting or financial reporting matters.

## Major Issues Discussed with Management Prior to Retention

- We discussed the application of accounting principles and auditing standards, however, our responses were not a condition to our retention.



# **EXHIBIT F-26**



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

A Request for Qualification opening for Professional Services (FY22-0213) for Facility related requests was held on Tuesday, November 2, 2021. The Supplemental RFQ (FY22-0213B) opening was held on Friday, January 21, 2022.

**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 ESBD 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 (project FY22-0213) 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.

**Original RFQ FY22-0213:**

**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

**Supplemental RFQ FY22-0213B:**

The Award recommendations for Project FY22-0213 was presented to the November Board of Trustees. The Board of Trustee recommendation was to repost the RFQ to expand vendor responses.

The Supplemental RFQ was sent to one hundred and sixty-four (164) vendors, thirty-four (34) were HUBS. Advertisements were placed in three (3) local newspapers, The Harris Center's website, the State of Texas ESBD website, the Houston Business Journal, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance.

A Request for Qualification for project FY22-0213B opening for the Supplemental Professional Services for Facility related requests was held on Friday, January 21, 2022.

Seven (7) submissions were received and deemed responsive.

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:**

The Broaddus Companies (HUB)  
Page Southerland Page (HUB Subcontractor)

**Environmental Firms:**

Ninyo & Moore

**Engineering Firms:**

Separation Systems Consultants, Inc. (Environmental & Construction) (HUB)

**Electrical Firm:**

Highlights Electrical

**Plumbing/ Mechanical (HVAC):**

Raven Mechanical, LP  
Letsos Company

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 / Construction  
Unit# 1899 – Agency Wide Facilities

**Submitted By:**

**James Blunt**  
Digitally signed by James Blunt  
Date: 2022.01.24 09:22:05 -06'00'

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

**Recommended By:**

**Nina Cook**  
Digitally signed by Nina Cook  
Date: 2022.01.24 09:26:02 -06'00'

Nina M. Cook, MBA, CTPM  
Director of Purchasing

**Recommended By:**

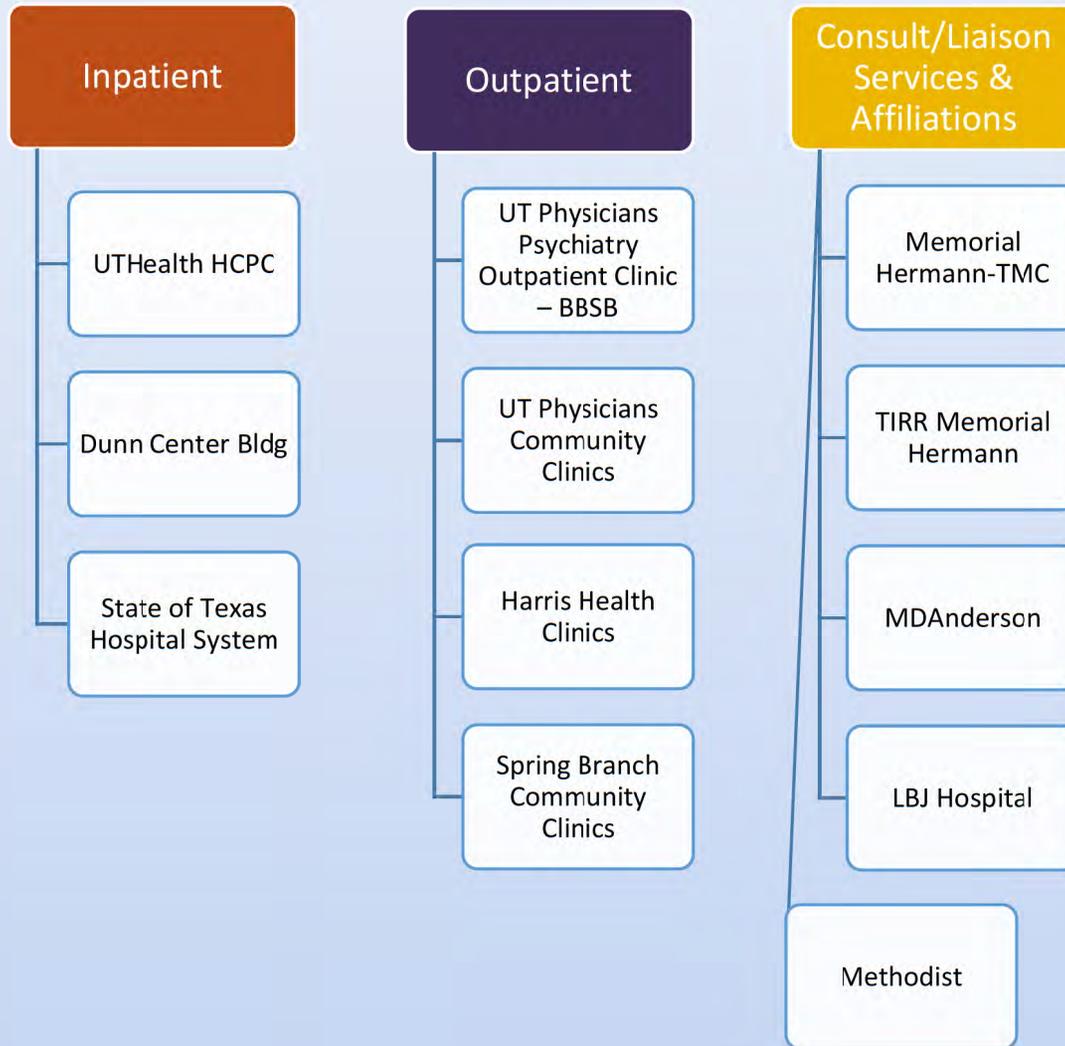
**Sean Kim**  
Digitally signed by Sean Kim  
Date: 2022.01.24 09:47:15 -06'00'

Sean Kim, MBA, CPA  
Chief Financial Officer

# **EXHIBIT F-27**

# John S. Dunn Behavioral Sciences Center UTHealth Houston

# Patient Care Overview



# UTHealth Harris County Psychiatric Center





# Patient Care – Inpatient

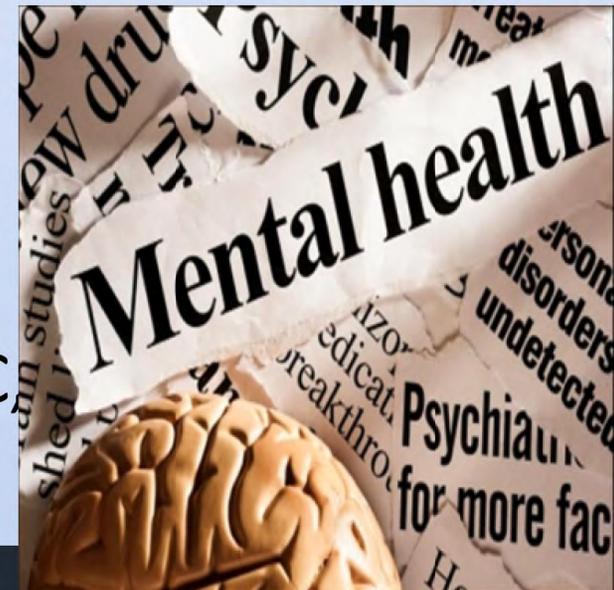
## UTHealth Harris County Psychiatric Center

- Opened in 1986 and accredited in 1988 by The Joint Commission
  - Operated and staffed by McGovern Medical School at UTHealth
  - Jointly owned by the State of Texas and Harris County
- **Largest Psychiatric Inpatient Hospital in Houston**
  - Over **9,000 patients** admitted yearly
  - 12 units, **274 beds**
  - Specialty services include:
    - Depression, Anxiety, Mood Disorders, Bipolar Disorder, Dual Diagnosis, Schizophrenia, Child & Adolescent, Geriatric Psychiatry Units
    - Electroconvulsive Treatment (ECT) Service
- Opened in 1986 and accredited in 1988 by The Joint Commission
  - Operated and staffed by McGovern Medical School at UTHealth
  - Jointly owned by the State of Texas and Harris County

***Awarded “Top Performer in Key Quality Measures” by The Joint Commission***

# HCPC: Specialty Units

- Affective Disorders (unit 1B)
- Competency Restoration (unit 1C)
- Child & Adolescent Acute Unit (unit 1E)
- Juvenile Probation Adolescent Unit (unit 1D)
- Schizophrenia (unit 2C)
- Geriatric Psychiatry (1/2 unit 3B)
- Dual Diagnosis (1/2 unit 3B)
- Bipolar Disorder (unit 3D)
- General Adult Units: 2B, 2D, 2E, 3C



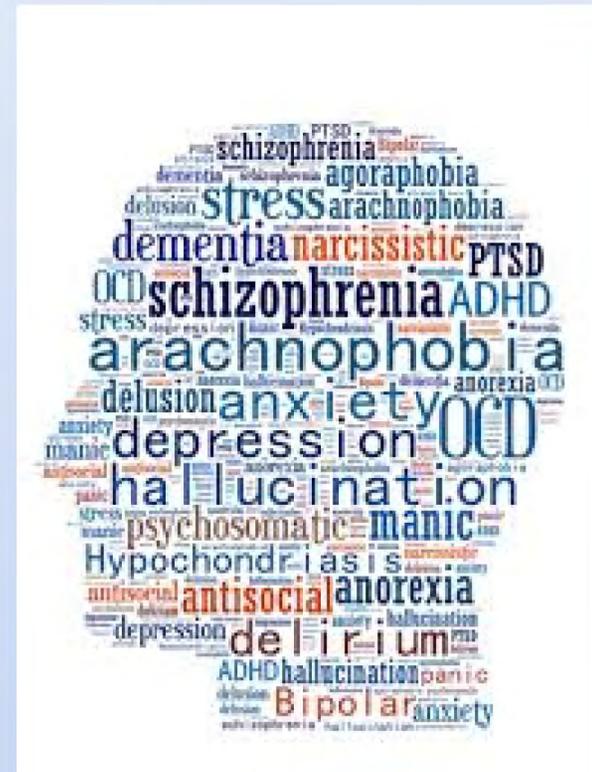
# HCPC: Clinical Details

- Multidisciplinary approach with individualized treatment teams:
  - Psychiatrist
  - Psychiatry Residents in training
  - Nursing Staff
  - Social Worker
  - Psychiatry Technicians
  - Medical Students
  - Psychologists



# HCPC: Patient Population

- Frequently Treated Conditions:
  - Depression
  - Schizophrenia
  - Schizoaffective Disorder
  - Bipolar Disorder
  - Anxiety Disorders
  - Substance Abuse Disorders
  - Personality Disorders
  - PTSD



# Potential Consults/Special Orders

(when indicated)

- Internal Medicine Consults
- Dental Appointments
- Radiology Studies
- EEG's
- ECT Consult
- IDD Resource Team
- Psychological Testing
- Individual Therapy
- Chaplain Consults
- Nutrition Consults

# HCPC: Special Programming

- DBT Groups
  - Every Tuesday and Thursday at 4 pm
  - Unit 1B
- Early Onset Treatment Program
  - Voluntary Program for up to 90 days on unit 1B
  - 6 beds funded at this time
  - Goal is to provide optimal stabilization at the beginning of illness to promote better clinical outcomes
  - Team effort with the Harris Center to study outcomes of patients who completed the program

# UTHealth – Dunn Center Building



The design incorporates two buildings, linked by a glazed bridge, that house the clinical units, support services, research, and education spaces. The hospital, like the adjacent UTHealth Harris County Psychiatric Center, will be managed and staffed by the Department of Psychiatry and Behavioral Health at McGovern Medical School at UTHealth. It will be the first public mental health hospital built in Houston in more than three decades. With an additional 264 beds arranged in 11 units, the new hospital is focused on reducing rapid readmissions and improving outcomes.



**Employee/Education Center Entrance**



**Low Stimulation Day Room**



**Patient Room Hallway**



**Day Room Seating Cubicles**



**Unit Nursing Station**



**Typical Patient Room**



**Unit Group Room**



**Private Visitation Room**



**Unit Day Room**



**Connecting Walkway**



**Board Room/Command Center**



**Unit Nursing Station**



**Dinning Room**



**Dinning Room**



**Therapy Mall**



**Therapy Mall**



**Therapy Mall Group Room**



**Therapy Mall Nursing Station**



**Therapy Mall Activity Room**



**Main Elevator Lobby**



**Main Entrance Reception Desk**



**Admissions Area**



**Admissions Assessment Area**



**Education Center Auditorium**

# **EXHIBIT F-28**

**January 2022**

**NEW CONTRACTS UNDER 50k**

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY22 NEW CONTRACTS</b>								
	<b>ADMINISTRATION</b>								
1	Headspace, Inc.	No	Wellness Tools		\$27,600.00	02/01/22- 01/31/23	GR	Sole Source	This is a Sole Source request. There are companies that provide similar types of wellness tools that support mental health and assist in reducing stress. Headspace is quintessentially different in this market. Specifically, Headspace is the only tool that is approved by the American Medical Association. Headspace offers the ability to view specific measures that can track engagement, stress, burnout and fatigue of staff so that efforts can be made to meet their needs. The vendor is the only company that provides these differentiators such that the Agency an opportunity to support staff safely at a reasonable cost.
2	Rey de la Reza Architects, Inc. dba RdIR Architects	Yes	Architectural Services		\$17,500.00	11/01/21- 08/31/22	FM22.1126.10	Business Continuity	This Agreement is for SE Clinic Pharmacy located at 5901 Long Drive, Pharmacy which is too small to provide expanded services. Architects will provide construction plans for renovation. RdIR previously provided the conceptual designs for the FY21 contract, which was not renewed as there was not a funding source at that time for the project. Now that it has been approved as a capital project FM22.1126.10, The Harris Center is able to proceed with the plans and are starting a new contract with RdIR, to complete the quoted work.
3	Rey de la Reza Architects, Inc. dba RdIR Architects	Yes	Architectural Services		\$17,000.00	12/20/21- 08/31/22	FM21.1126.07	RFQualification	This Vendor did plans in FY21 for ICC, but new plans are needed to relocate the clinic for \$10,000.00. In addition, adding design/construction drawings for Substance Abuse Clinic to renovate 3rd floor records room for \$7,000.00. Total NTE: \$17,000.00
	<b>CPEP/CRISIS SERVICES</b>								
4	UT Health Science Center at Houston	No	Medication Assisted Treatment (MAT)		\$49,800.00	01/01/22- 12/31/22	State Grant		This Agreement is to provide Medication Assisted Treatment (MAT) to clients enrolled in The Harris Center's Detox Program.
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>LEASES</b>								
	<b>MENTAL HEALTH SERVICES</b>								



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Headspace

**Contract ID #\***

2021-0289

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

The Harris Center for Mental Health and IDD Services and Headspace

**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 checked="" type="checkbox"/> Other <input type="text" value="Wellness Tool"/> |

**Funding Information\***

- New Contract  Amendment

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

2/1/2022

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

1/31/2023

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

Annual

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 27,600.00

**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 Wellness Tool

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

This is a sole source request. Though there are companies that provide similar types of wellness tools that support mental health and assist in reducing stress, Headspace is quintessentially different in this market. Specifically, Headspace is the only such tool that is approved by the American Medical Association. As such, The Harris Center can feel confident that the wellness tools offered are safe and effective when used as intended. Additionally, Headspace has participated in over 70 research studies that validate the many beneficial effects. Finally, Headspace offers The Harris Center the ability to view specific measures that can track the engagement, stress, burnout and fatigue of staff so that efforts can be made to meet their needs. Headspace is the only company that provides these differentiators such that The Harris Center has an opportunity to support staff safely at a reasonable cost.

**Contract Owner\***

Mike Downey

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

Yes  No  Unknown

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

Yes  No  Unknown

**Please provide an explanation\***

new contract

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Headspace and The Harris Center Order Form.pdf	214.31KB
H4W DPA - (Model Clauses 2021).pdf	202.55KB

**Vendor/Contractor Contact Person**

**Name\***

Melissa Garcia

**Address\***

Street Address

2415 Michigan Avenue

Address Line 2

City

Santa Monica

State / Province / Region

CA

Postal / Zip Code

90404-4088

Country

US

Phone Number\*

512-846-1005

Email\*

melissa.garcia@headspace.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 27,600.00	549005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
SHELBY, DEBBIE C	LCERA, ANGELICA D	

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

0.00

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

0.00

Requester Name

SHELBY, DEBBIE C

Submission Date

12/13/2021

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

12/13/2021

Procurement Approval

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date

12/16/2021

Contract Owner Approval

Approved by

*Michael Downey*

Approval Date

12/16/2021

Contracts Approval

**Approve\***

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

**Approved by\***

*Shasthya Behn*

**Approval Date\***

12/16/2021



## Executive Contract Summary

### Contract Section ^

**Contractor\***

RdIR Architects

**Contract ID #\***

2021-0260

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

RdIR Architects and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal                 |
| <input type="checkbox"/> Request for Proposal                            | <input type="checkbox"/> Sole Source                          |
| <input type="checkbox"/> Request for Application                         | <input 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 business continuity |

**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\* (?)**

\$ 17,500.00

**Funding Source\***

General Revenue (GR)

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

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

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

SE Clinic (5901 Long Drive) pharmacy is too small to provide expanded services. Architect will provide construction plans for renovation. Started discussions with RdIR for designs during FY21 contract which was not renewed as there was not a funding source at that time for the project. Now that it has been approved as a capital project FM22.1126.10, we are able to proceed with the plans and are starting a new contract with RdIR to do the quoted work.

**Contract Owner\***

Todd McCorquodale

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

- Yes
- No
- Unknown

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

9/2012 to present - architectural services

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

- Yes
- No
- Unknown

**Please provide the HUB status\***

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

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

RdIR SE pharmacy fy22.pdf 464.78KB

**Vendor/Contractor Contact Person**

**Name\***

RdIR Architects / Daniel Ortiz

**Address\***

Street Address

800 Sampson Street #104

Address Line 2

City

Houston

Postal / Zip Code

77003-3329

State / Province / Region

TX

Country

United States

**Phone Number\***

7138683121

**Email \***

dortiz@rdlr.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 17,500.00	900040
<b>Budget Manager</b> BROWN, ERICA S.	<b>Secondary Budget Manager</b> CAMPBELL, RICARDO	

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

see attached proposal

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

FM22.1126.10

**Requester Name**

HARPER, SARAH A

**Submission Date**

11/2/2021

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

11/2/2021

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Fadd McCorquodale*

**Approval Date**

11/2/2021

**Contracts Approval**

**Approve \***

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

Approved by \*

*Shasheja Behu*

Approval Date \*

11/2/2021



## Executive Contract Summary

### Contract Section ^

**Contractor\***

RdIR Architects

**Contract ID #\***

2021-0293

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

RdIR Architects and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

12/20/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 17,000.00

**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\* (?)**

RdIR did plans in FY21 for ICC but new plans are needed to relocate the clinic.  
FM21.1126.07 Asking \$10,000.00 for these plans.

Adding design/construction drawings for Substance Abuse Clinic to renovate 3rd floor records room for \$7,000.00

**Contract Owner\***

Todd McCorquodale

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

Yes  No  Unknown

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

FY2012 to present

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

Yes  No  Unknown

**Please provide the HUB status\***

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

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

21-1206_HarrisCenter3rdFloorClinic.pdf	148.16KB
21-1206_HarrisCenter3rdFloorSubstanceAbuse.pdf	852.56KB

**Vendor/Contractor Contact Person**

**Name\***

RdIR Architects / Daniel Ortiz

**Address\***

Street Address

800 Sampson Street #104

Address Line 2

City

Houston

Postal / Zip Code

77003-3329

State / Province / Region

TX

Country

United States

**Phone Number\***

7138683121

Email\*

dortiz@rdlr.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 10,000.00	900040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 7,000.00	557001

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

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

see attached quotes

\$10,000.00 in 1126/900040

\$7,000.00 in 2200/557001

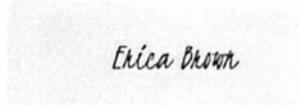
Project WBS (Work Breakdown Structure)\* (?)

FM21.1126.07

<b>Requester Name</b> HARPER, SARAH A	<b>Submission Date</b> 12/10/2021
--	--------------------------------------

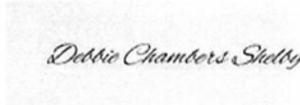
Budget Manager Approval(s)

Approved by



**Approval Date**  
12/10/2021

Approved by



**Approval Date**  
12/10/2021

Procurement Approval

File Upload (?)

Approved by



**Approval Date**  
12/13/2021

Contract Owner Approval

Approved by

*Todd McCorquodale*

Approval Date

12/13/2021

### Contracts Approval

Approve \*

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

Approved by \*

*Shasthya Betu*

Approval Date \*

12/22/2021



## Executive Contract Summary

### Contract Section



**Contractor\***

UT Health Science Center for Medication Assisted Treatment (MAT)

**Contract ID #\***

2021-0292

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

UT Health Science Center & The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

1/1/2022

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

12/31/2022

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

12 month contract

**Fiscal Year\* (?)**

2022

**Amount\* (?)**

\$ 49,800.00

**Funding Source\***

State Grant

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

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

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

To contract with UT Health Science Center to provide Medication Assisted Treatment (MAT) to clients enrolled in The Harris Center's Detox program.

**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\***

UT Health Science Center

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Lokesh Shahani MD

**Address\***

Street Address

2800 South Macgregor Way

Address Line 2

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

United States

**Phone Number\***

7137413837

**Email\***

Lokesh.R.Shahani@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>
9267	\$ 49,800.00	542001
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
RAMIREZ, PRISCILLA M	OSHMANN, JODEL	

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

Monthly payments made to contractor

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

NA

<b>Requester Name</b>	<b>Submission Date</b>
SINGH, PATRICIA R.	12/17/2021

**Budget Manager Approval(s)**

Approved by

*Priscilla M. Ramirez*

**Approval Date**  
12/17/2021

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Kim Kornmayer*

**Approval Date**  
12/17/2021

**Contracts Approval**

Approve\*

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

Approved by\*

*Shashya Behn*

**Approval Date\***  
12/17/2021

# **EXHIBIT F-29**

# **January 2022**

## **RENEWALS UNDER 50k**





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

**Contract ID#\***

7358

**Contractor Name\***

Academy of Cognitive Therapy, LTD

**Service Provided\* (?)**

Rate and Assessment of Agency's Therapists competency that provide Cognitive Behavioral Therapy as required by the Texas Department of State Health Services (DSHS).

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

09/01/21-08/31/22

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive Bid                                 | <input type="checkbox"/> Competitive Proposal       |
| <input type="checkbox"/> Request for Proposal                            | <input 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"/> |

**Contract NTE\* (?)**

\$18,000.00

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

\$150.00 per rating for each sample

**Unit(s) Served\***

1975

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

549005

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

CT140489

**Contract Requestor\***

Ninfa Escobar

**Contract Owner\***

Lesleigh Robertson

**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.*
1975	\$ 18,000.00	549005
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Fiscal Year* (?)	Amount* (?)
2022	\$ 18,000.00

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

Lesleigh Robertson

**Budget Manager Approval(s)** 

Approved by

*Ricardo Campbell*

**Contract Owner Approval** 

Approved by

*Ninfa Escobar*

**Contracts Approval**

Approve\*

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

Approved by\*

*Shaskeyia Behn*

Approval Date\*

12/2/2021

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

2022

**Contract ID#\***

7618

**Contractor Name\***

Articulate Global, Inc.

**Service Provided\* (?)**

E-Learning Software Articulate 360 online course creation and development applications.

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

12/12/2020 - 12/11/2021

**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 Software Subscription Service Agreement |

**Contract NTE\* (?)**

\$2,598.00

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

\$2,598.00 Annual Subscription Fee.

**Unit(s) Served\***

1975

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

551003

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

CT140789

**Contract Requestor\***

Ninfa Escobar

**Contract Owner\***

Lesleigh Robertson

**File Upload (?)**

Articulate Global Exhibit A1 - QUOTE ANNUAL REQUIRED.pdf

45.58KB

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.*
1975	\$ 2,598.00	551003
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
CAMPBELL, RICARDO	BROWN, ERICA S.	

Fiscal Year* (?)	Amount* (?)
2022	\$ 2,598.00

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

Lesleigh Robertson

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval

Approved by

*Lesleigh Robertson*

Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

11/17/2021



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2022

**Contract ID#\***

2021-0047

**Contractor Name\***

BoardBookIt, Inc.

**Service Provided\* (?)**

Board Portal to make Board Process easier and materials easily accessible

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

1/15/2021 - 1/15/2022

**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

**Contract NTE\* (?)**

\$10,000

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

Rate is in accordance with a vendor generated Order Form for Service to be billed annually in advance.

**Unit(s) Served\***

1130

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

551003

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

CT140883

**Contract Requestor\***

Veronica Franco

**Contract Owner\***

Wayne Young

**File Upload (?)**

BoardBookit, Inc. - Order Form (v3-1.14.2021) - Executed.pdf	433.55KB
--	----------

## 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.*
1130	\$ 10,000.00	551003

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

Fiscal Year* (?)	Amount* (?)
2022	\$ 10,000.00

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

Wayne Young

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*WJY*

Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

11/4/2021



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2022

**Contract ID#\***

6186

**Contractor Name\***

City of Houston

**Service Provided\* (?)**

City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, TX.

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

1/30/2021 - 1/30/2022

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

**Contract NTE\* (?)**

\$3,076.20

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

\$256.35 per month; See current PO for FY breakouts

**Unit(s) Served\***

0000

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

126006

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

CT141562

**Contract Requestor\***

Debbie Shelby

**Contract Owner\***

Mike Downey

**File Upload (?)**

City of Houston (Acres Homes MSC) - ID 6186 - FY21-22 PO  
CT141562 (10.14.2021).PDF

151.57KB

### 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.*
4736	\$ 3,076.20	126006

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

Fiscal Year* (?)	Amount* (?)
2022	\$ 3,076.20

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State

**Contract Content Changes**



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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

*Debbie Chambers Shelby*

Contract Owner Approval



Approved by

*Michael Downey*

Contracts Approval

Approve \*

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

Approved by \*

*Shaskyia Behn*

Approval Date \*

12/10/2021

# **EXHIBIT F-30**

# **January 2022**

## **AMENDMENTS UNDER 50k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$50,000

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY21/22 AMENDMENTS</b>									
	<b>ADMINISTRATION</b>									
1	BoardBookit, Inc. dba Govenda	No	Board Portal	\$10,000.00	\$700.00	\$10,700.00	01/15/22- 01/15/23	GR	RFQuote	This Amendment is to increase NTE funds.
2	ScriptPro USA, Inc.	No	Support & Maintenance for Pharmacy Equipment for the SE Clinic.	\$9,500.00	\$272.00	\$9,772.00	09/01/21- 08/31/22	GR	Competitive Bid	This Amendment is for a rate increase for Pharmacy Robot at the SE Pharmacy location.
3	ScriptPro USA, Inc.	No	Support & Maintenance for Pharmacy Equipment for the NW Clinic.	\$8,500.00	\$272.00	\$8,772.00	09/01/21- 08/31/22	GR	Competitive Bid	This Amendment is for a rate increase for Pharmacy Robot at the NW Pharmacy location.
4	The McMillan Group LLC dba Blue Mesa Group	No	Executive Coaching for the New Chief Medical Officer	\$7,000.00	\$13,000.00	\$20,000.00	08/15/21- 08/31/22	GR	RFQuote	This Amendment is to extend the contract from 01/31/22 to 08/31/22 and increase NTE to cover the extension period.
5	Xerox Business Solutions	No	Print Shop Production Copiers	\$8,179.60	\$8,798.45	\$16,978.05	12/31/21- 12/31/26	GR	RFQuote/Tag-On	This Amendment is to increase the purchase order to cover the per copy excess charges.
	<b>CPEP/CRISIS SERVICES</b>									
	<b>CRISIS SERVICES</b>									
	<b>FORENSICS</b>									
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
6	Vicki R. Greenwood dba Sunbounce, HCS	No	Day Habilitation Services	\$11,000.00	\$8,000.00	\$19,000.00	09/01/21- 08/31/22	State Grant	Consumer Driven	To amend the current contract to pay for additional hours awarded to the Individual.
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
	<b>INTERLOCALS</b>									
	<b>LEASES</b>									



## Executive Contract Summary

### Contract Section ^

**Contractor\***

BoardBookit, Inc.

**Contract ID #\***

2021-0047

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Laura Huber 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\* (?)**

1/15/2022

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

1/15/2023

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

**Current Contract Amount\***

\$ 10,000.00

**Increase Not to Exceed\***

\$ 700.00

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

\$ 10,700.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 700.00

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\* (?)

Assist The Harris Center Board

Contract Owner\*

Wayne Young

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

01/6/21-1/15/21

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Boardbookit, Inc.

Address\*

Street Address

900 Parish Street

Address Line 2

City

Pittsburgh

State / Province / Region

PA

Postal / Zip Code

15220-3425

Country

United States

Phone Number\*

4125874872

Email\*

lhuber@boardbookit.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 700.00	551003

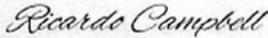
Budget Manager: CAMPBELL, RICARDO  
 Secondary Budget Manager: BROWN, ERICA S.

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

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

Requester Name: FRANCO, VERONICA A  
 Submission Date: 1/4/2022

Budget Manager Approval(s)

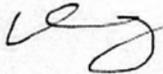
Approved by:   
 Approval Date: 1/4/2022

Procurement Approval

File Upload (?)

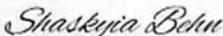
Approved by:   
 Approval Date:

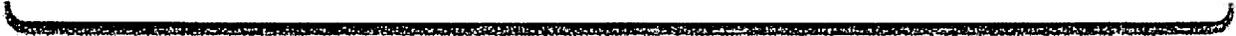
Contract Owner Approval

Approved by:   
 Approval Date: 1/4/2022

Contracts Approval

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

Approved by\*:   
 Approval Date\*: 1/4/2022





# Executive Contract Summary

## Contract Section



**Contractor\***

ScriptPro USA Inc

**Contract ID #\***

5032

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

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

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |  |
|--|--|
| <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" value=""/> |

**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\***

\$ 9,500.00

**Increase Not to Exceed\***

\$ 272.00

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

\$ 9,772.00

Fiscal Year\* (?)

2022

Amount\* (?)

\$ 9,772.00

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\* (?)

Support rate increase for pharmacy robot at SE pharmacy

Contract Owner\*

Angela Babin

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2020-8/31/2021

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

SE ScriptPro Rate Increase 01.01.2022.pdf

194.77KB

Vendor/Contractor Contact Person

Name\*

Melissa Trammell

Address\*

Street Address

5828 Reeds Road

Address Line 2

City

State / Province / Region

Mission

KS

Postal / Zip Code

Country

66202-2740

US

Phone Number\*

9133841008

Email\*

abrack@scriptpro.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 9,772.00	553001
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

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

Monthly rate increase \$34.00 beginning Jan 1, 2022

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

n/a

Requester Name	Submission Date
GLEASON, TERI K.	12/16/2021

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

12/16/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Angele Babin*

Approval Date

12/16/2021

Contracts Approval

Approve\*

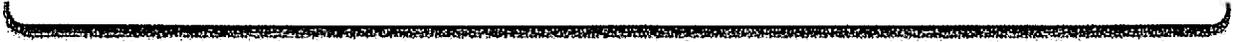
- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasthya Bohn*

Approval Date\*

12/16/2021



Contract Section **Contractor\***

ScriptPro USA Inc

**Contract ID #\***

5031

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

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

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <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 checked="" type="checkbox"/> Other <input type="text" value=""/> |

**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\***

\$ 8,500.00

**Increase Not to Exceed\***

\$ 272.00

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

\$ 8,772.00

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 8,772.00

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\* (?)

Support rate increase for pharmacy robot at NW pharmacy.

Contract Owner\*

Angela Babin

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

9/1/2020-8/31/2021

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

- Yes
- No
- Unknown

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

NW ScriptPro Support Rate Increase.pdf

69.68KB

Vendor/Contractor Contact Person

Name\*

Melissa Trammell

Address\*

Street Address

5828 Reeds Road

Address Line 2

City

State / Province / Region

Mission

KS

Postal / Zip Code

Country

66202

USA

Phone Number\*

9133841008

Email\*

abrack@scriptpro.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 272.00	553001
Budget Manager CAMPBELL, RICARDO		Secondary Budget Manager BROWN, ERICA S.

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

Monthly increase \$34.00 beginning Jan 1, 2022

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

n/a

Requester Name	Submission Date
GLEASON, TERI K.	12/16/2021

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

12/16/2021

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Angela Dabir*

Approval Date

12/28/2021

Contracts Approval

Approve\*

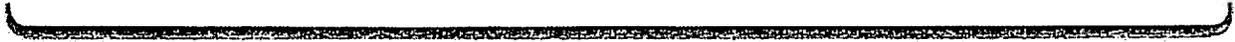
- Yes
- No, reject entire submission
- Return for correction

Approved by\*

*Shasthya Behn*

Approval Date\*

1/4/2022





## Executive Contract Summary

### Contract Section

**Contractor\***

BLUE MESA COACHING GROUP

**Contract ID #\***

2021-0195

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

Blue Mesa Coaching Group 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                     |

**Funding Information\***

- New Contract  Amendment

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

8/15/2021

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

12/31/2022

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

**Current Contract Amount\***

\$ 7,000.00

**Increase Not to Exceed\***

\$ 13,000.00

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

\$ 20,000.00

Fiscal Year\* (?) Amount\* (?)  
2022 \$ 7,500.00

Fiscal Year\* (?) Amount\* (?)  
2023 \$ 5,500.00

Funding Source\*  
General Revenue (GR)

Contract Description / Type\* (?)

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

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

Extending Contract  
NTE = \$20,000.00

Contract Owner\*

Luming Li

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Current contract and 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 (?)

Blue Mesa Group Documentation.pdf 871.14KB

Vendor/Contractor Contact Person

Name\*

Blue Mesa Coaching Group

**Address \***

Street Address

P.O. Box 1209

Address Line 2

City

Fort Collins

Postal / Zip Code

80522

State / Province / Region

CO

Country

USA

**Phone Number \***

970-221-5063

**Email \***

pat@blumesagroup.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 13,000.00	542000

**Budget Manager**

BROWN, ERICA S.

**Secondary Budget Manager**

CAMPBELL, RICARDO

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

n/a

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

n/a

**Requester Name**

ARCENEUX, LINDA M.

**Submission Date**

11/16/2021

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

11/16/2021

**Procurement Approval**

**File Upload (?)**

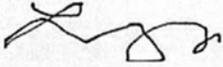
**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by



Approval Date

12/6/2021

### Contracts Approval

Approve \*

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

Approved by \*



Approval Date \*

12/6/2021



## Executive Contract Summary

### Contract Section


**Contractor\***

Xerox and The Harris Center

**Contract ID #\***

2021-0236

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/18/2022

**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                     |

**Funding Information\***

- New Contract  Amendment

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

12/31/2021

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

12/31/2026

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

**Current Contract Amount\***

\$ 8,179.60

**Increase Not to Exceed\***

\$ 8,798.45

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

\$ 16,978.05

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 16,978.05

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\* (?)

Increasing the purchase order to cover the per copy excess charges.

Contract Owner\*

Karen Boren

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\*

Kristi Nichols

Address\*

Street Address

2100 West Loop South

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77027

Country

US

Phone Number\*

713-696-1337

Email\*

kristi@choicepartners.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>
1107	\$ 8,798.45	552002

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

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

Increase NTE: \$8,798.45

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

N/A

<b>Requester Name</b>	<b>Submission Date</b>
BOREN, KAREN	12/8/2021

#### Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

12/8/2021

#### Procurement Approval

File Upload (?)

Approved by

Approval Date

#### Contract Owner Approval

Approved by

*Karen Boren*

Approval Date

12/9/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shaskyia Behn*

Approval Date\*

12/9/2021



## Executive Contract Summary

### Contract Section

#### Contractor\*

Vicki R Greenwood d/b/a Sunbounce, HCS

#### Contract ID #\*

2021-0176

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

1/18/2022

#### Parties\* (?)

Vicki R Greenwood d/b/a Sunbounce, HCS, The Harris Center

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

9/1/2021

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

8/31/2022

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

#### Current Contract Amount\*

\$ 11,000.00

#### Increase Not to Exceed\*

\$ 8,000.00

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

\$ 19,000.00

Fiscal Year\* (?)

Amount\* (?)

2022

\$ 19,000.00

Funding Source\*

State Grant

Contract Description / Type\* (?)

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

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

Individual was awarded additional hours on IPC

Contract Owner\*

Robert Stakem

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2021 - 8/31/2022

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Vicki R Greenwood d/b/a Sunbounce, HCS

Address\*

Street Address

8820 Will Clayton Parkway

Address Line 2

City

Humble

State / Province / Region

TX

Postal / Zip Code

77338-5835

Country

US

Phone Number\*

2814679143

Email\*

greenwood.vicki881@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005

<b>Budget Manager</b> ADAMS-AUSTIN, MAMIE L	<b>Secondary Budget Manager</b> DOWNEY, MICHAEL D
--	--

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,000.00	543008

<b>Budget Manager</b> ADAMS-AUSTIN, MAMIE L	<b>Secondary Budget Manager</b> DOWNEY, MICHAEL D
--	--

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

\$23.08 per unit (day) for day habilitation service  
 \$12.00 per unit (hour) for respite service

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

N/A

<b>Requester Name</b> ANTHONY, PATRINA R	<b>Submission Date</b> 11/18/2021
---	--------------------------------------

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

**Approval Date**  
11/18/2021

Contract Owner Approval

Approved by

*Michael Downey*

**Approval Date**  
12/6/2021

Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

**Approval Date\***  
12/6/2021

# **EXHIBIT F-31**

**January 2022**  
**Affiliation Agreements, Grants,**  
**MOU's and Revenues**  
**Information Only**





## Executive Contract Summary

### Contract Section ^

**Contractor\***

Goodwill Industries of Houston

**Contract ID #\***

2021-0251

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

11/9/2021

**Parties\* (?)**

Goodwill Industries of Houston & The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

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\***

General Revenue (GR)

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

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

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

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

Directors: Sarah Strang & Amber Honsinger

**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\***

Goodwill Industries of Houston

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Alma Duldulao-Ybarra, Vice President of Workforce Development

**Address\***

Street Address

1140 West Loop North Freeway

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77055

Country

US

**Phone Number\***

832-431-4473

**Email\***

aybarra@goodwillhouston.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>
9208	\$ 0.00	0

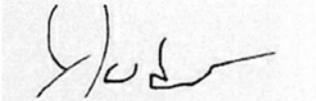
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
OSHMAN, JODEL	KORNMAYER, KIMBERLY A

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

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

<b>Requester Name</b>	<b>Submission Date</b>
SINGH, PATRICIA R.	10/20/2021

#### Budget Manager Approval(s)

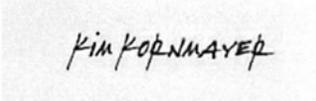
<b>Approved by</b>	<b>Approval Date</b>
	10/20/2021

#### Procurement Approval

File Upload (?)

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

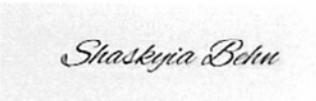
#### Contract Owner Approval

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

#### Contracts Approval

**Approve\***

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

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



## Executive Contract Summary

### Contract Section

#### Contractor\*

Harris County Percent 2 / Adrian Garcia, Commissioner

#### Contract ID #\*

2021-0284

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

1/18/2022

#### Parties\* (?)

The Harris Center for Mental Health and IDD Services and Harris County Percent 2 (Adrian Garcia)

#### 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 checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other                     |

#### Funding Information\*

- New Contract  Amendment

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

1/1/2022

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

12/31/2022

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\* (?)**

Co-Location for community linkage to mental health services: skills training, assessments, and case management. The anticipated construction of the POD is Hwy 59 @ Little York and will act as a fixed satellite location to Northeast Clinic.

**Contract Owner\***

Mike Downey

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

- Yes  No  Unknown

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

- Yes  No  Unknown

**Please provide an explanation\***

community services

**Community Partnership\* (?)**

- Yes  No  Unknown

**Specify Name\***

Harris County Percent 2

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ^

**Name\***

Michelle M Galindo

**Address\***

Street Address

1001 Preston Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002-1839

Country

US

**Phone Number\***

C: (832) 269-4616 | Ofc: (713) -274-2124

**Email\***

Michelle.Galindo@pct2.hctx.net

**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	12/10/2021

#### Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

12/10/2021

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Michael Downey*

Approval Date

12/10/2021

#### Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

12/10/2021



# Executive Contract Summary

## Contract Section



**Contractor\***

University of Texas Health Science Center at San Antonio

**Contract ID #\***

2021-0263

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/18/2022

**Parties\* (?)**

University of Texas Health Science Center at San Antonio and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2021

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

8/31/2022

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

**Fiscal Year\* (?)**

2022

**Funding Source\***

Private Pay Source

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

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

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

The Harris Center is already providing services via the UTHSC's TxMOUD grant via the Crisis Line and now has expanded our services to them with answering their Be Well Triage Line afterhours.

**Contract Owner\***

Jennifer Battle

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

- Yes
- No
- Unknown

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

The Harris Center is already providing services via the UTHSC's TxMOUD grant. FY21 contract.

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Chris Green

**Address\***

Street Address

7703 Floyd Curl Drive

Address Line 2

City

San Antonio

Postal / Zip Code

78229

State / Residence / Region

TX

Country

US

**Phone Number\***

210-567-2340

**Email\***

grants@uthscsa.edu

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 0.00	574000

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

Provide Rate and Rate Descriptions if applicable\* (?)  
original grant is for \$150,000 and Be Well Line is based on call volume.

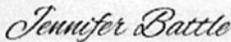
Project WBS (Work Breakdown Structure)\* (?)  
UNK

Requester Name	Submission Date
BATTLE, JENNIFER A	12/17/2021

#### Budget Manager Approval(s)

Approved by	Approval Date
	12/17/2021

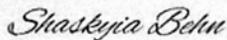
#### Contract Owner Approval

Approved by	Approval Date
	12/17/2021

#### Contracts Approval

Approve\*

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

Approved by*	Approval Date*
	12/17/2021

# **EXHIBIT F-32**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

**G**

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

**H**

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

**I**

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

**J**

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

**K****L**

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

**M**

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

**N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

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

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

**W**

**X**

**Y**