

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

Full Board Meeting

May 24, 2022

9:00 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, April 19, 2022
(*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. FY2022 Year-to-Date Budget Report – April
(*EXHIBIT F-2 Sean Kim*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Program Committee Report and/or Action
(*B. Hellums, Chair*)
 - D. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-April
(*EXHIBIT F-3 Sean Kim*)
 - B. May 2022 New Contracts Over 50K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. May 2022 Contract Amendments Over 50K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. May 2022 Contract Renewals Over 50K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. NEW/SUBSTANTIAL POLICIES
 1. Center Related Meeting Expense
(*EXHIBIT F-7*)
 2. Development and Management for Mental Health and IDD Services Wait/Interest List
(*EXHIBIT F-8*)
 3. Least Restrictive Interventions and Management of Aggressive Behavior
(*EXHIBIT F-9*)

4. Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services
(EXHIBIT F-10)
5. Whistleblower
(EXHIBIT F-11)
6. Writing off Self Pay Balances
(EXHIBIT F-12)

F. MINOR/NO CHANGES

1. Improvement of Consumer Care Committee
(EXHIBIT F-13)

VII. REVIEW AND COMMENT

- A. Selected 2022 Interim Charges
(EXHIBIT F-14 Amanda Jones)
- B. Staff Compensation Update
(EXHIBIT F-15 Carrie Rys, Sean Kim)

VIII. BOARD CHAIR'S REPORT

IX. 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 lease of real property located at 4400 Harrisburg Boulevard, Houston, TX 77011. Wayne Young, CEO 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 at 5901 Long Drive, Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**
- **In accordance with §551.072 of the Texas Government Code, Discussion about the purchase of real property to replace Northwest Clinic located at 3737 Dacoma, Houston, TX- Silvia Tiller, Director of Contracts & Real Estate**
- **In accordance with §551.071 of the Texas Government Code, for consultation with attorney on a matter in which the duty of the attorney to the government body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Kendra Thomas, General Counsel**
- **In accordance with §551.074 of the Texas Government Code, to deliberate about the evaluation and duties of the Harris Center Board of Trustees. S. Zakaria, Board Chair**

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

- A. **May 2022 New Contracts Under 50K**
(EXHIBIT F-16)
- B. **May 2022 Contract Amendments Under 50K**
(EXHIBIT F-17)
- C. **May 2022 Affiliation Agreements, Grants, MOU's and Revenues Information Only**
(EXHIBIT F-18)
- D. **Abbreviations List**

(EXHIBIT F-19)

XIII. ADJOURN

Veronica Franco

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



EXHIBIT F-1

**THE HARRIS CENTER *for*
Mental Health and IDD**

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees of The Harris Center for Mental Health and IDD, an Agency of the State established by the Harris County Commissioners Court under provisions of Chapter 504 of the Health and Safety Code of the State of Texas.

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

TYPE OF MEETING: Regular

DATE: April 20, 2022

**TRUSTEES
IN ATTENDANCE:**

Mr. Chauhat Aaria, Chair
Dr. George Santos, Vice Chairperson
Dr. Lois Moore, Vice Chairperson
Mr. Gerald Comac, Secretary
Mr. Jim Byes
Robin Gearing, PhD
Judge Ronnie Hellums, videoconference

TRUSTEES ABSENT: Sheriff J. Conale

I. Declaration of Quorum

Mr. Chauhat Aaria, Chairperson called the meeting to order at 9:02 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

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

III. Approval of Minutes

MOTION BY: WOMACK

SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, March 22, 2022 as presented under exhibit are approved.

IV. Chief Executive Officer's Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. Committee Reports and Action were presented by the respective chairs:

A. Resource Committee Report and/or Action . omac Chair

1. FY'22 Year-to-Date Budget Report March

Mr. omac provided an overview of the topics discussed and decisions made at the April Resource Committee meeting.

. Quality Committee Report and/or Action . Santos Chair

Dr. Santos provided an overview of the topics discussed at the April Quality Committee meeting.

C. Program Committee Report and/or Action . Hellums Chair

Mrs. Hellums provided an overview of the topics discussed at the April Program Committee meeting.

D. Audit Committee Report and/or Action . Moore Chair

Dr. Moore provided an overview of the topics discussed at the April Audit Committee meeting.

VI. Consent Agenda

A. Approve FY'21 Year-to-Date Budget Report March

- . April 2022 Re Contracts Over 50

C. April 2022 Contract Amendments Over 50

D. April 2022 Contract Renewals Over 50

- . Authorization to pay TMC 2022 Maintenance Security Assessment

- . Recommendation No. 427 Cynthia Mannin representing Richmond CC

- . Recommendation No. 428 Rachel Branch representing Down Syndrome Assoc. of Houston

H. Recommendation No. 429 Rhanice Jackson representing Humble ID

MOTION: Mr. Lykes moved to approve Consent Agenda items A through H.

SECOND: Dr. Santos seconded the motion

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

VII. Review and Take Action

A. Energy Supplier for The Harris Center

After review of the information presented by Mrs. Tiller and Mr. Gage, Mr. [redacted] moved to award the energy supplier contract to [redacted] with renewable energy credits for a three (3) year contract term.

SECOND: The motion was seconded by Dr. Santos

VOTE: Yes- 5 No- 2 (Dr.earing and Mr. [redacted])

With affirmative votes

BE IT RESOLVED energy supplier contract with renewable energy credits is awarded to [redacted] for a three year contract term.

B. Board Approval of Contract award for Neuropsychiatric Center (NPC) Site Renovation Competitive Sealed Proposal (CSP); Project# PUR-FY22-0207

Full Board Members requested more information related to the respondents to the solicitation. The full board will consider this agenda item and the requested information at the May full board meeting.

C. Board Approval to Increase Budget for Neuropsychiatric Center (NPC) Renovations

Full Board Members requested more specific information related to the increased expenses for this project. The full board will consider this agenda item and the requested information at the May full board meeting.

D. Procurement and Contracts Initiative

MOTION BY: WOMACK

Mr. Womack moved the Harris Center’s procurement thresholds and policies and procedures be amended to align with the state and federal procurement statutory and regulatory thresholds as presented at the meeting.

SECOND: LYKES

With affirmative votes

BE IT RESOLVED the full board approved the amendment of the Harris Center procurement thresholds and policies and procedures to align with the state and federal procurement statutory and regulatory thresholds as presented under exhibit 12 are approved.

E. Chief Executive Officer Signature Authority

Full Board Members motion to approve increase to \$100,000.

MOTION BY: WOMACK

Mr. Womack moved to increase the CEO’s signature authority for the approval and execution of contracts from \$50,000 to \$100,000.00. Contracts with a total contract value of more than \$100,000 will require board approval.

SECOND: SANTOS

With affirmative votes

BE IT RESOLVED Chief Executive Officer Signature Authority for the approval and execution of contracts is increased to \$100,000.

The Board will review the CEO signature authority in one (1) year.

F. Civic Initiative Project: Board Approval of Contract Amendments

MOTION BY: WOMACK

Mr. Womack moved the Board review and consider for approval amendments to Contracts that are within the Board’s approval authority that are 10% or greater of the total contract value or \$50,000 or greater.

SECOND: SANTOS

With affirmative votes

BE IT RESOLVED the full Board shall review and consider for approval amendments to Contracts that are within the Board’s approval authority that are 10% or greater of the total contract value or \$50,000 or greater.

VIII. Board Chair’s Report

IX. Executive Session -

At 11:20am Chairperson Mr. Chauhat Zakaria announced the Board would enter into Executive Session for the following reasons:

- **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 §551.074 of the Texas Government Code, to deliberate about the evaluation and duties of the Harris Center Board of Trustees. S. Zakaria and Dan Snare**

XI. Reconvene into Open Session

At 12:49p.m. the Board of Trustees reconvened into open session.

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

No action was taken as a result of the Executive Session.

XIII. ADJOURN

MOTION: WOMACK SECOND: SANTOS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:50 PM.

Respectfully submitted

Teronica 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 Eighth Month and Year to Date Ended April 30, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on May 17, 2022

The Harris Center for Mental Health & IDD

May 17, 2022

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

The monthly financial report for April 30, 2022 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.



Sean Kim, CPA
Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Eighth Month and Year to Date Ended April 30, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,654	\$ 21,629	\$ 1,025
Expenditures	25,455	25,730	274
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,801)</u>	<u>\$ (4,100)</u>	<u>\$ 1,299</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 2,323</u>	<u>\$ 241</u>	<u>\$ 2,082</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Eighth Month and Year to Date Ended April 30, 2022

	Month Ended April 30, 2022				Eight Months Ended April 30, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 6,477,312	\$ 4,664,160	\$ 1,813,152	c 39%	\$ 38,848,799	\$ 37,323,914	\$ 1,524,885	4%
PAP / Samples	672,486	1,025,909	(353,423)	-34%	5,808,179	8,207,216	(2,399,037)	-29%
Interest	22,468	4,166	18,302	439%	68,079	33,328	34,751	104%
State General	9,844,707	9,869,235	(24,528)	0%	79,063,075	78,963,279	99,796	0%
State Grants	2,121,704	1,298,931	822,773	d 63%	9,778,044	10,391,449	(613,405)	-6%
Federal Grants	2,806,025	2,041,358	764,667	e 37%	22,118,196	16,935,342	5,182,854	31%
3rd party billings	709,475	2,725,326	(2,015,851)	f -74%	15,968,162	21,460,971	(5,492,809)	-26%
Total Revenue	22,654,177	21,629,085	1,025,092	g 5%	171,652,534	173,315,499	(1,662,965)	-1%
Total Expenses:								
Salaries and Fringe	17,473,796	17,869,345	395,549	2%	145,366,941	141,204,007	(4,162,934)	-3%
Travel	115,649	154,025	38,376	25%	709,675	1,545,643	835,968	54%
Contracts and Consultants	1,758,174	1,829,320	71,146	4%	14,067,197	14,611,540	544,343	4%
HCPC Contract	2,317,441	2,369,793	52,352	2%	18,581,877	18,958,344	376,467	2%
Supplies and Drugs	1,107,719	1,362,498	254,779	19%	8,956,656	10,903,932	1,947,276	18%
Equipment (Purch, Rent, Maint)	548,941	514,626	(34,315)	-7%	3,639,674	4,305,902	666,228	15%
Building (Purch, Rent, Maint)	695,155	554,454	(140,701)	h -25%	4,545,697	4,491,082	(54,615)	-1%
Vehicle (Purch, Rent, Maint)	53,877	37,258	(16,619)	-45%	391,617	298,854	(92,763)	-31%
Telephone and Utilities	296,879	247,407	(49,472)	-20%	2,154,451	1,989,323	(165,128)	-8%
Insurance, Legal, Audit	132,127	144,850	12,723	9%	1,204,195	1,244,672	40,477	3%
Other	949,029	595,942	(353,087)	i -59%	4,625,048	4,707,824	82,776	2%
Claims Denials	6,541	50,039	43,498	87%	68,749	401,043	332,294	83%
Total Expenses	25,455,328	25,729,557	274,229	j 1%	204,311,776	204,662,166	350,391	0%
Excess of Revenues over (under)								
Expenditures before Other Sources	(2,801,151) a	(4,100,472)	1,299,321		(32,659,242)	(31,346,667)	(1,312,574)	
Funds from other sources:								
Use of fund balance - CapEx	-	-	-		2,376,887	-	2,376,887	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,757	432,757	-		3,560,344	3,560,344	-	
Waiver 1115 Revenues	3,695,757	3,695,757	-		28,027,592	28,027,592	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	3,125	-	3,125		14,752	-	14,752	
Proceeds from Sale of Assets	20,000	-	20,000		20,000	-	20,000	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 1,350,488	\$ 28,042	\$ 1,322,446		\$ 2,322,833	b \$ 241,269	\$ 2,081,565	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of April 30, 2022

	Ending Balance		Increase/(Decrease)	
	March 31, 2022	April 30, 2022	April	
Assets				
Cash and Cash Equivalents	\$ 114,410,431	\$ 113,288,784	\$ (1,121,647)	a
Inventory - includes RX	269,160	268,940	(220)	b
Prepaid Expenses	1,926,292	4,755,312	2,829,020	c
A/R Medicaid, Medicare, 3rd Party	14,836,207	13,531,864	(1,304,343)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	16,679,300	16,765,928	86,628	d
A/R DSRIP	17,089,921	19,995,240	2,905,319	
Total Current Assets	<u>158,305,488</u>	<u>161,700,245</u>	<u>3,394,757</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,919,872	6,898,327	(21,545)	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	18,450,509	18,450,509	-	
Total Property, Plant & Equipment	<u>79,914,919</u>	<u>79,893,374</u>	<u>(21,545)</u>	
TOTAL ASSETS	<u>\$ 238,220,407</u>	<u>\$ 241,593,619</u>	<u>\$ 3,373,212</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 26,098,820	\$ 27,573,074	\$ 1,474,254	e
Accrued Payroll and Accounts Payables	24,745,307	25,746,610	1,001,303	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>50,844,127</u>	<u>53,319,684</u>	<u>2,475,557</u>	
State Escheatment Payable	42,011	43,480	1,469	
Total Non Current Liabilities	<u>42,011</u>	<u>43,480</u>	<u>1,469</u>	
TOTAL LIABILITIES	<u>50,886,138</u>	<u>53,363,164</u>	<u>2,477,026</u>	
General Fund Balance	17,897,828	17,898,048	220	g
Nonspendable				
Investment in Inventories	269,160	268,940	(220)	
Investment In Fixed Assets	79,914,919	79,893,374	(21,545)	
Assigned:				
Current Capital Projects	18,247,660	18,247,660	-	
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	60,546,430	60,113,673	(432,757)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,361,924</u>	<u>185,907,622</u>	<u>(454,302)</u>	
Year to Date Excess Revenues over (under) Expenditures	972,345	2,322,833	1,350,488	
TOTAL FUND BALANCE	<u>187,334,269</u>	<u>188,230,455</u>	<u>896,186</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 238,220,407</u>	<u>\$ 241,593,619</u>	<u>\$ 3,373,212</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended April 30, 2022

I. Comparison of Revenue and Expenses

- a. For the month of April 2022, the eighth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$2,801,151.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$2,322,833 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 favorable to budget by \$1,813,152 due to receipt of HRSA Provider Relief Funds Phase 4.
- d. State Grants are favorable to budget by \$822,773 due to timing of construction expenses for the Healthy Community Grant and timing of ECI insurance collections.
- e. Federal grants are favorable to budget by \$764,667 due to federal grants awarded after the original budget was approved by the Board.
- f. Third Party Billings are unfavorable to budget by \$2,015,851 due to reclassification of accumulated DPP-BHS Component 2 funding.
- g. Total Revenue is favorable to budget by \$1,025,092.
- h. Building is unfavorable to budget due to timing of construction expenses.
- i. Other is unfavorable to budget due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget.
- j. Total Expenses are favorable to budget by \$274,229.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

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)
	3/31/2022	4/30/2022	April
Cash-General Fund Bank of America	\$ 6,666,632	\$ 6,666,123	\$ (509)
Cash-General Fund Chase	39,112,455	51,016,100	11,903,645
Cash-BOA ACH Vendor	456,273	313,607	(142,666)
Cash-FSA-Discovery	194,675	186,339	(8,336)
Cash-Pharmacy Chase	2,188	5,938	3,750
Petty Cash	5,700	5,700	-
Investments-TexPool General Fund	1,001,922	1,002,173	251
Investments-TexPool Self Insurance	2,289,712	2,290,285	573
Investments-TexPool Prime	26,635,205	26,644,931	9,726
Investments-Texas Class	38,045,669	25,157,588	(12,888,081)
	<u>\$ 114,410,431</u>	<u>\$ 113,288,784</u>	<u>\$ (1,121,647)</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)
	3/31/2022	4/30/2022	April
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Used	(24,075)	(24,295)	(220)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 269,160</u>	<u>\$ 268,940</u>	<u>\$ (220)</u>

- c. Prepaid Expenses increased due to HCPC Activity.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in April.

	Ending Balance		Increase (Decrease)
	3/31/2022	4/30/2022	April
Villas at Bayou Park	60,433	60,433	-
Pear Grove	39,937	39,937	-
Pasadena Cottages	84,639	73,028	(11,611)
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	94,321	94,321	-
General Accounts Receivable	110,937	155,941	45,004
Pharmacy PBM	4,546	8,099	3,553
Harris County Projects	1,127,721	996,613	(131,108)
Harris County Juvenile Probation	289,060	628,465	339,405
Harris County Community Supervision	948,603	1,376,929	428,326
Harris County Sheriff's Department	4,063,823	3,892,890	(170,933)
ICFMR	188,896	191,636	2,740
TCOOMMI-Special Needs	611,500	774,233	162,733
TDCJ-Parole	102,500	123,000	20,500
TDCJ-Substance Abuse	66,668	83,335	16,667
TCOOMMI-Juvenile	170,463	250,943	80,480
Jail Diversion	1,911,538	1,198,351	(713,187)
ECI	752,977	1,007,604	254,627
ECI Respite	1,293	704	(589)
ECI SNAP	20,207	20,635	428
Federal CHH Navigation	185,069	279,776	94,707
Federal Aot	174,989	224,250	49,261
PATH-Mental Health Block Grant	246,276	132,147	(114,129)
MH Block Grant-Coordinated Specialty Care	138,571	157,163	18,592
TANF PEAFF	121,083	463,687	342,604
DSHS SAPT Block Grant	220,478	176,018	(44,460)
AR State TCMHCC	-	99,250	99,250
Enhanced Community Coordinator	64,852	67,630	2,778
Subtotal, A/R-Other	\$ 11,805,781	\$ 12,581,419	\$ 775,638

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	3/31/2022	4/30/2022	April
DSHS Mental Health First Aid	\$ 41,845	\$ 34,484	\$ (7,361)
HHSC ZEST-Zero Suicide	40,207	108,884	68,677
HCC Open Door	342,264	1,093,954	751,691
HCS	22,416	22,416	(0)
Tx Home Living Waiver	308,318	304,138	(4,180)
Federal DSHS Disaster Assistance	218,583	-	(218,583)
DPP-BHS	1,657,578	1,243,784	(413,794)
Helpline Contracts	78,139	95,583	17,444
City of Houston-CCSI	50,537	25,268	(25,269)
City of Houston-DMD	10,332	10,332	-
City of Houston-911 CCD Amended	87,264	39,832	(47,432)
A/R - HHSC Projects	2,016,036	1,205,834	(810,202)
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 16,679,300	\$ 16,765,928	\$ 86,628

- e. Unearned Income increased due to receipt of the Harris County allocation.
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- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 129 days versus 129 days for the prior month.

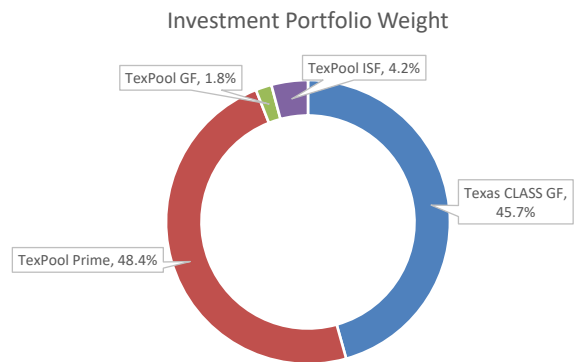
III. Investment Portfolio

- a. Total investments as of April 30, 2022 are \$55,094,977 of which 100% is in government pools. (Texas Class 46% and TexPool 54%)
- b. Investments this month yielded interest income of \$22,468.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 April 30, 2022

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 38,045,669	\$ -	\$ (12,900,000)	\$ 11,920	\$ 25,157,588	45.7%	0.472%
<i>TexPool</i>							
TexPool Prime	26,635,205	\$ -	\$ -	9,726	26,644,931	48.4%	0.444%
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<i>TexPool Sub-Total</i>	<i>29,926,840</i>	<i>-</i>	<i>-</i>	<i>10,549</i>	<i>29,937,389</i>	<i>54.3%</i>	<i>0.429%</i>
Total Investments	\$ 67,972,508	\$ -	\$ (12,900,000)	\$ 22,468	\$ 55,094,977	100%	0.449%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **0.279%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **0.169%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of April 30, 2022 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 April 2022

Vendor	Description	Monthly Not-To-Exceed*	Apr-22	YTD Total Through April
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,753,362	\$12,867,636
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,164,173	\$8,530,794

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective February 22, 2022.

Note: Non-employee portion of April payments of Liabilities for Employee Benefits = 10% of Expenditures.

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Eighth Month and Year to Date Ended April 30, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on May 17, 2022

The Harris Center for Mental Health & IDD

May 17, 2022

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

The monthly financial report for April 30, 2022 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.



Sean Kim, CPA
Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Eighth Month and Year to Date Ended April 30, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,654	\$ 21,629	\$ 1,025
Expenditures	25,455	25,730	274
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,801)</u>	<u>\$ (4,100)</u>	<u>\$ 1,299</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 2,323</u>	<u>\$ 241</u>	<u>\$ 2,082</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Eighth Month and Year to Date Ended April 30, 2022

	Month Ended April 30, 2022				Eight Months Ended April 30, 2022			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 6,477,312	\$ 4,664,160	\$ 1,813,152	c 39%	\$ 38,848,799	\$ 37,323,914	\$ 1,524,885	4%
PAP / Samples	672,486	1,025,909	(353,423)	-34%	5,808,179	8,207,216	(2,399,037)	-29%
Interest	22,468	4,166	18,302	439%	68,079	33,328	34,751	104%
State General	9,844,707	9,869,235	(24,528)	0%	79,063,075	78,963,279	99,796	0%
State Grants	2,121,704	1,298,931	822,773	d 63%	9,778,044	10,391,449	(613,405)	-6%
Federal Grants	2,806,025	2,041,358	764,667	e 37%	22,118,196	16,935,342	5,182,854	31%
3rd party billings	709,475	2,725,326	(2,015,851)	f -74%	15,968,162	21,460,971	(5,492,809)	-26%
Total Revenue	22,654,177	21,629,085	1,025,092	g 5%	171,652,534	173,315,499	(1,662,965)	-1%
Total Expenses:								
Salaries and Fringe	17,473,796	17,869,345	395,549	2%	145,366,941	141,204,007	(4,162,934)	-3%
Travel	115,649	154,025	38,376	25%	709,675	1,545,643	835,968	54%
Contracts and Consultants	1,758,174	1,829,320	71,146	4%	14,067,197	14,611,540	544,343	4%
HCPC Contract	2,317,441	2,369,793	52,352	2%	18,581,877	18,958,344	376,467	2%
Supplies and Drugs	1,107,719	1,362,498	254,779	19%	8,956,656	10,903,932	1,947,276	18%
Equipment (Purch, Rent, Maint)	548,941	514,626	(34,315)	-7%	3,639,674	4,305,902	666,228	15%
Building (Purch, Rent, Maint)	695,155	554,454	(140,701)	h -25%	4,545,697	4,491,082	(54,615)	-1%
Vehicle (Purch, Rent, Maint)	53,877	37,258	(16,619)	-45%	391,617	298,854	(92,763)	-31%
Telephone and Utilities	296,879	247,407	(49,472)	-20%	2,154,451	1,989,323	(165,128)	-8%
Insurance, Legal, Audit	132,127	144,850	12,723	9%	1,204,195	1,244,672	40,477	3%
Other	949,029	595,942	(353,087)	i -59%	4,625,048	4,707,824	82,776	2%
Claims Denials	6,541	50,039	43,498	87%	68,749	401,043	332,294	83%
Total Expenses	25,455,328	25,729,557	274,229	j 1%	204,311,776	204,662,166	350,391	0%
Excess of Revenues over (under)								
Expenditures before Other Sources	(2,801,151) a	(4,100,472)	1,299,321		(32,659,242)	(31,346,667)	(1,312,574)	
Funds from other sources:								
Use of fund balance - CapEx	-	-	-		2,376,887	-	2,376,887	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,757	432,757	-		3,560,344	3,560,344	-	
Waiver 1115 Revenues	3,695,757	3,695,757	-		28,027,592	28,027,592	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	3,125	-	3,125		14,752	-	14,752	
Proceeds from Sale of Assets	20,000	-	20,000		20,000	-	20,000	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 1,350,488	\$ 28,042	\$ 1,322,446		\$ 2,322,833	\$ 241,269	\$ 2,081,565	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of April 30, 2022

	Ending Balance		Increase/(Decrease)	
	March 31, 2022	April 30, 2022	April	
Assets				
Cash and Cash Equivalents	\$ 114,410,431	\$ 113,288,784	\$ (1,121,647)	a
Inventory - includes RX	269,160	268,940	(220)	b
Prepaid Expenses	1,926,292	4,755,312	2,829,020	c
A/R Medicaid, Medicare, 3rd Party	14,836,207	13,531,864	(1,304,343)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	16,679,300	16,765,928	86,628	d
A/R DSRIP	17,089,921	19,995,240	2,905,319	
Total Current Assets	<u>158,305,488</u>	<u>161,700,245</u>	<u>3,394,757</u>	
Land	6,432,036	6,432,036	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,153,240	21,153,240	-	
Furniture and Fixtures	6,919,872	6,898,327	(21,545)	
Vehicles	1,569,768	1,569,768	-	
Construction in Progress	18,450,509	18,450,509	-	
Total Property, Plant & Equipment	<u>79,914,919</u>	<u>79,893,374</u>	<u>(21,545)</u>	
TOTAL ASSETS	<u><u>\$ 238,220,407</u></u>	<u><u>\$ 241,593,619</u></u>	<u><u>\$ 3,373,212</u></u>	
Liabilities and Fund Balance				
Unearned Income	\$ 26,098,820	\$ 27,573,074	\$ 1,474,254	e
Accrued Payroll and Accounts Payables	24,745,307	25,746,610	1,001,303	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>50,844,127</u>	<u>53,319,684</u>	<u>2,475,557</u>	
State Escheatment Payable	42,011	43,480	1,469	
Total Non Current Liabilities	<u>42,011</u>	<u>43,480</u>	<u>1,469</u>	
TOTAL LIABILITIES	<u>50,886,138</u>	<u>53,363,164</u>	<u>2,477,026</u>	
General Fund Balance	17,897,828	17,898,048	220	g
Nonspendable				
Investment in Inventories	269,160	268,940	(220)	
Investment In Fixed Assets	79,914,919	79,893,374	(21,545)	
Assigned:				
Current Capital Projects	18,247,660	18,247,660	-	
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	60,546,430	60,113,673	(432,757)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,361,924</u>	<u>185,907,622</u>	<u>(454,302)</u>	
Year to Date Excess Revenues over (under) Expenditures	972,345	2,322,833	1,350,488	
TOTAL FUND BALANCE	<u>187,334,269</u>	<u>188,230,455</u>	<u>896,186</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u><u>\$ 238,220,407</u></u>	<u><u>\$ 241,593,619</u></u>	<u><u>\$ 3,373,212</u></u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended April 30, 2022

I. Comparison of Revenue and Expenses

- a. For the month of April 2022, the eighth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$2,801,151.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$2,322,833 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 favorable to budget by \$1,813,152 due to receipt of HRSA Provider Relief Funds Phase 4.
- d. State Grants are favorable to budget by \$822,773 due to timing of construction expenses for the Healthy Community Grant and timing of ECI insurance collections.
- e. Federal grants are favorable to budget by \$764,667 due to federal grants awarded after the original budget was approved by the Board.
- f. Third Party Billings are unfavorable to budget by \$2,015,851 due to reclassification of accumulated DPP-BHS Component 2 funding.
- g. Total Revenue is favorable to budget by \$1,025,092.
- h. Building is unfavorable to budget due to timing of construction expenses.
- i. Other is unfavorable to budget due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget.
- j. Total Expenses are favorable to budget by \$274,229.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

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)
	3/31/2022	4/30/2022	April
Cash-General Fund Bank of America	\$ 6,666,632	\$ 6,666,123	\$ (509)
Cash-General Fund Chase	39,112,455	51,016,100	11,903,645
Cash-BOA ACH Vendor	456,273	313,607	(142,666)
Cash-FSA-Discovery	194,675	186,339	(8,336)
Cash-Pharmacy Chase	2,188	5,938	3,750
Petty Cash	5,700	5,700	-
Investments-TexPool General Fund	1,001,922	1,002,173	251
Investments-TexPool Self Insurance	2,289,712	2,290,285	573
Investments-TexPool Prime	26,635,205	26,644,931	9,726
Investments-Texas Class	38,045,669	25,157,588	(12,888,081)
	<u>\$ 114,410,431</u>	<u>\$ 113,288,784</u>	<u>\$ (1,121,647)</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)
	3/31/2022	4/30/2022	April
Inventory-Central Supplies	\$ 28,052	\$ 28,052	\$ -
Supplies Used	(24,075)	(24,295)	(220)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 269,160</u>	<u>\$ 268,940</u>	<u>\$ (220)</u>

- c. Prepaid Expenses increased due to HCPC Activity.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable increased in April.

	Ending Balance		Increase (Decrease)
	3/31/2022	4/30/2022	April
Villas at Bayou Park	60,433	60,433	-
Pear Grove	39,937	39,937	-
Pasadena Cottages	84,639	73,028	(11,611)
Employee	-	-	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	94,321	94,321	-
General Accounts Receivable	110,937	155,941	45,004
Pharmacy PBM	4,546	8,099	3,553
Harris County Projects	1,127,721	996,613	(131,108)
Harris County Juvenile Probation	289,060	628,465	339,405
Harris County Community Supervision	948,603	1,376,929	428,326
Harris County Sheriff's Department	4,063,823	3,892,890	(170,933)
ICFMR	188,896	191,636	2,740
TCOOMMI-Special Needs	611,500	774,233	162,733
TDCJ-Parole	102,500	123,000	20,500
TDCJ-Substance Abuse	66,668	83,335	16,667
TCOOMMI-Juvenile	170,463	250,943	80,480
Jail Diversion	1,911,538	1,198,351	(713,187)
ECI	752,977	1,007,604	254,627
ECI Respite	1,293	704	(589)
ECI SNAP	20,207	20,635	428
Federal CHH Navigation	185,069	279,776	94,707
Federal Aot	174,989	224,250	49,261
PATH-Mental Health Block Grant	246,276	132,147	(114,129)
MH Block Grant-Coordinated Specialty Care	138,571	157,163	18,592
TANF PEA	121,083	463,687	342,604
DSHS SAPT Block Grant	220,478	176,018	(44,460)
AR State TCMHCC	-	99,250	99,250
Enhanced Community Coordinator	64,852	67,630	2,778
Subtotal, A/R-Other	\$ 11,805,781	\$ 12,581,419	\$ 775,638

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended April 30, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	3/31/2022	4/30/2022	April
DSHS Mental Health First Aid	\$ 41,845	\$ 34,484	\$ (7,361)
HHSC ZEST-Zero Suicide	40,207	108,884	68,677
HCC Open Door	342,264	1,093,954	751,691
HCS	22,416	22,416	(0)
Tx Home Living Waiver	308,318	304,138	(4,180)
Federal DSHS Disaster Assistance	218,583	-	(218,583)
DPP-BHS	1,657,578	1,243,784	(413,794)
Helpline Contracts	78,139	95,583	17,444
City of Houston-CCSI	50,537	25,268	(25,269)
City of Houston-DMD	10,332	10,332	-
City of Houston-911 CCD Amended	87,264	39,832	(47,432)
A/R - HHSC Projects	2,016,036	1,205,834	(810,202)
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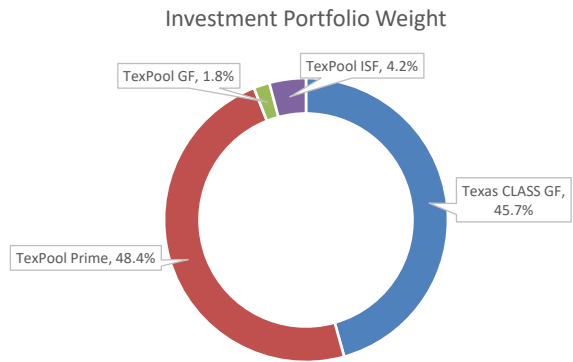
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The Harris Center for Mental Health and IDD
 Investment Portfolio
 April 30, 2022

Local Government Investment Pools (LGIPs)

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

Report for April 2022

Vendor	Description	Monthly Not-To-Exceed*	Apr-22	YTD Total Through April
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Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,164,173	\$8,530,794

* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective February 22, 2022.

Note: Non-employee portion of April payments of Liabilities for Employee Benefits = 10% of Expenditures.

EXHIBIT F-4

May 2022

NEW CONTRACTS OVER 50k

SNAPSHOT SUMMARY
NEW CONTRACTS
\$50,000.00 AND MORE

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22 NEW CONTRACTS								
	ADMINISTRATION								
1	Galaxy Building Services	Yes	Replacement Services		\$120,000.00	04/20/22- 08/31/23	FM22.1126.17	RFP	<p>The Request for Proposal opened for Replacement of Windows for Six Agency Properties on Tuesday, April 4, 2022, at 11:00am. The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Todd McCorquodale, Director Facilities Services, Oscar Garcia, Project Manager II and Karen Hurst, Project Manager II. Thirty-one (31) vendors were contacted. Eight (8) vendors were HUB. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC) and Houston Business Journal. Received five (5) responses and two (2) not to participate. Five (5) responses were deemed responsive and evaluated by the Project Team. Two (2) responses were HUB vendors. The team members rated each response using a qualitative approach. Based on the Project Team's evaluation of responses received, recommendation was based on best value to the Agency. The vendor is a HUB. They have a good track record and experience working with Government entities.</p> <p>The total NTE for project: \$99,944.69 \$20,055.31 contingency FY22/23 Total budget: \$120,000.00</p>
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								
	MENTAL HEALTH SERVICES								



Executive Contract Summary

Contract Section



Contractor*

Galaxy Building Services

Contract ID #*

2022-0394

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Galaxy Building Services and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/20/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 120,000.00

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 Harris Center went out for RFP to have the windows replaced at 7 of our residential facilities. We awarded it to Galaxy Building Services for \$99,944.70 plus \$20,055.30 contingency for a total cost of \$120,000.00. Please see RFP/Award notification information from Purchasing FM22.1126.17 If work is not completed in FY22, we are asking to be carried over to FY23 to complete work/project.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Galaxy Building Services, Inc / Johan Mandli

Address*

1331 US Highway 80 East, Suite 103

Mesquite

TX

75150

US

Phone Number*

2146933471

Email*

jonah@galaxy-build.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 120,000.00	900040
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
 \$99,944.70 plus \$20,055.30 contingency for a total cost of \$120,000.00.
 Please see RFP/Award notification information from Purchasing

Project WBS (Work Breakdown Structure)* (?)
 FM22.1126.17

Requester Name	Submission Date
Harper, Sarah	4/19/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Erica Brown</i>	4/21/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	4/21/2022

Contract Owner Approval

Approved by	Approval Date
<i>Todd McCorquodale</i>	4/21/2022

Contracts Approval

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

Approved by *

Shaskya Belu

Approval Date *

4/21/2022

EXHIBIT F-5

May 2022
AMENDMENTS OVER 50k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 AMENDMENTS									
	ADMINISTRATION									
1	AscendHR Corp	No	Agency-Wide Recruitment Services as-needed for Human Resources.	\$359,500.00	\$145,000.00	\$504,500.00	10/21/21- 08/31/22	GR	N/A	This Amendment is to increase the NTE for the continuation of the Contract Recruiter, HRM Subscription RPE, Virtual Hiring Events, Psychiatrist Campaign, and CNO Search.
2	Centre Technologies	No	Microsoft Azure DraaS-Disaster Recovery Service	\$100,000.00	\$12,000.00	\$112,000.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to increase funds to cover outstanding FY22 invoices.
3	Enterprise Fleet Management	No	Vehicle Lease and Maintenance Agreements for Agency-wide Transportation Services	\$353,761.18	\$80,000.00	\$433,761.18	01/31/21- 12/01/25	GR	Tag-On	This Amendment is to cover cost for Leased vehicles in the amount of \$49,700.00 and to pay maintenance cost for existing vehicles in the amount of \$30,300.00. Total increase request= \$80,000.00
4	Granite Telecommunications, LLC	No	Agency-Wide POTS AT&T Bill Consolidation	\$132,000.00	\$15,000.00	\$147,000.00	09/01/21- 08/31/22	GR	N/A	This Amendment is requested to cover service cost through August 2022, due to increase in cost by vendor.
5	Intrado Interactive Services Corporation FKA West Interactive Corporation Service	No	Agency-wide Phone Tree TelevoX Software Subscription Services.	\$22,000.00	\$31,250.00	\$53,250.00	09/01/21- 08/31/23	GR	N/A	This Amendment is to increase funds to cover unpaid FY22 invoices for the Agency-wide phone tree TelevoX Software Subscription Services.
6	Johnson Controls Fire Protection, LP. Master Pool	No	Life Safety Systems/Inspection Services	\$205,802.00	\$40,000.00	\$245,802.00	09/01/21- 08/31/22	GR	RFP	This Amendment is to pay for unforeseen deficiencies in the Fire Alarm and Sprinkler Systems at all locations and to bring 9401 Southwest Freeway up to code for The City of Houston and the Fire Marshal's office.
7	Foreign and Sign Language Translation Services	No	Sign Language/Interpretation Translation	\$531,391.00	\$3,000.00	\$534,391.00	09/01/21- 08/31/22	GR	Consumer Driven	This Amendment is to increase the budget for Adult Forensics 6401-DDRP in order to continue providing translation services to consumers with a language barrier.
8	Master PoolRFQ-Supplemental Professional Services (Project# FY22-0213 & #FY22-0213B)	No	Professional Services	\$200,000.00	\$50,000.00	\$250,000.00	02/01/22- 08/31/23	GR	RFQualification	This Amendment is to increase funds for FY22 to purchase two new A/C units that need to be replaced. Funds will be depleted prior to end of fiscal year.
9	Otis Elevator Company	No	Elevator Maintenance Services at 9401 Southwest Freeway Location	\$66,000.00	\$15,000.00	\$81,000.00	11/01/21- 10/31/22	GR	Transitional Vendor	This Amendment is to increase funds to pay for unforeseen repairs to elevators at 9401 SW Freeway location, as invoiced.
10	Pivot Point	No	Consulting and IT Staffing Services	\$155,000.00	\$50,000.00	\$205,000.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to increase the NTE for the continuation of resource for SQL/Data as a Service and data reporting support.
11	Rekruters	WBE	Temporary IT Recruitment and Placement Services	\$805,000.00	\$210,000.00	\$1,015,000.00	09/01/21- 08/31/22	GR	Sole Source	This amendment is to increase funds to provide professional services and resources to assist with EPIC data extraction, reporting, analysis, and validation.
12	Waste Management of Texas, Inc.	No	Agency Non-hazardous Waste Removal Services	\$56,178.87	\$10,000.00	\$66,178.87	09/01/21- 08/31/22	GR	Tag-On to Choice Partners TIP	This amendment is to increase NTE to cover services for the remainder of the year. Current contingency and budgeted funds will be depleted due to addition of dumpsters, overages for containers and adding a 20 yard dumpster rentals for a project.
	CPEP/CRISIS SERVICES									
13	Master Pool Inpatient Psychiatric Bed Services	No	Inpatient Psychiatric Bed Services Jail Diversion Program	\$16,500.00	\$37,885.00	\$54,385.00	09/01/21- 08/31/22	County Funds	RFA	This Amendment is to increase the NTE and Purchase Order reflect to actual expenses projected to fiscal year end (08/31/22). The program needs \$385 to cover March and \$7,500 (or 12 billing days at \$625 per bed day) per month for the remaining 5 months for a total of \$37,885.
14	Harris County Hospital District dba Harris Health System	No	Nutrition & Food Services for NPC	\$325,025.70	\$20,000.00	\$345,025.70	09/01/21- 08/31/22	GR	Consumer Driven	This Amendment is to increase NTE to cover cost for the remainder of fiscal year. At current spend rate, it is anticipated that funds will be depleted. The projected shortfall by Budget Team is \$17,000.00 to pay for food service at the NPC site.
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									



Executive Contract Summary

Contract Section


Contractor*

ASCENDHR CORP

Contract ID #*

2021-0209

Presented To*

- Resource Committee
 Full Board

Date Presented*

6/21/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & ASCENDHR CORP

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
 Board Approval (Total NTE Amount is \$100,000.00+)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

- | | |
|--|---|
| <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 AMENDMENT |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/21/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 359,500.00

Increase Not to Exceed*

\$ 145,000.00

Revised Total Not to Exceed (NTE)*

\$ 504,500.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 504,500.00

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* (?)

THIS AGREEMENT WILL ALLOW FOR THE CONTINUATION OF THE CONTRACT RECRUITER, HRM SUBSCRIPTION RPE, VIRTUAL HIRING EVENTS, PSYCHIATRIST CAMPAIGN, AND CNO SEARCH.

Contract Owner*

Terence Freeman

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*

Rollis Fontenot

Address*

20333 State Highway 249, Suite 200

Houston

TX

77070

US

Phone Number*

888-974-4473

Email*

rollis@ascendcorp.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 145,000.00	592000
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, Jedonne

Submission Date

5/4/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

5/5/2022

Contract Owner Approval

Approved by

Terence Freeman

Approval Date

5/5/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

5/10/2022



Executive Contract Summary

Contract Section



Contractor*

CENTRE TECHNOLOGIES

Contract ID #*

7709

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

CENTRE
THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

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

Current Contract Amount*

\$ 100,000.00

Increase Not to Exceed*

\$ 12,000.00

Revised Total Not to Exceed (NTE)*

\$ 112,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 112,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

INCREASE TO COVER INVOICES

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141442

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

CENTRE TECHNOLOGIES, INC/JAMIE

Address*

480 North Sam Houston Parkway East

310

Houston

TX

77060-3550

US

Phone Number*

2817416389

Email*

JAMIE@CENTRETECHNOLOGIES.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 12,000.00	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

4/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

4/20/2022

Contracts Approval

Approve*

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

Approved by*

Shashyia Belin

Approval Date*

4/20/2022



Executive Contract Summary

Contract Section



Contractor*

Enterprise Fleet Management

Contract ID #*

7827

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Enterprise Fleet Management and The Harris Center for Mental Health and IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/31/2021

Contract Term End Date* (?)

12/1/2025

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

1/31/2021-12/01/2025

Current Contract Amount*

\$ 353,761.18

Increase Not to Exceed*

\$ 80,000.00

Revised Total Not to Exceed (NTE)*

\$ 433,761.18

Fiscal Year* (?)

2022

Amount* (?)

\$ 433,761.18

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This contract needs to be increase for the leased vehicle with Enterprise by \$49,700 and to maintain the existing vehicle maintenance needs to be increased by \$30,300.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Vendor does not meet HUB requirements

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Mark Block

Address*

10401 Centrepark Drive

Houston

TX

77043-1251


US

Phone Number*

713-309-9181

Email *

james.m.blockjr@efleets.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 3,000.00	560500
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 1,000.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 40,000.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,000.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 500.00	560500
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 1,000.00	560500
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,000.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 2,200.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Macleod, Ann	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1124	\$ 2,000.00	559000
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 17,500.00	559000
Budget Manager Oshman, Jodel	Secondary Budget Manager Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 1,000.00	559000
Budget Manager Oshman, Jodel	Secondary Budget Manager Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3579	\$ 1,000.00	559000
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Downey, Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 2,000.00	559000
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Downey, Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2214	\$ 4,000.00	559000
Budget Manager Shelby, Debbie	Secondary Budget Manager Loera, Angelica	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 2,000.00	559000
Budget Manager Shelby, Debbie	Secondary Budget Manager Loera, Angelica	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 500.00	559000
Budget Manager Oshman, Jodel	Secondary Budget Manager Kornmayer, Kimberly	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3692	\$ 300.00	559000
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Downey, Michael	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Soto, Jessica

Submission Date

4/20/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/20/2022

Approved by

Jodel Osman

Approval Date

4/20/2022

Approved by

Priscilla M. Ramirez

Approval Date

4/20/2022

Approved by

Ricardo Campbell

Approval Date

4/20/2022

Approved by

Ricardo Campbell

Approval Date

4/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

4/21/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section



Contractor*

GRANITE TELECOMMUNICATIONS LLC

Contract ID #*

6825

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

GRANITE
THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

- | | |
|--|--|
| <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 NONE |

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*

\$ 132,000.00

Increase Not to Exceed*

\$ 15,000.00

Revised Total Not to Exceed (NTE)*

\$ 147,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 15,000.00

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* (?)

FUNDS REQUESTED TO COVER INVOICES THROUGH AUG DUE TO BILLING INCREASE BY VENDOR.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141524

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

GRANITE TELECOMMUNICATIONS/MELANIE HARRIS

Address*

PO BOX 983119

BOSTON

MA

02298

United States

Phone Number*

12123775218

Email*

premier26@granitenet.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 15,000.00	564000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

4/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/19/2022

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

4/19/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

4/20/2022



Executive Contract Summary

Contract Section



Contractor*

Intrado Interactive Services Corporation FKA West Interactive Corporation Service

Contract ID #*

7451

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Intrado Interactive Services Corporation FKA West Interactive Corporation Service
THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

- | | |
|--|--|
| <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 NONE |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 22,000.00

Increase Not to Exceed*

\$ 31,250.00

Revised Total Not to Exceed (NTE) *

\$ 53,250.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 31,250.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

See attached invoices unpaid.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141400

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

136785_1639431104.pdf	296.53KB
137053_1639431120.pdf	296.39KB
138631_1639431138.pdf	296.57KB
225987_1639431155.pdf	296.47KB
228377_1639431183.pdf	296.11KB
669925_235868_1639787865.pdf	296.35KB
669925_243011_1642313998.pdf	296.15KB
669925_245053_1644518854.pdf	296.65KB
669925_256495_1648465619.pdf	296.65KB
account_statement_2022-03-31.pdf	25.95KB
FY22_WEST_NAME_CHANGE_ECS.pdf	327.81KB
IISC signed C Nelson 12.26.19.pdf	39.92KB
W9 Intrado Interactive Services Corporation signed.pdf	144.15KB

Name*

INTRADO INTERACTIVE SERVICES/GINGER GARFIELD

Address*

11808 Miracle Hills Drive

Omaha

NE

68154-4403

US

Phone Number*

4027160581

Email*

GINGER.GARFIELD@INTRADO.COM

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 31,250.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHMENTS

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

4/21/2022

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approval Date

4/21/2022

Contract Owner Approval



Approved by

Mustafa

Approval Date

4/21/2022

Contracts Approval

Approve*

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

Approved by*

Shashya Behn

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section



Contractor*

Johnson Controls Fire Protection, LP

Contract ID #*

7213

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Johnson Controls Fire Protection, LP and The Harris Center for MH & 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

n/a

Current Contract Amount*

\$ 205,802.00

Increase Not to Exceed*

\$ 40,000.00

Revised Total Not to Exceed (NTE)*

\$ 245,802.00

Fiscal Year* (?) 2022 Amount* (?) \$ 245,802.00

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 pay for unforeseen deficiencies for the Fire Alarm and Sprinkler Systems at all locations and to bring 9401 Southwest Freeway up to code for The City of Houston and 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

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

Yes No Unknown

Please provide an explanation*

Does not meet Criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name* Rachael Kundts, Johnson Controls

Address* 8323 North Eldridge Parkway, STE 120

Houston TX 77041 United States

Phone Number*

3462299471

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	\$ 40,000.00	569010

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

No change - see current contract

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

4/21/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/22/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

4/22/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Belu

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section



Contractor*

Translation and Interpretation Master Pool Contract

Contract ID #*

7212

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

The Harris Center, Language Line, Nightingale, Universe Translation, Visual Language Professionals, and CrabTree

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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 531,391.00

Increase Not to Exceed*

\$ 3,000.00

Revised Total Not to Exceed (NTE)*

\$ 534,391.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 534,391.00

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* (?)

Increasing budget for Adult Forensics 6401 - DDRP only in order to continue to provide translation services to consumers with a language barrier

Contract Owner*

Anthony Robinson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Doing business with interpretation vendors since 2018

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Daniel Poma

Address*

1 Lower Ragsdale Drive

Monterey

CA

93940

US

Phone Number*

831-648-5404

Email*

dpoma@languageline.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 3,000.00	543018
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

In-Person – 2 hr. minimum - \$90
 In-Person – Intake 4 hrs. - \$180
 Over the Phone Interpretation – per min – Spanish \$0.70
 Over the Phone Interpretation–per min–Other Languages
 \$1.24
 Video – 1 hr. minimum - \$47
 See contract for additional rates for sign language

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Mackinney, Eggl	4/21/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Sheenia Williams-Wesley</i>	4/22/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>D. Anthony Robinson</i>	4/26/2022

Contracts Approval

Approve*

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

Approved by*

Shashya Behn

Approval Date*

4/26/2022

Contract Section **Contractor***

Professional Services - multiple vendors

Contract ID #*

2022-0309

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Professional Services - multiple vendors - 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
 SOW-Change Order-Amendment#
 Other need to increase the amount on the purchase order CT141877

Procurement Method(s)*

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

2/1/2022

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 200,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 250,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 250,000.00

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* (?)

We need to add \$50,000.00 for FY22 to unit 1899 GL code 569008 ac/heat to purchase two new a/c units that need to be replaced, have attached the quotes for the two units to show that we will deplete the amount in that unit/gl and need to increase the contract to be able to do business thru FY22

Contract Owner*

Todd McCorquodale

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 (?)

Professional Service increase contract.pdf

133.12KB

Vendor/Contractor Contact Person



Name*

Multiple Awards - see original

Address*

n/a

n.a

n/a

n/a

USA

Phone Number*

n/a

Email *

seeattached@none.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 50,000.00	569008
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

see attached quotes which total more than \$50,000.00

Letsos - FS22.030 for \$16,407.00

Raven - FS22.031 for \$33,956.00

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Harper, Sarah

Submission Date

4/14/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/14/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

4/14/2022

Contracts Approval

Approve *

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

Approved by*

Shasthya Bahu

Approval Date*

4/14/2022



Executive Contract Summary

Contract Section

Contractor*

Otis Elevator Company

Contract ID #*

6093

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Otis Elevator Company and The Harris Center for MH & 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

- | | |
|--|---|
| <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 Transitional Vendor |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/1/2021

Contract Term End Date* (?)

10/31/2022

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

11/1/2021-10/31/2022

Current Contract Amount*

\$ 66,000.00

Increase Not to Exceed*

\$ 15,000.00

Revised Total Not to Exceed (NTE)*

\$ 81,000.00

Fiscal Year* (?) 2022 Amount* (?) \$ 81,000.00

Funding Source* General Revenue (GR)

Contract Description / Type* (?)

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

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

To pay for unforeseen repairs to elevators at 9401 Southwest Freeway and to pay for service invoices.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2014-Present

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

Yes No Unknown

Please provide an explanation*

Not at this time

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kelly Connolly

Address*

9001 Jameel Road

Houston

TX

77040

US

Phone Number*

713-630-5100

Email*

kelly.connolly2@otis.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 15,000.00	569009
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

No change - same

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

4/21/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/21/2022

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

4/21/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behm

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section



Contractor*

Pivot Point

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Pivot Point and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 155,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 205,000.00

Fiscal Year* (?) 2022 Amount* (?) \$ 50,000.00

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* (?) Needed to continue resource for SQL/Data as a Service and data reporting support.

Contract Owner* Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor* Yes No Unknown

Please add previous contract dates and what services were provided* FY21 and FY22 Consulting and Professional 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 (?)

Vendor/Contractor Contact Person

Name* Paul Meyer

Address* 5501 Virginia Way

Brentwood TN 37027 United States

Phone Number*

2817052368

Email*

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 50,000.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$143.00 per hour

Project WBS (Work Breakdown Structure)* (?)

IT21_1147_01

Requester Name

Hurst, Richard

Submission Date

4/8/2022

Budget Manager Approval(s)

Approved by



Approval Date

4/11/2022

Procurement Approval

File Upload (?)

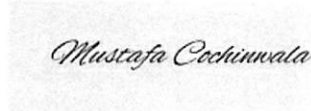
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

4/11/2022

Contracts Approval

Approve*

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

Approved by*

Shadegia Belu

Approval Date*

4/11/2022



Executive Contract Summary

Contract Section



Contractor*

ReKruiters

Contract ID #*

7356

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

VC5/ReKruiters 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 805,000.00

Increase Not to Exceed*

\$ 210,000.00

Revised Total Not to Exceed (NTE)*

\$ 1,015,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 210,000.00

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* (?)

Provide professional services and resources to assist with EPIC data extraction, reporting, analysis, and validation.

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

Staff Training, Staff Augmentation, Project Implementation Support

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 *

11111 Katy Freeway

Suite 310

Houston

TX

77079

United States

Phone Number *

8322434000

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. *
1147	\$ 210,000.00	900060

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

IT21_1147_01

Requester Name

Hurst, Richard

Submission Date

4/8/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/11/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

4/11/2022

Contracts Approval

Approve *

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

Approved by *

Shaseyia Belu

Approval Date *

4/11/2022

Contract Section **Contractor***

Waste Management of Texas, Inc

Contract ID #*

7776

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Waste Management of Texas 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 56,178.87

Increase Not to Exceed*

\$ 10,000.00

Revised Total Not to Exceed (NTE)*

\$ 66,178.87

Fiscal Year* (?)

Amount* (?)

2022

\$ 66,178.87

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

Tag on HCDE/Choice Partners 18/042KC-02

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

Additional funds needed to cover services for remainder of year. Contingency and funds budgeted will be used due to addition of dumpsters, overages for containers and 20 yard dumpster rental for a project and clean-up.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2016 to present / trash and dumpster services

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Waste Management / Ryan Ellis

Address *

9821 Katy Freeway, Ste.700

Houston

TX

77024

US

Phone Number *

2816028365

Email *

rellis6@wm.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 10,000.00	569006

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

per contract

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

3/30/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/30/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

3/31/2022

Contracts Approval

Approve *

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

Approved by *

Shaslyia Behm

Approval Date *

3/31/2022



Executive Contract Summary

Contract Section



Contractor*

P-Inpatient Psych

Contract ID #*

7279

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Pooled Vendors

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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input checked="" 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*

\$ 16,500.00

Increase Not to Exceed*

\$ 37,885.00

Revised Total Not to Exceed (NTE)*

\$ 54,385.00

Fiscal Year* (?)

Amount* (?)

2022

\$ 54,385.00

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* (?)

Program is requesting to increase the NTE and Purchase Order closer to actual expenses projected to fiscal year end (08/31/2022). At the end of February, the program had \$7,125 of the \$16,500 contracted amount remaining and the March exceeded it by \$385 for a total of \$7,500. The month of March is an accurate reflection of what the program anticipates due to the increase in census thus, the program needs \$385 to cover March and \$7,500 (or 12 billing days at \$625 per bed day) per month for the remaining 5 months for an increase of \$37,885.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Existing FY22 P.O. CT141332 as well as FY19-FY21

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Vendor Pool

Address *

N/A

N/A

N/A

N/A

N/A

N/A

Phone Number *

N/A

Email *

na@notanemailaddress.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9405	\$ 37,885.00	543044
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Provide Rate and Rate Descriptions if applicable * (?)

Rates are set and defined as per RFA as follows: \$625 per bed day

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

4/13/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

4/13/2022

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

4/14/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

4/14/2022



Executive Contract Summary

Contract Section



Contractor*

Harris Health System - Nutrition Food Services

Contract ID #*

6212

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris Health System Nutrition Food Services and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

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

\$ 325,025.70

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 345,025.70

Fiscal Year* (?) 2022 **Amount* (?)** \$ 345,025.70

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

Food services for consumers receiving services at the NPC location.

Increase needed; per Budget Manager, at the current spend rate expenses will exceed contracted amount by roughly \$17,000

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris Health System

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Jamie Hons

Address *

PO Box 25381

Houston

TX

77265

US

Phone Number *

713-873-4287

Email *

Jamie.Hons@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 16,000.00	543013

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 4,000.00	543013

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

na

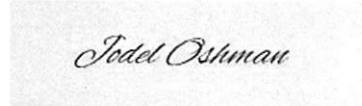
Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	4/8/2022

Budget Manager Approval(s)

Approved by

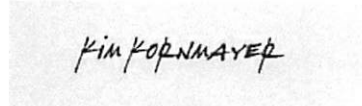


Approval Date

4/8/2022

Contract Owner Approval

Approved by



Approval Date

4/8/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

4/20/2022

EXHIBIT F-6

May 2022
RENEWALS OVER 50k

**CONTRACT EVALUATION AND RENEWAL FORM
FY 2022/2023 CONTRACTS PROCESS**

The current FY21/22 information is provided below. Please evaluate the Contractor's performance, and advise whether or not the Contract is being renewed for the ensuing year. Please respond to the questions contained herein if applicable for FY2022/FY2023 starting with Section "B". In the event of non-renewal, please provide the reason.

A. CURRENT FY 2021/2022 CONTRACT INFORMATION – NO CHANGES ARE ALLOWED IN THIS SECTION

Contract ID#:	7693
Contractor Name:	Whitley Penn, LLP
Interlocal Agreement:	N/A
Service (brief description):	Agency External Auditing Services
Term for Off-Cycle Only:	05/01/2022 - 04/30/2023
RFP, RFQ, RFA, Sole Source, Bid or Tag-On	RFQ
Contract NTE (your current budget):	\$106,376.00
Rate(s)/Rate(s) Description:	Revised Exhibit A1
Unit(s) Served:	1122
G/L Code(s):	578000
FY22 Purchase Order Number:	CT141053
Contract Requester:	N/A
Contract Owner:	Sean Kim

B. EVALUATION OF FY21/22 PERFORMANCE:

1. Have there been any significant performance deficiencies within FY21/22? (Y) ___ (N) .
2. Were Services delivered as specified in the Contract? (Y) (N) ___.
3. Did Contractor perform duties in a manner consistent with standards of the profession? (Y) (N) ___.
4. Did Contractor adhere to the contracted schedule (if applicable)? (Y) (N) ___.
5. Were reports, billing and/or invoices submitted in a timely manner? (Y) (N) ___.
6. Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? (Y) (N) ___.
7. Did Contractor render services consistent with Agency policy and procedures? (Y) (N) ___.
8. Maintained legally required standards for certification, licensure, and/or training? (Y) (N) ___.

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

C. RENEWAL DETERMINATION:

1. Is the Contract being renewed for FY2022/FY2023 with this Contractor? (Y) (N) ___.
2. REASON:

Please give a reason for any non-renewal, sign and return this form via email to the Contracts Services Department. [DO NOT ANSWER QUESTIONS IN SECTIONS D, E, and F.]

D. RENEWAL INFORMATION FOR FY2021/FY2022:

Please provide the NTE for FY22/23 108,503. FY22/23 Rate(s) _____ UNIT 1122
GL CODE 578000. If Contract is a multi-year term, please provide the following.

Off-Cycle Breakdown Funding Period if Applicable	Contract Amount
FY22	
FY23	
FY24	

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

FY 2022/FY 2023 Not to Exceed Amount for Master Pooled Contracts: N/A.

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

F. CONTRACT CONTENT CHANGES:

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

IF YES, PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

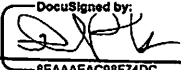
G. RESPONSIBLE PARTY:

Please state the name of the Contract Owner for this Contract SEAN KIM.

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

APPROVALS:

Budget Manager: DANIEL PAICK (Printed Name)

 (Signature). REQUIRED

Contract Owner: SEAN KIM (Printed Name)

 (Signature). REQUIRED

DocuSign Envelope ID: F18C2AE4-6E5E-40E5-928E-3A1EBA0B08D2

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

Whitley Penn, LLP
Annual Audit Fee Amounts

Revised Exhibit A1

	Interim	Yearend	Total
FY20	25,000		25,000
FY21	25,000	79,290	104,290
FY22	25,000	81,376	106,376
FY23	25,000	83,503	108,503
FY24	25,000	85,673	110,673
FY25	25,000	87,887	112,887
FY26		90,145	90,145

EXHIBIT F-7

Current Status: *Pending*

PolicyStat ID: 11525039



Origination:	N/A
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	N/A
Next Review:	1 year after approval
Owner:	Daniel Paick: Dir
Area:	Fiscal Management
Standards & Regulations:	
Document Type:	Agency Policy

FM12A Center related Meeting Expense

PURPOSE:

To ensure all expenses related to meals at the meetings hosted by Harris Center staff are accounted for, relevant to agency priorities and represent good stewardship.

POLICY:

The Center will assume the expense for certain meals provided at Center-related meetings with approval from the appropriate Vice President and or Chief Executive Officer, or designee.

APPLICABILITY/SCOPE:

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

PROCEDURES:

[Purchasing Card \(P Card\)](#)

[Center-Related Meal Expenses Pertaining to Meetings](#)

RELATED POLICIES/FORMS (for reference only)::

FM12A: Purchasing Card (P Card)

REFERENCES: RULES/REGULATIONS/STANDARDS:

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Legal Review	Kendra Thomas: Counsel	05/2022
Compliance Review	Anthony Robinson: VP	04/2022
Department Review	Sean Kim: Exec	04/2022
Initial Assignment	Daniel Paic ☐ Dir	04/2022

EXHIBIT F-8

Current Status: *Pending*

PolicyStat ID: 11334542



Origination: 02/2019
Effective: Upon Approval
Last Approved: N/A
Last Revised: 04/2022
Next Review: 1 year after approval
Owner: Keena Pace: Exec
Area: Assessment, Care & Continuity
Standards & Regulations:
Document Type: Agency Policy

ACC A Development and Management for Mental Health and IDD Service Wait/ Interest List

PURPOSE

To define the policy, the development, and maintenance of waiting/Interest lists, when The Harris Center for Mental Health and IDD (The Harris Center) has reached or exceeded its capacity to provide services. This is in accordance with the Texas Health and Human Services Commission (HHSC) performance contracts and Texas Administrative Codes (TAC).

POLICY

It is the policy of The Harris Center that the Executive Management Team review the capacity of The Harris Center's services and will approve the establishment of waiting/ Interest lists for Center services. These determinations will be consistent with HHSC requirements. The Board of Trustees will be informed at the first regular board meeting following the establishment of the waiting list.

APPLICABILITY/SCOPE

The Harris Center programs.

PROCEDURES

Mental Health

- Routine care services
- Texas Resilience and Recovery TRR Waiting List Development
- TRR Waiting List Maintenance

Intellectual or Developmental Disability (IDD)

- Services and Supports
- Home and Community Based Services (HCS) and Texas Home Living (TxHmL) interest lists Maintenance of the HCS and TxHml interest lists
- Requesting DADS to Change HCS or TxHml Interest Lists Information

☐ Related policies/procedures/forms:

ACC☐B: Development and Management for Mental ☐ealth and IDD Service ☐ ait/ Interest List

☐ References: Rules/Regulations/Standards

- ☐ Information Item R Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual
- ☐ Mental Health Community Standards, ☐6 Tex. Admin. Code Chapter ☐01, Subchapter ☐
- ☐ Local Authority Responsibilities, 40 Tex. Admin. Code Ch. 2, Subchapter ☐
- ☐ HCS and TxHmL Interest List Manual effective ☐anuary 1, 2015 HCS and TxHmL Interest List Maintenance Attachment ☐

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Legal Review	Kendra Thomas: Counsel	05/2022
Compliance Review	Anthony Robinson: VP	04/2022
Departmental Review	Keena Pace: Exec	04/2022
Initial Assignment	Keena Pace: Exec	04/2022
Initial Assignment	Shiela Oquin: ExecAsst	0☐/2022

EXHIBIT F-9

Current Status: *Pending*

PolicyStat ID: 11262836



Origination: 04/2016
Effective: Upon Approval
Last Approved: N/A
Last Revised: 02/2022
Next Review: 1 year after approval
Owner: Deborah Sweat: Exec
Area: Medical Services
Standards & Regulations:
Document Type: Agency Policy

MED A Least Restrictive Interventions and Management of Aggressive Behavior

PURPOSE:

To prevent incidents and manage aggressive behavior at the Harris Center for IDD and Mental Health facilities.

POLICY:

It is the policy of The Harris Center to minimize the number of incidents of aggressive behavior through staff training in the use of least restrictive interventions to manage behavioral emergencies. Further, it is the policy of the Harris Center to reduce the use of restraint and seclusion as much as possible and to ensure, (a) that the least restrictive methods of interventions are used and that, wherever possible, alternatives are first attempted and determined ineffective to protect patients, staff members or others from harm; and (b) the rights and well-being of individuals are protected during the use of restraint or seclusion.

APPLICABILITY/SCOPE

All staff employed by The Harris Center for Mental Health and IDD, including contracted employees.

PROCEDURES

Mail Monitoring Assaultive Inmates/Patients

MH Managing Disruptive Behaviors

DDRP:

- POC 06 Psychiatric Emergency Care
- POC 08 Use of Force
- POC 09 Behavioral Emergency
- POC SR 01 Restraint and Seclusion
- POC 11 Special Precautions

CPEP

- PES Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- CS Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- Elopement of Consumer

- Emergency overhead paging
- Levels of Monitoring and Precautionary Measures
- Observation of Minors in PES
- Visual Search Inspection and Contraband Search
- Milieu Management Procedure

RELATED POLICIES/FORMS:

- Seclusion and Restraints Physician Order Form
- Registered Nurse Seclusion/Restraint Progress Note
- Registered Nurse/License Vocational Nurse Emergency Intervention Note
- Seclusion/Restraint Monitoring Form
- Consultation Request Form
- Debriefing Form

REFERENCES: RULES/REGULATIONS/STANDARDS:

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 506, Subchapter B
- Rights of Persons Receiving Mental Health Services, 25 Tex. Admin. Code Chapter 404, Subchapter E
- Development, Implementation & Monitoring of Effectiveness of Behavior Therapy Programs, 40 Tex. Admin. Code 5.406
- Use of Restraint, 40 Tex. Admin. Code 5.408
- Interventions in Mental Health Services, 25 Tex. Admin. Code Chapter 415, Subchapter F
- CARF Section 2.F: Promoting Nonviolent Practices
- TSMHMR MH Community Standards Section 1

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Final Legal Review	Kendra Thomas: Counsel	05/2022
Initial Legal Review	Shannon Fleming: Counsel	04/2022
Compliance Review	Anthony Robinson: VP	05/2022
Department Review	Luming Li: Chief Medical Officer (1101 181)	05/2022
Initial Assignment	Maria Richardson: Dir	02/2022
Initial Assignment	Deborah Sweat: Exec	02/2022

EXHIBIT F-10

Current Status: *Pending*

PolicyStat ID: 11334528



Origination: 02/2019
Effective: Upon Approval
Last Approved: N/A
Last Revised: 05/2022
Next Review: 1 year after approval
Owner: Keena Pace: Exec
Area: Assessment, Care & Continuity
Standards & Regulations:
Document Type: Agency Policy

ACC5A Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services

1. PURPOSE

The purpose of the admission policy is to have a uniform method and efficient procedure for admitting clients into services and to identify individual needs to plan the most appropriate intervention.

2. POLICY

It is the policy all individuals seeking The Harris Center For Mental Health and IDD (The Harris Center) services will be evaluated by credentialed and knowledgeable staff able to assess the specific needs of the persons served, trained in the use of applicable tools, tests or instruments prior to administration and be able to communicate with clients. Individuals will be evaluated through a screening and assessment process designed to maximize opportunities for the client to gain access to The Harris Center programs and services. If the client's needs are beyond the scope of services offered by The Harris Center, the client will be referred to an agency that which can address the individual need. Services will not be denied to individuals based on ability to pay. The Harris Center encourages involvement and participation of family, significant others, and caregivers in the recovery process. Services are subject to all state standards for the provision of both voluntary and court-ordered services.

3. APPLICABILITY/SCOPE

This applies to all The Harris Center Programs/Units providing services.

4. PROCEDURES:

[Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities \(IDD\) Services](#)

5. Related policies/Forms:

- Demographic Form
- Intake Questionnaire Form
- Intake Assessment Form

- Risk Assessment Form
- Fee Assessment Form
- Consumer Benefits Screening Form
- Uniform Assessment/Diagnostic Interview/Diagnostic Form
- Informed Consent, Notification of Client Rights, Notification of Right to Appeal a Decision Form
- Deny or Involuntarily Terminate Services, Authorization for Release of Information (if needed), Telemedicine Consent, client orientation Form
- Voter Registration Application Form
- Additional SUD Forms:
 - Screening Form/ SUD Screening Form
 - SUD Consent and Orientation Form
 - Initial Discharge Form
- Additional IDD Forms:
 - ICAP
 - Explanation of MR Services and Supports
 - Initial Identification of Preferences
 - HCS Interest List
 - Service Coordination Assessment
 - IDD Supplemental Diagnosis

References: Rules/Regulations/Standards

- Mental Health Community Services Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306
- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Standards of Care, 25 Tex. Admin. Code Ch. 448

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	04/2022
Legal Review	Kendra Thomas: Counsel	03/2022
Compliance Review	Anthony Robinson: VP	03/2022
Departmental Review	Keena Pace: Exec	03/2022
Initial Assignment	Keena Pace: Exec	03/2022
Initial Assignment	Shiela Oquin: ExecAsst	03/2022

EXHIBIT F-11

Current Status: *Pending*

PolicyStat ID: 11431811



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

LD 15A Whistleblower

1. PURPOSE:

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

2. POLICY:

The purpose of this whistleblower policy (the Policy) is to:

- (a) Encourage and enable employees and representatives to raise concerns regarding suspected illegal or unethical conduct or practices or violations of The Harris Center's policies on a confidential and, if desired, anonymous basis.
- (b) Protect employees and representatives from retaliation for raising such concerns.
- (c) Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.

Each employee and representative has the responsibility to report in good faith any concerns about actual or suspected violations of The Harris Center's policies or any federal, state, or municipal law or regulations governing The Harris Center's operations (each, a Concern) to The Harris Center's Enterprise Risk Management Department or to an appropriate law enforcement authority. Appropriate subjects to report under this Policy include, but are not limited to, financial improprieties, accounting or audit matters, ethical violations, or other similar illegal or improper practices, such as:

- (a) False Claims
- (b) Fraud
- (c) Theft
- (d) Embezzlement
- (e) Bribery or kickbacks
- (f) Misuse of The Harris Center's assets
- (g) Undisclosed conflicts of interest

(h) Danger to public health or safety

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation of law and/or ethical standards. Any unfounded allegation that proves to have been made maliciously, recklessly, or knowingly to be false will be viewed as a serious offense and result in disciplinary action, up to and including termination of employment or volunteer status.

Employees shall use The Harris Center's existing complaint procedures and mechanisms to report other issues, unless those channels are themselves implicated in wrongdoing. This Policy is not intended to provide a means of appealing the outcomes resulting from those other mechanisms.

No employee who in good faith reports a Concern or participates in a review or investigation of a Concern shall be subject to harassment, retaliation, or, in the case of an employee, adverse employment consequences because of such report or participation. This protection extends to employees who report in good faith, even if the allegations are, after an investigation, not substantiated.

Any employee who retaliates against someone who in good faith has reported or participated in a review or investigation of a Concern will be subject to discipline, up to and including, termination of employment or volunteer status.

□ APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

□ DEFINITIONS:

N/A

□ RELATED POLICIES/FORMS (for reference only)::

□ **histlelower Procedures**

□ REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas □ histlelower Act □ Texas Government Code □□□□.□□□ et se□.

Texas Medicaid Fraud Act □ Texas □uman Resources Code □□□□.□□□ et. se□.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Legal Review	Kendra Thomas: Counsel	05/2022
Compliance Review	Anthony Robinson: VP	04/2022
Initial Assignment	Shannon Fleming: Counsel	0□/2022
Initial Assignment	Kendra Thomas: Counsel	0□/2022

EXHIBIT F-12

Current Status: *Pending*

PolicyStat ID: 11543706



Origination:	N/A
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	N/A
Next Review:	1 year after approval
Owner:	Eva Honeycutt: Dir
Area:	Fiscal Management
Standards & Regulations:	
Document Type:	Agency Policy

FM 24A Writing Off Self Pay Balances

1. PURPOSE:

To reduce the number of self-pay statements mailed monthly when there has been no response from the guarantor and to accurately reflect the collectability of self-pay financial obligation.

2. POLICY:

The Harris Center commits to sending summarized monthly statements including, but not limited to, service specific information as dates of service, charges, payments, adjustments, and amounts owed. The structured procedure must be followed to ensure that all persons served with outstanding financial obligations are given fair and objective opportunities to satisfy their balance.

3. APPLICABILITY/SCOPE:

This policy applies to all persons served at The Harris Center including, both open and closed.

4. PROCEDURES:

A. [Writing Off Self Pay Balances Procedure](#)

1. MONTHLY RECONCILIATION
2. GENERATED STATEMENTS
3. RESOLVING BALANCES

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Legal Review	Kendra Thomas: Counsel	05/2022
Compliance Review	Anthony Robinson: VP	04/2022
Department Review	Sean Kim: Exec	04/2022
Initial Assignment	Eva Honeycutt: Dir	04/2022
Initial Assignment	Daniel Paic □ Dir	04/2022

EXHIBIT F-13

Current Status: *Pending*

PolicyStat ID: 11544297



Origination: 04/2008
Effective: Upon Approval
Last Approved: N/A
Last Revised: 04/2008
Next Review: 1 year after approval
Owner: Michael Downey: VP
Area: Assessment, Care & Continuity
Standards & Regulations:
Document Type: Agency Policy

ACC9A Improvement of Consumer Care Committees (ICC)

I. PURPOSE:

The Harris Center for Mental Health & IDD (The Harris Center) shall implement an improvement of consumer care monitoring process, which, using regularly scheduled interdisciplinary team meetings, reviews the clinical appropriateness of individual assessments and services provided, including consideration of individual preferences, responses, and outcomes.

The ICC process occurs on a monthly basis, or as otherwise scheduled, and involves the review of consumer records. The ICC will review a randomly selected set of records. The findings of each review are reported to the program director, the division medical director and may be posted in a share folder on The Harris Center intranet.

II. POLICY:

It is the policy of The Harris Center to implement an improvement of consumer care monitoring process.

III. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff and programs.

IV. PROCEDURES

Section I: Review Teams and Selection of Records Review Process

Section II: Review Process

Section III: Documentation

Section IV: Related Policies and Procedures

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

Content of Consumer Medical Records REC;6

Coordination of Consumer Services CS:18

VI. REFERENCES: RULES/REGULATIONS/

STANDARDS:

CARF BH Standards Manual Section 2H Quality Records Management

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	05/2022
Legal Review	Kendra Thomas: Counsel	04/2022
Compliance Review	Anthony Robinson: VP	04/2022
Departmental Review	Keena Pace: Exec	04/2022
Initial Assignment	Shiela Oquin: ExecAsst	04/2022
Initial Assignment	Michael Downey: VP	04/2022

EXHIBIT F-14

Transforming Lives



Selected 2022 Interim Charges:

A Lens Into Legislative Priorities

Presented By: Amanda Jones, JD

Director of Government and Public Affairs

Systemic Issues and Funding

- Monitor federal decisions that impact the delivery and financial stability of the state's health systems.
 - **House Human Services and Senate Finance**
- Study the state mental health delivery system.
 - **Senate Finance**
- Make recommendations to reduce the interest list for waiver services for persons with IDD.
 - **House Public Health**
- Telehealth implementation; HB 4
 - **House Public Health**
- Study fentanyl deaths and opioid abuse
 - **House Public Health**
- Managed care and continuous eligibility of children
 - **House Human Services**



Workforce

Many committees are studying the state's workforce challenges:

- Strengthening state's nursing and other health professionals
 - **House Public Health**
- Availability of mental health professionals for students
 - **House Human Services**
- Institutional and community services
 - **House Human Services**
- Long-term care workforce
 - **Senate Finance**
- HB 1616 Medical Licensure Compact
 - **House Public Health**
- Health care workforce
 - **Senate Health and Human Services**
- Financial aid and scholarship opportunities in health care
 - **Senate Higher Education**

Justice-Involved Individuals

- Study the availability of behavioral health services for individuals in jail or on probation and parole.
 - **House Corrections and House County Affairs**
- Study bail bond reform.
 - **Senate Finance**
- Study the recent release of defendants without bond in Harris County and identify caused this threat to public safety.
 - **Senate Criminal Justice**
- Study the challenges related to re-entry including employment barriers.
 - **House Criminal Jurisprudence and Senate Criminal Justice**



Foster Care Capacity/ Children's Mental Health

- Study the foster care system and capacity.
 - **House Appropriations and Senate Human Services**
- Study the Family Preservation Services pilot and early intervention of child abuse and neglect.
 - **House Human Services**
- Evaluate action needed for children without placement.
 - **House Human Services**
- Study the impact of COVID on children's mental health.
 - **House Education**

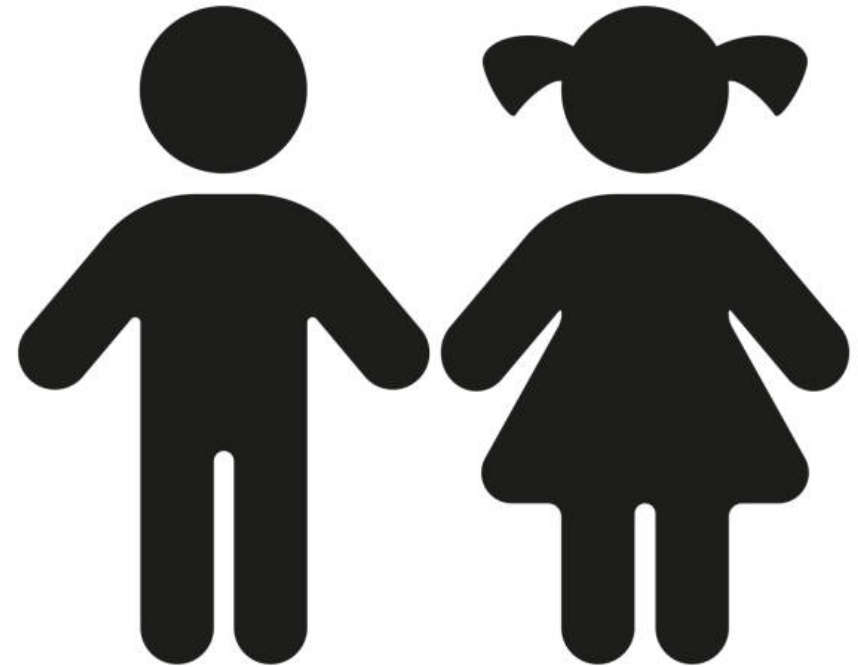


EXHIBIT F-15



Employee Compensation Update

May 24, 2022

Sean Kim

Chief Financial Officer

Carrie Rys

Chief Administrative Officer

Employee Compensation Update



The Harris Center is committed to establishing and maintaining an internally equitable and externally competitive total compensation rewards program that ensures our ability to attract, retain, and motivate a skilled and diverse workforce.

Components of Total Rewards Program:

1. Market Competitive Compensation Model
2. Biennial Merit Award
3. Annual Performance Award
4. Benefits Program
5. Paid Time Off

Employee Compensation Update



The Harris Center is committed to establishing and maintaining an internally equitable and externally competitive total compensation rewards program that ensures our ability to attract, retain, and motivate a skilled and diverse workforce.

Components of Total Rewards Program:

- 1. Market Competitive Compensation Model**
2. Biennial Merit Award
3. Annual Performance Award
4. Robust Benefits Program
5. Time Off

Market Competitive Compensation



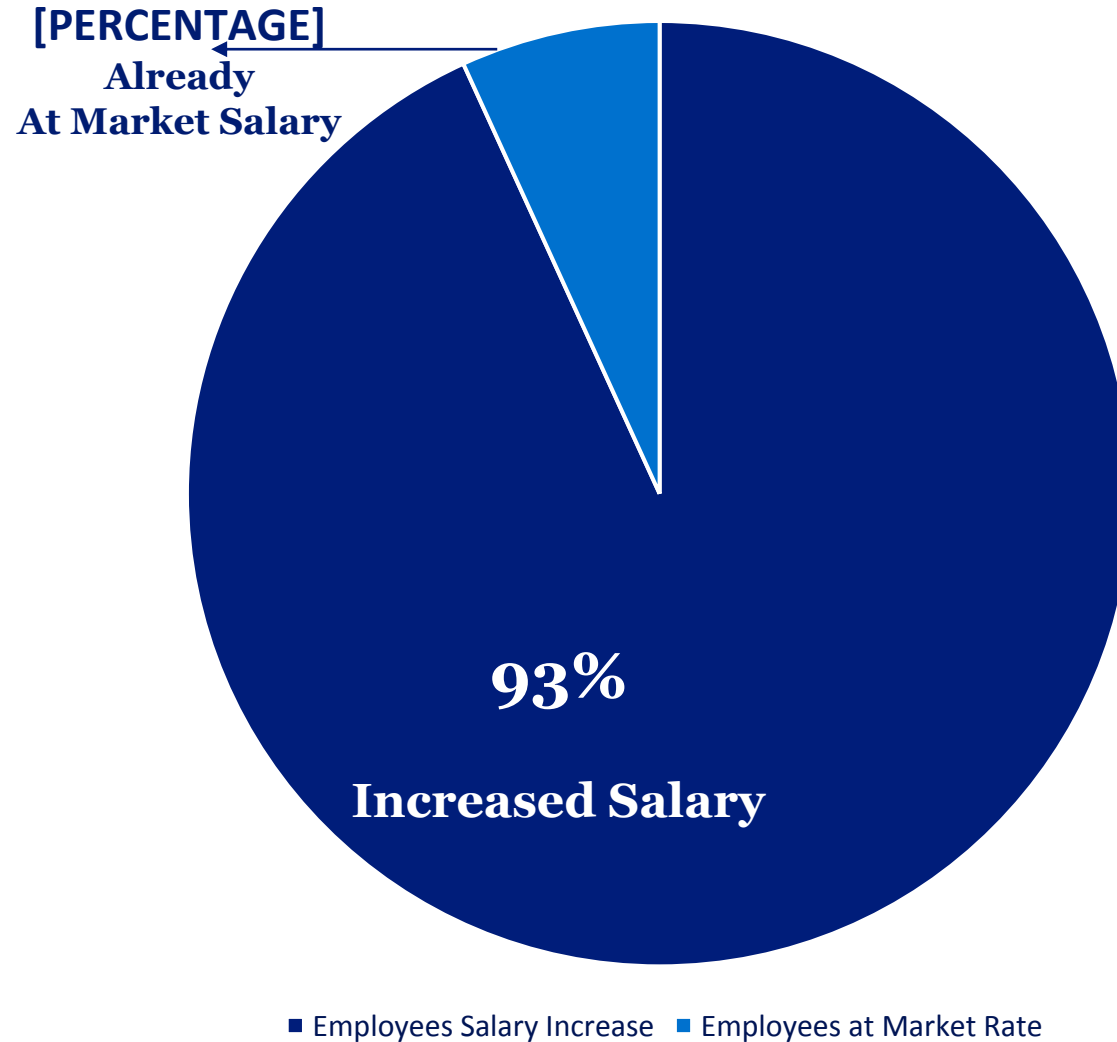
1. Engaged Compensation Consultant

2. Compensation Market Data Comparison:

- Behavioral Health Organizations
- 1000 – 3000 Employees
- National benchmarking, Geographic differentials
- Targeted 50% Benchmark Goal
- Agency Lowest Wage \$15/hr

3. Operational Validation of Roles and Responsibilities

Market Competitive Compensation



FY 2022 Phase 3:

- **2259 Employees Assessed**
- **2105 Received Salary Increase**
- **154 Already at Competitive Market Salary**
- **56% Impacted include Low to Medium Wage Earners**
- **Average Increase = \$6,200**

Market Competitive Compensation



FY 2022 Phase 3 Summary

- **Phase 3A:**
 - February 2022, Effective 1/1/22
 - 649 Employees
 - CMAs, Psych Techs, LVNs, RNs, LPHAs, LCSWs, and Clinical Team Lead
- **Phase 3B:**
 - March 2022, Effective 1/1/22
 - 1,610 Employees
 - All Other Employees

Total Phase 3 Compensation Increases: \$13,052,887

Employee Compensation Update



Next Steps:

- **Provide ongoing analysis of the competitive compensation market.**
- **Conduct an annual compensation market assessment to remain competitive to market.**
- **Develop and promote employee engagement, recognition, and rewards.**

Employee Compensation Update



Thank you

EXHIBIT F-16

May 2022

NEW CONTRACTS UNDER 50k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22 NEW CONTRACTS								
	ADMINISTRATION								
1	Centigrade	No	Service/Maintenance		\$2,953.00	09/01/22- 08/31/23	GR	RFQuote	This Agreement is for annual preventive maintenance and service of Agency's Pharmacy refrigerators at four Agency Clinics.
2	DataCorp dba Compsys	No	Upgrade Services		\$19,200.00	04/07/22- 08/31/22	GR	Sole Source	The current program was custom designed for the Agency by DataCorp, and it is using proprietary software libraries developed by DataCorp. The project to modify and redesign the program to use Microsoft Sql Server for all backend data storage and to create a process to convert existing data into SQL builds on existing DataCorp code and can only be performed by a supplier having access to those software libraries and familiar with the program coding methodology. DataCorp is the sole suitable supplier to provide this service.
3	EZLease, LLC.	No	Software Services		\$7,055.00	05/02/22- 05/01/25	GR	RFQuote	This Agreement is for a software application to aid in compliance with GASB 87 and GASB 96 pertaining to capitalization of right to use assets.
4	Kroll LLC dba Duff & Phelps Holding Corp. (Stand-Alone)	No	Property Appraisal Services		\$12,500.00	04/13/22- 08/31/22	NW-FM21.1126.03 SE-FM21.11.26.04	RFQualification	This Stand-Alone Agreement for FY22 is to secure Appraisal Services to timely complete "Due Diligence" requirements for the pending SE and NW Acquisitions. Both Acquisitions are Agency Capital Projects.
5	Lab Information Technology Incorporated (LABUSA)	Yes-MWBE	Mobile Development Services		\$49,059.00	06/01/22- 05/31/23	GR	Tag-On	This Agreement is for Mobile Development Services. LABUSA shall develop a mobile application that provides a device-specific experience for Users depending on the type of device they are on. The two supported devices are smartphones and tablets.
6	Landtech, Inc. (Stand-Alone)	Yes-State	Real Estate Surveys		\$17,800.00	04/01/22- 08/31/22	GR	RFQualification	This stand-alone Agreement is to secure Survey Services to complete "Due Diligence" requirements for the anticipated acquisition of the NW and SE land sites in FY22.
7	Landtech, Inc. (Surveyor Services Pool)	Yes-State	Surveyor Services		\$20,000.00	09/01/22- 08/31/27	GR	RFQualification	Multiple Vendor Pool Contract was processed through RFQ and Landtech was the only vendor awarded to secure Surveyor Services Agency-wide on an as needed basis for a five year term. FY23: \$20,000.00 FY24: \$20,000.00 FY25: \$10,000.00 FY26: \$10,000.00 FY27: \$10,000.00
8	Master Pool Appraisal Services	No	Appraisal Services		\$30,000.00	09/01/22- 08/31/27	GR	RFQualification	Multiple Vendor Pool Contract to secure Appraisal Services Agency-wide on an as needed basis for a five year term. The multiple vendors are: CBRE Richard Ellis, Valbridge Property Advisors, JLL Valuation & Advisory Services, LLC (Jones Lange LaSalle) and KROLL. FY23: \$30,000.00 FY24: \$30,000.00 FY25: 10,000.00 FY26: \$10,000.00 FY27: \$10,000.00
9	Master Pool Realtor/Brokerage Services	3 out of 5 are HUBs	Realtor/Brokerage Services		\$0.00	08/31/22- 09/01/27	GR	RFQualification	This Pool Agreement is contract for Realtor/Brokerage Services on a commissioned basis on an as needed basis for the next five years. The Realtor/Brokerage vendors are: ARVO Realty Advisors (HUB-MBE), CBRE, Inc. (No HUB), George E. Johnson Properties LLC (HUB-WBE), JLL Valuation & Advisory Services, LLC (No HUB) and Pollan Hausman (HUB-MWBE)
	CPEP/CRISIS SERVICES								



Executive Contract Summary

Contract Section ^

Contractor*

Centigrade

Contract ID #*

2022-03991

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

The Harris Center and Centigrade

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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,953.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Centigrade estimate for the following four (4) units with scope of work outlined below:

- 1) ABS lab refrigerator M# PH-ABT-HC-26G S# ABS-9161427-2002 CS# 1566
LOCATION: 3737 Dacoma Street
- 2) ABS refrigerator / freezer combo M# PH-ABT-RFC16A S# ABS-4A10426546-2105 CS# 1773 (2 SETPOINTS REQUIRED)
LOCATION: 9401 SW Freeway
- 3) SoLow refrigerator M# DHS4-25GD S# 21POP022702 CS# 1974
LOCATION: 1502 Ben Taub Loop
- 4) SoLow refrigerator M# DHS4-25GD S# 21POP021027 CS# 1976
LOCATION: 7200 North Loop East

Estimate total includes:

- Trip / truck charges associated with annual calibrations at 4 sites for 4 different pieces of equipment
 - Calibration certificates for 4 different pieces of equipment with 5 setpoints to be calibrated in total
 - Annual calibration certificates to be emailed upon completion of service
 - Annual credit renewal for 5 separate PT100 temperature monitoring devices which will allow for real time, unlimited SMS and email messaging for each device
- CORE service contract shall include the following:
- Preventive maintenance functions outlined below as well as a 25% discount on parts costs for as long as the original equipment manufacturer supports the parts necessary for repair. If model / part reaches end of serviceable life every attempt will be made to source an equivalent item from approved suppliers. If parts cannot be provided the unit will be removed from the contract cost and a credit given towards the annual total corresponding to the equipment that cannot be repaired
 - Unlimited access to remote diagnostic services via video conference or telephone support
 - Complete check of controllers, displays, alarm set points, battery backup voltages, including adjustments as needed
 - Check for possible oil and / or refrigerant leaks
 - Inspect all cabinet hardware (hinges, latches, strikes, door handles, and closures)
 - Check door gaskets for proper seal
 - Clean condenser coils
 - Check and calibrate chart recorders (if applicable)

NOTE: The CORE Service contract initiation date will commence from the date the planned maintenance is completed at each customer site.

Single

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Estimate #20174693.pdf

128.42KB

Vendor/Contractor Contact Person

Name*

Austin Mihalik

Address*

8560 Freeland Street

Houston

TX

77075-1560

US

Phone Number*

281-498-8686

Email*

am@centigradeservice.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 2,953.00	553001
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

Quoted Price (1 year contract term)

- includes annual PM and calibration of the units on site as well as Enterprise credit renewal of the 5 temperature monitoring devices associated with these units.

1.00 3,281.00 3,281.00

Customer Loyalty Discount 328.00 -328.00

Project WBS (Work Breakdown Structure)* (?)


N/A

Requester Name

White, Tanya

Submission Date

4/14/2022


Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Approval Date

4/14/2022

Procurement Approval 


File Upload (?)

Approved by

Sharon Brauner

Approval Date

4/18/2022

Contract Owner Approval 

Approved by

Angela Rubin

Approval Date

4/18/2022

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

4/18/2022



Executive Contract Summary

Contract Section ^

Contractor *

DataCorp dba Compsys

Contract ID # *

2022-0413

Presented To *

- Resource Committee
- Full Board

Date Presented *

5/17/2022

Parties * (?)

The Harris Center and DataCorp dba Compsys

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

- | | |
|--|---|
| <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 Please see justification below |

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

4/7/2022

Contract Term End Date * (?)

8/31/2022

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

Fiscal Year * (?)

2022

Amount * (?)

\$ 19,200.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

Need to upgrade DataCorp to new version that is supported with newer operating systems and data management tools. Also, vendor is sole source due to following:

The current program was custom designed for The Harris Center for Mental Health and IDD by DataCorp, and it is using proprietary software libraries developed by DataCorp. The project to modify and redesign the program to use Microsoft SQL Server for all backend data storage and to create a process to convert existing data into SQL builds on existing DataCorp code and can only be performed by a supplier having access to those software libraries and familiar with the program coding methodology. DataCorp is the sole suitable supplier to provide this service.

This will be a new contract. The previous one was done many years ago, and not renewed for support. This will need to be a new contract with vendor starting ASAP, with an end date of August 31, 2022.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

2021-04-07 MHMRA SOW option1 and option2.pdf

456.68KB

Vendor/Contractor Contact Person**Name***

Hamo Hacopian

Address *

800 Wilcrest Drive

Suite 260

Houston

TX

77042

US

Phone Number *

713-960-3999

Email *

hh@datacorp.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 19,200.00	553003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

Flat Rate - \$19,200

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

4/7/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/7/2022

Procurement Approval

File Upload (?)

Approved by

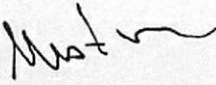
Sharon Brauner

Approval Date

4/12/2022

Contract Owner Approval

Approved by



Approval Date

4/12/2022

Contracts Approval

Approve *

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

Approved by *



Approval Date *

5/5/2022



Executive Contract Summary

Contract Section ^

Contractor*

EZLease, LLC.

Contract ID #*

2022-0385

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

EZLease, 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/2/2022

Contract Term End Date* (?)

5/1/2025

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

36 months

Fiscal Year* (?)

2022

Amount* (?)

\$ 7,055.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 7,055.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 7,055.00

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* (?)

Software needed to aid in compliance with GASB 87 and GASB 96 pertaining to capitalization of right to use assets.

Contract Owner*

Steve Evans

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Mike Gubbins

Address*

10740 Parkridge Boulevard

Suite 701

Reston

VA

20191

US

Phone Number*

919-656-8084

Email *

mgubbins@ezlease.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 7,055.00	551002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Evans, Charles

Submission Date

4/6/2022

Budget Manager Approval(s)

Approved by



Approval Date

4/6/2022

Procurement Approval

File Upload (?)

Approved by




Approval Date

4/6/2022

Contract Owner Approval

Approved by



Approval Date

4/7/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Belu

Approval Date*

4/7/2022

Contract Section **Contractor***

Kroll LLC / Duff & Phelps Holding Corp.

Contract ID #*

2022-0387

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Kroll LLC/ Duff & Phelps Holding Corp 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/13/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 12,500.00

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* (?)

appraisal of the properties for the new NW and SE Clinics, due diligence
 NW - FM21.1126.03 - \$6,250.00
 SE - FM21.1126.04 - \$6,250.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kroll LLC/Duff & Phelps Holding Corp / Brent Pltts

Address*

1700 Pacific Avenue, Ste.1600

Dallas

Texas

75201

USA

Phone Number*

8176141989

Email*

brent.pitts@kroll.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 12,500.00	900030
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NW - FM21.1126.03 - \$6,250.00
 SE - FM21.1126.04 - \$6,250.00

Project WBS (Work Breakdown Structure)* (?)

NW - FM21.1126.03
 SE - FM21.1126.04

Requester Name	Submission Date
Harper, Sarah	4/13/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
 4/13/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date
 4/13/2022

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date
 4/14/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*
 4/14/2022



**Award Recommendation
Real Estate Brokerage/Appraisal/Surveyor Services
Request for Qualification (RFQ)
Project# PUR-FY22-0124**

A Request for Qualification opening for Real Estate Brokerage, Appraisal and Surveyor Services was held on Wednesday, February 23, 2022.

The Project Team consisted of the following members: Silvia Tiller, Contracts Director, Belinda Stude, Senior Contracts Coordinator, Todd McCorquodale, Facility Services Director, Karen Hurst, Facility Services, Project Manager and Sharon Brauner, Purchasing Manager.

Seventy (70) Real Estate Brokers, forty-eight (48) Appraisal vendors and Twenty (20) Surveyors were contacted, twenty-one (21) were HUBS. Advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESBD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Nine (9) Proposals were received and deemed responsive. Two (2) Non-Participations were received.

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

Kroll, LLC - Appraisal
Gerald A. Teel Company dba Val bridge Property Advisors - Appraisal
JLL Valuation & Advisory Services LLC - Appraisal
LandTech Surveying - Surveyor (HUB)
Ryland Enterprise Inc dba ARVO Realty Advisors - Real Estate Broker (HUB)
George E. Johnson Properties LLC - Real Estate Broker (HUB)
CBRE Inc. - Real Estate Broker/Appraisal
Pollan Hausman Real Estate Services, LLC - Real Estate Broker
Jones Lang LaSalle Brokerage Inc. (JLL) - Real Estate Broker

The contract period is for an initial term of two (2) years with an option to renew for three (3) additional years in one-year increments based upon satisfactory performance, which will be reviewed, on an annual basis. The contract shall commence with a tentative award date, and shall remain in effect unless terminated, canceled, or extended, as otherwise provided herein, based upon satisfactory performance and service.

Real Estate firms are commission based. Appraisal and Surveyor firms not to exceed are as follows:

Initial two (2) year term NTE: \$100,000.00
 Year (3) three NTE: \$20,000.00
 Year (4) four NTE: \$20,000.00
 Year (5) five NTE: \$20,000.00
 Total NTE: \$160,000.00

Funding Source: 1899-569015 / Capital projects: 1126 / 900030 (as required)

Submitted By:

**Sharon
Brauner** Digitally signed by Sharon
Brauner
Date: 2022.04.12
14:26:44 -05'00'

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

Recommended By:

Nina Cook Digitally signed by Nina
Cook
Date: 2022.04.12
15:28:11 -05'00'

Nina M. Cook, MBA, CTPM
Director of Purchasing

Sean Kim Digitally signed by Sean
Kim
Date: 2022.04.13
07:48:10 -05'00'

Sean Kim, MBA, CPA
Chief Financial Officer



Executive Contract Summary

Contract Section ▲

Contractor*

LAB INFORMATION TECHNOLOGY INCORPORATED (LABUSA)

Contract ID #*

2022-0398

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

The Harris Center for Mental Health and IDD and LAB INFORMATION TECHNOLOGY INCORPORATED (LABUSA)

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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

5/31/2023

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

6/1/2022 - 5/31/2023

Fiscal Year* (?)

2022

Amount* (?)

\$ 49,059.00

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* (?)

Mobile development services requested are for Windows phone, iOS and Android. LABUSA shall design and develop the mobile application in a way that provides a similar theme yet device-specific experience for users depending on what type of device they are on. The two types supported shall be smartphones and tablets.

TIPS Contract 200601

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

LABUSA SOW - The Harris Center 041922.docx

67.82KB

Vendor/Contractor Contact Person**Name***

Martin Laster

Address*

8633 Broadway Street

Pearland

TX

77584-8497

US

Phone Number*

281- 393-8003

Email*

martin@labusa.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 28,359.00	900022

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 20,700.00	900021

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

274*103.50 = \$28,359.00
 200*103.50 = \$20,700.00

Project WBS (Work Breakdown Structure)* (?)

IT22.1147.01 - The Harris Center External Web and Digital Platform Design

Requester Name	Submission Date
Jones, Anthony	4/25/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Erica Brown</i>	4/25/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	4/26/2022

Contract Owner Approval

Approved by	Approval Date
<i>North</i>	4/26/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Belin

Approval Date*

4/26/2022



Executive Contract Summary

Contract Section

Contractor*

Landtech Consultants, Inc.

Contract ID #*

2022-0392

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Landtech Consultants, Inc. and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

- | | |
|---|--|
| <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 checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/18/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 17,800.00

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* (?)

Stand-Alone Agreement- Land Surveying services for the NW and SE project locations.
 To provide ALTA/ACSM surveys for and provide survey plat and metes and bounds for SE-
 5959 Long Drive and NW- 3902 west Little York Road.
 SE \$9,600.00
 NW \$8,200.00
 Total NTE: \$17,800.00

Contract Owner*

Silvia Tiller

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

03/01/21- 08/31/21 civil engineering/land survey

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Paul Kwan

Address*

2525 North Loop West Suite 300

Houston

Texas

77008

United States

Phone Number*

713-861-7068

Email*

pkwan@landtech-inc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 9,600.00	900030

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 8,200.00	900030

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

SE Project FM21.1126.04
 NW Project FM21.1126.03

Requester Name	Submission Date
Behn, Shaskyia	4/20/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/20/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

4/20/2022

Contract Owner Approval

Approved by

Silvia Tiller

Approval Date

5/5/2022

Contracts Approval

Approve*

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

Approved by*

Shashya Belu

Approval Date*

5/5/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Landtech Consultants, Inc

Contract ID #*

2022-0407

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Landtech Consultants, Inc and The Harris Center

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 20,000.00
Fiscal Year* (?)	Amount* (?)
2024	\$ 20,000.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 10,000.00
2026	\$ 10,000.00
2027	\$ 10,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

after going thru the RFQ process, Landtech was awarded for Surveyor services - see award letter from Purchasing 1899-557001

2023 - 20,000.00
 2024 - 20,000.00
 2025 - 10,000.00
 2026 - 10,000.00
 2027 - 10,000.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* (?)

unsure of previous dates

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

Yes No Unknown

Please provide the HUB status*

HUB - State.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Landtech Consultants, Inc.

Address *

2525 North Loop West, Ste.300

Houston

TX

77008

US

Phone Number *

7138617068

Email *

pkwan@landtech-inc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 20,000.00	557001
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

1899-557001

- 2023 - 20,000.00
- 2024 - 20,000.00
- 2025 - 10,000.00
- 2026 - 10,000.00
- 2027 - 10,000.00

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Harper, Sarah	5/3/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

5/3/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

5/3/2022

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date

5/3/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

5/3/2022



Executive Contract Summary

Contract Section ^

Contractor*

Master Pool- Appraisals (Multiple Vendors)

Contract ID #*

2022-0404

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

SEE ATTACHED LIST OF VENDORS and The Harris Center

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 30,000.00
Fiscal Year* (?)	Amount* (?)
2024	\$ 30,000.00

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

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

Fiscal Year* (?) Amount* (?)
2027 \$ 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* (?)

A contract with the attached list of vendors for Appraisal Services for a five year contract from 9/1/2022 thru 8/31/2027. 1899 unit and 557001 GL code

FY2023 - \$30,000.00
FY2024 - \$30,000.00
FY2025 - \$10,000.00
FY2026 - \$10,000.00
FY2027 - \$10,000.00

Contract Owner*
Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*
 Yes No Unknown

Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
 Yes No Unknown

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)
Appraisal Master Contract Vendor List.xlsx 11.09KB

Vendor/Contractor Contact Person

Name*
MULTIPLE AWARDS - see attached listing

Address *

n/a

n/a

n/a

n/a

n/a

USA

Phone Number*

see attached

Email *

seeattached@none.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 30,000.00	557001
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

1899 unit and 557001 GL code

FY2023 - \$30,000.00

FY2024 - \$30,000.00

FY2025 - \$10,000.00

FY2026 - \$10,000.00

FY2027 - \$10,000.00

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Harper, Sarah

Submission Date

5/3/2022

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date

5/3/2022

Procurement Approval



File Upload (?)

Approved by

Sharon Brauner

Approval Date

5/3/2022

Contract Owner Approval



Approved by

Todd McCorquodale

Approval Date

5/3/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

5/3/2022



Executive Contract Summary

Contract Section ^

Contractor*

Master Pool- Realtor/Brokerage Services (multiple vendors)

Contract ID #*

2022-0414

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Multiple Vendors and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2027

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* (?)

New Contract for Realtor/ Brokerage services for acquisitions or sale of properties on a as needed basis.

- ARVO Realty Advisors- (HUB-MBE)
- Pollan Hausman Real Estate Services, LLC-(HUB- MWBE)
- JLL
- CBRE
- George E. Johnson Properties, LLC-(HUB-WBE)

Contract Owner*

Silvia Tiller

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*

Various

Address*

Various

Houston

TX

77045

United States

Phone Number*

0000

Email*

N/A@0000.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 0.00	0000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica


Provide Rate and Rate Descriptions if applicable* (?)

Commission and as agreed upon in the contract for any ancillary services

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Behn, Shaskyia	5/5/2022


Budget Manager Approval(s) 

Approved by



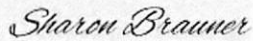
Approval Date

5/5/2022

Procurement Approval 


File Upload (?)

Approved by



Approval Date

5/5/2022

Contract Owner Approval 

Approved by



Approval Date

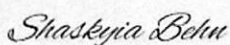
5/5/2022

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*



Approval Date*

5/6/2022





Executive Contract Summary

Contract Section ▲

Contractor*

Andrea Ryan

Contract ID #*

2022-0390

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Andrea Ryan, 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 13,682.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Contractor has agreed to provide respite and CFC services to our TxHmL individual/

Contract Owner*

Mike Downey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2017-2019

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Andrea Ryan

Address*

17431 Hoover Gardens Drive

Houston

TX

77095-6984

US

Phone Number*

8328333684

Email*

anryan74@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	\$ 6,402.00	543005
Budget Manager		Secondary Budget Manager
Adams-Austin, Mamie		Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,280.00	543009
Budget Manager		Secondary Budget Manager
Adams-Austin, Mamie		Downey, Michael

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Anthony, Patrina	4/12/2022

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date
4/12/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Michael D Downey

Approval Date
4/13/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Bahu

Approval Date*

4/13/2022

EXHIBIT F-17

May 2022
AMENDMENTS UNDER 50k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$50,000.00

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY21/22 AMENDMENTS									
	ADMINISTRATION									
1	Humble Elevator Service, Inc.	No	Agency Elevator Services at the Northeast, Bristow and Jail Diversion Locations	\$11,121.56	\$5,000.00	\$16,121.56	09/01/21- 08/31/22	GR	RFP	This Amendment is to increase funds due to unexpected call outs for elevator service.
2	WEX Health, Inc.	No	Agency Wide Cobra Benefits Administration	\$6,870.00	\$15,000.00	\$21,870.00	09/01/21- 08/31/22	GR	Tag-On	This Amendment is to increase funds to cover the administrative fees owed to WEX Health for COBRA Administration.
3	WEX Health, Inc.	No	Agency Wide FSA Benefits Administration	\$19,749.00	\$15,000.00	\$34,749.00	09/01/21- 08/31/22	GR	Tag-On	This Amendment is to increase funds to cover administrative fees by WEX Health for the Agency's FSA benefits.
	CPEP/CRISIS SERVICES									
	FORENSICS									
4	RKG Parking Solutions	No	Parking Services	\$27,000.00	\$11,250.00	\$38,250.00	05/01/22- 09/30/22	GR	N/A	This Amendment is to increase funds for parking needs for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center Downtown.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
	INTERLOCALS									
	LEASES									
	MENTAL HEALTH SERVICES									



Executive Contract Summary

Contract Section ^

Contractor*

Humble Elevator Service Inc.

Contract ID #*

7531

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

Humble Elevator Service Inc. and The Harris Center for MH & 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

n/a

Current Contract Amount*

\$ 11,121.56

Increase Not to Exceed*

\$ 5,000.00

Revised Total Not to Exceed (NTE)*

\$ 16,121.56

Fiscal Year* (?)	Amount* (?)
2022	\$ 16,121.56

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 <input type="text"/> |

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

Increase due to unexpected call outs for elevator service.

Contract Owner*

Todd McCorquodale

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

2009 to Present

Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown**Please provide an explanation***

Not at this time.

Community Partnership* (?) Yes No Unknown**Supporting Documentation Upload** (?)**Vendor/Contractor Contact Person****Name***

Kasey A LeDonne

Address*

P. O. Box 2948

Humble

Texas

77347

US

Phone Number*

281-540-2698

Email*

accounting@humbleelevator.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 5,000.00	569009
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

No change

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

4/21/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/21/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

4/21/2022

Contracts Approval

Approve*

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

Approved by *

Shasthya Bahu

Approval Date *

4/22/2022



Executive Contract Summary

Contract Section



Contractor*

WEX HEALTH INC (FKA DISCOVERY BENEFITS, INC)

Contract ID #*

5748

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

WEX, 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 6,870.00

Increase Not to Exceed*

\$ 15,000.00

Revised Total Not to Exceed (NTE)*

\$ 21,870.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 21,870.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

Justification/Purpose of Contract/Description of Services Being Provided* (?)
TO COVER ADMINISTRATIVE FEES OWED TO WEX FOR COBRA ADMINISTRATION.

Contract Owner*
Terence Freeman

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*
amy.diedrich@wexhealthinc.com

Address*
4321B20TH AVE S

FARGO	ND
58103	USA

Phone Number*
207-773-8171

Email*
cobraadmin@wexhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 15,000.00	543039

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Turcios, Livia	4/14/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Terence Freeman

Approval Date

4/19/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section

Contractor*

WEX HEALTH INC

Contract ID #*

5749

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

WEX, 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

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

\$ 19,749.00

Increase Not to Exceed*

\$ 15,000.00

Revised Total Not to Exceed (NTE)*

\$ 34,749.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 34,749.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

ADMINISTRATIVE FEES BY WEX FOR AGENCY' S FSA BENEFITS

Contract Owner*

Terence Freeman

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*

WEX HEALTH INC

Address*

43221 B 20TH AVE S

FARGO

ND

58103

USA

Phone Number*

2077738171

Email*

cobraadmin@wexhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 15,000.00	543039

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Turcios, Livia	4/14/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Terence Freeman

Approval Date

4/20/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Betu

Approval Date*

4/22/2022



Executive Contract Summary

Contract Section

Contractor*

RKG Parking Solutions

Contract ID #*

2021-0133

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/17/2022

Parties* (?)

RKG Parking Solutions 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
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text" value="none"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2022

Contract Term End Date* (?)

9/30/2022

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

end of county fiscal year

Current Contract Amount*

\$ 27,000.00

Increase Not to Exceed*

\$ 11,250.00

Revised Total Not to Exceed (NTE)*

\$ 38,250.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 36,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,250.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

Parking needs for TRIAD, RESCU Psychiatry and Transition staff located at the Juvenile Detention Center downtown

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

6/1/2021 - 2/28/2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Celica Cervantes

Address*

19506 Gentle Creek Way

Cypress

TX

77429-4786

United States

Phone Number*

8322489405

Email*

info@rkgparkingsolutions.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 38,250.00	544005
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

4/18/2022

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

4/18/2022

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

4/19/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

4/19/2022

EXHIBIT F-18

May 2022

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

CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
FY22 CONTRACTS							
AFFILIATION AGREEMENTS							
1	Angelo State University	No	Social Work Clinical Placement	New	05/01/22- 04/30/23	GR	This Agreement is to allow Angelo State University Department of Social Work students to complete clinical placement required of their academic program.
2	Norwich University	No	Nursing Clinical Field Placements	New	04/19/22- 12/31/25	GR	This Agreement is to allow students enrolled at Norwich University School of Nursing to complete clinical field placements as part of their degree requirements.
3	The University of St. Thomas	No	PMHNP Clinical Field Placements	Amendment	10/01/21- 09/30/26	GR	This Amendment is intended to expand Clinical sites rotations to the Graduate Programs including but not limited to the Post Graduate Psychiatric Mental Health Nurse Practitioner.
MOU							
4	Harris County Juvenile Probation Department	No	Training, Intervention, Mentoring and Education	New MOU	09/01/22- 08/31/23	County	Harris County Juvenile Probation Department, as part of our equity initiative, will develop and implement strategies to engage and mobilize men, boys and male identifying persons to be allies for women, girls, and female identifying persons as it relates to the prevention of intimate partner violence. The purpose of the program is to advance racial equity and improve outreach services and support to LGBTQ+ communities by way of incorporating an intersectional and multidisciplinary approach. The goal of the program is to provide Black/African American men and boys and Latino men and boys, and male identifying persons with evidence-based strategies that will challenge social norms and promote the understanding of how intersecting social identities impact responses to domestic violence.
5	Harris County Precinct 2	No	Care Coordination Agreement	New MOU	05/01/22- 08/31/23	GR	This care coordination agreement will allow Harris County Precinct 2 and the Baker Ripley Centers to collaborate with SUDOP and Harris Center to provide outreach, engagement, referral, linkage and retention, mental health, and medical services to Texas residents living with a Substance Use Disorder (SUD) or substance use problems. Services will be provided through Community Centers on a weekly basis.
6	Harris County Veterans Services Dept.	No	Care Coordination Agreement	New MOU	04/01/22- 08/31/26	GR	The care coordination agreement serves to confirm that mutual understanding of the Harris Center and the Harris County Veteran Services Department.
REVENUE							
7	Spindletop Center	No	Crisis Intervention Helpline Services	Revenue Renewal	03/01/22- 02/28/23	County Funds	Annual renewal of agreement for telephonic crisis line services to provide MH and IDD resources and support.
8	Community Service Associates, LLC	No	Day Habilitation Services	New Revenue Agreement	04/04/22- 08/31/22	State Grant	This is a consumer driven agreement in which Community Service Associates, LLC will provide Day Habilitation Services.
9	Gulf Coast Center	No	Crisis Intervention Helpline/Access	Revenue Renewal	03/01/22- 02/28/23	County Funds	Annual renewal agreement to provide crisis intervention helpline/access to Callers.
10	Harris County Juvenile Board	No	Multi-Systemic Therapy Program	Revenue Renewal (\$675,864.00)	03/01/22- 02/28/23	County Funds	Annual renewal of agreement of Multi-Systemic Therapy (MST) Program to provide intensive in-home family therapy to prevent youth from further penetrating the juvenile justice system.



Executive Contract Summary

Contract Section

Contractor*

ANGELO STATE UNIVERSITY

Contract ID #*

2022-0389

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH & IDD AND ANGELO STATE UNIVERSITY'S DEPARTMENT OF SOCIAL WORK

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

- 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* (?)

5/1/2022

Contract Term End Date* (?)

4/30/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement between The Harris Center for Mental Health and IDD and Angelo State University's Department of Social Work will allow students to complete clinical placement required of their academic program at The Harris Center. The students will abide by all policies and procedures of the Center while also adhering to their program requirements.

Contract Owner*

Terence Freeman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

School is not a HBCU

Community Partnership* (?)

Yes No Unknown

Specify Name*

Angelo State University

Supporting Documentation Upload (?)

Social Work_Student Affiliation Agreement The Harris Center.docx 35.14KB

Vendor/Contractor Contact Person

Name*

Sam Gallander

Address*

2601 West Avenue N

ASU STATION #10902

SAN ANGELO

TX

76904-9803

US

Phone Number*

325-486-6135

Email*

samuel.gallander@angelo.edu

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	0.00
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, Jedonne	4/8/2022

Budget Manager Approval(s)



Approved by

Approval Date

Erica Brown

4/8/2022

Procurement Approval



File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Terence Freeman

4/11/2022

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*

Approval Date*

Shaskyia Behn

4/11/2022





Executive Contract Summary

Contract Section ▲

Contractor*

NORWICH UNIVERSITY

Contract ID #*

2022-0393

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & NORWICH UNIVERSITY (SCHOOL OF NURSING)

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

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

4/19/2022

Contract Term End Date* (?)

12/31/2025

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT NORWICH UNIVERSITY - SCHOOL OF NURSING TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENT POLICY AND PROCEDURES.

Contract Owner *

Terence Freeman

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 *

NORWICH UNIVERSITY

Supporting Documentation Upload (?)

Clinical Affiliation Agreement.pdf

293.47KB

Vendor/Contractor Contact Person

Name *

DEBORAH ROSENBLOOM

Address *

158 Harmon Drive

Northfield

VT

05663

US

Phone Number *

802-485-3038 (Ext. 3038)

Email *

drosenbl@norwich.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	0.00
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, Jedonne	4/19/2022

Budget Manager Approval(s)

Approved by	Approval Date
	4/20/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
 Sign	

Contract Owner Approval

Approved by	Approval Date
	4/20/2022

Contracts Approval

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

Approved by*	Approval Date*
	4/20/2022



Executive Contract Summary

Contract Section



Contractor*

THE UNIVERSITY OF ST. THOMAS

Contract ID #*

2021-0225

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & THE UNIVERSITY OF ST. THOMAS SCHOOL OF NURSING

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/1/2021

Contract Term End Date* (?)

9/30/2026

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

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE) *

\$ 0.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT THE UNIVERSITY OF ST. THOMAS TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY POLICY AND PROCEDURES. THIS AMENDMENT IS INTENDED TO EXPAND TO GRADUATE PROGRAMS INCLUDING BUT NOT LIMITED TO THE POST GRADUATE PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP).

Contract Owner *

Terence Freeman

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 *

THE UNIVERSITY OF ST. THOMAS

Supporting Documentation Upload (?)

PMHNP NURS 7401 Practicum I Syllabus.docx	193.13KB
PMHNP NURS 7402 Practicum II Syllabus.docx	192.07KB
PMHNP NURS 7403 Practicum III Syllabus.docx	191.18KB

Vendor/Contractor Contact Person



Name *

NAKISHA PAUL

Address*

4102 Yoakum Boulevard CSHP 139

Houston

TX

77006

US

Phone Number*

713-942-5930

Email*

paulns@stthom.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, Jedonne

Submission Date

4/26/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/26/2022

Contract Owner Approval

Approved by

Terence Freeman

Approval Date

4/26/2022

Contracts Approval

Approve*

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

Approved by*

Shashyia Belu

Approval Date*

4/26/2022



Executive Contract Summary

Contract Section



Contractor*

Harris County Juvenile Probation Department

Contract ID #*

2022-0383

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris County Juvenile Probation Department and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

- 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 MOU

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

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* (?)

Harris County Juvenile Probation Department, as part of our equity initiative, will develop and implement strategies to engage and mobilize men, boys and male identifying persons to be allies for women, girls, and female identifying persons as it relates to the prevention of intimate partner violence. More specifically, Adult males, young men and boys with lived experience, will have a lead role in training and become mentors/credible messengers for boys enrolled in the project. The issue of same sex partner violence will also be addressed. The purpose of the program is to advance racial equity and improve outreach services and support to LGBTQ+ communities by way of incorporating an intersectional and multidisciplinary approach. The goal of the program is to provide Black/African American men and boys and Latinx men and boys, and male identifying persons with evidence-based strategies that will challenge social norms and promote the understanding of how intersecting social identities impact responses to domestic violence. "Man Up For Our Girls/It's T.I.M.E." (training, intervention, mentoring, and education) will incorporate the CDC Social-Ecological Model: A Framework for Prevention (Houston Peace, p.25) and examine the individual relationships that may increase the risk of violence as a victim or perpetrator, the community setting, and societal factors that encourage or inhibit violence.

Contract Owner*

Mike Downey

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County Juvenile Probation

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Regenia Hicks, PhD

Address *

1200 Congress Street

Houston

TX

77002

US

Phone Number *

713-927-9782

Email *

regenia.hicks@hcjpd.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4323	\$ 0.00	000000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Provide Rate and Rate Descriptions if applicable * (?)

0.00

Project WBS (Work Breakdown Structure) * (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

4/6/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

4/6/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Michael D Donney

Approval Date

4/6/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeya Behn

Approval Date*

4/6/2022



Executive Contract Summary

Contract Section ^

Contractor*

Harris County Precinct 2/Baker Ripley Centers

Contract ID #*

2022-0382

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris County Precinct 2/Baker Ripley Centers 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow Harris County Precinct 2 and the Baker Ripley Centers to collaborate with SUDOP and Harris Center to provide outreach, engagement, referral, linkage and retention in substance use, mental health, and medical services to Texas residents living with a Substance Use Disorder (SUD) or substance use problems at their community centers on a weekly basis.

Program Director: Geoffrey Ball

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*

Precinct 2 and Baker Ripley Centers

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

Chara L Bowie, Director of Health Services

Address*

16003 Lorenzo Street

Channelview

TX

77530-4306

US

Phone Number*

713-274-2124

Email*

Chara.Bowie@pct2.hctx.net

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	00
Budget Manager		Secondary Budget Manager
Oshman, Jodel		Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	4/5/2022

Budget Manager Approval(s)



Approved by

Approval Date

4/5/2022

Procurement Approval



File Upload (?)

Approved by

Approval Date

Contract Owner Approval



Approved by

Approval Date

4/5/2022

Contracts Approval

Approve*

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

Approved by*

Approval Date*

4/6/2022

Executive Contract Summary

Contract Section

Contractor*

Harris County Veteran Services Dept.

Contract ID #*

2022-0386

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris County Veteran Services Dept. 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
- SOW-Change Order-Amendment#
- 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 |

4/26/2022

Contracts Approval

Funding Information *

New Contract Amendment

Contract Term Start Date * (?)

4/1/2022

Contract Term End Date * (?)

8/31/2099

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: Harris County Veteran Services Dept.

Program Director: Sarah Strang

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

2021-2022

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Specify Name *

Harris County Veteran Service Dept.

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Dave Lewis - Director

Address *

Street Address

2929 McKinney Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77003-3823

Country

US

Phone Number *

Office: 281.876.6600 Cell: : 832.364.7343

Email *

Dave.Lewis@vso.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

4/26/2022

Contracts Approval

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

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	4/5/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

4/5/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

4/5/2022

Contracts Approval

4/26/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belin

Approval Date*

4/7/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7424

Contractor Name*

Spindletop Center

Service Provided* (?)

Telephonic Crisis Line Services to provide MH and IDD resources and support. Revenue Contract.

Term for Off-Cycle Only*

3/1/2021 - 2/28/2022

Procurement Method(s)*

- | | |
|---|---|
| <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"/> |

Contract NTE* (?)

N/A

Rate(s)/Rate(s) Description

\$7,161.00 for call volume between 501 and 750 calls per month. If call(s) volume exceeds 10% of the current contracted range, then the volume will be billed at Eleven dollars (\$11.00) for only calls beyond the range of 501 to 750 calls per month.

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

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.*
7001	\$ 110,400.00	420015

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Fiscal Year*(?)	Amount*(?)
2022	\$ 55,200.00

Fiscal Year*(?)	Amount*(?)
2023	\$ 55,200.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Please Explain *

Anticipated call volume has increased, subsequently the rate tier we are charging Spindletop will change. New rate description language should reflect the following tier information:

9,200 a month for 751 – 1,000 calls and change call overage to \$14/per call

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* (?)

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Clejaj

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve *

- Yes
 No, reject entire submission
 Return for correction

Approved by*

Shadeyia Behm

Approval Date*

4/12/2022



Executive Contract Summary

Contract Section



Contractor*

Community Service Associates, LLC

Contract ID #*

2022-0381

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Community Services Associates, LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/4/2022

Contract Term End Date* (?)

8/31/2022

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

NA

Fiscal Year* (?)

2022

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Day Habilitation Services

Contract Owner*

Mike Downey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.94KB

Vendor/Contractor Contact Person

Name*

Christine Coulter

Address*

4008 Louetta Road

#179

Spring

TX

77388-4405

US

Phone Number*

281.355.8260 Fax 281.355.0567

Email*

cacoulter529@aol.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 3585	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 0000
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Downey, Michael	

Provide Rate and Rate Descriptions if applicable* (?)
See uploaded document

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

Requester Name Wills, Thomas	Submission Date 4/1/2022
--	------------------------------------


Budget Manager Approval(s) 


Approved by 	Approval Date 4/1/2022
---	----------------------------------

Procurement Approval 

File Upload (?)

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

Contract Owner Approval 

Approved by 	Approval Date 4/5/2022
---	----------------------------------

Contracts Approval

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

Approved by* 	Approval Date* 4/5/2022
--	-----------------------------------



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7409

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Crisis Intervention Helpline/Access Services provided to Callers.

Term for Off-Cycle Only*

3/1/2021 - 2/28/2022

Procurement Method(s)*

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

Contract NTE* (?)

N/A

Rate(s)/Rate(s) Description

\$6,720.00 for call volume between 501 to 701 calls per month. 702+ call volume billed at \$12.00.

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

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.*
7001	\$ 90,000.00	420015
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	

Fiscal Year*(?)	Amount*(?)
2022	\$ 45,000.00

Fiscal Year*(?)	Amount*(?)
2023	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

- Yes No

Please Explain*

Anticipated call volume has increased, subsequently the rate tier we are charging Gulf Coast will change. New language should reflect the following tier information:

7,500 a month for 501 – 750 calls and change call overage to \$14/per call

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* (?)

Jennifer Battle

Budget Manager Approval(s) 

Approved by

Kevin DeJary

Contract Owner Approval 

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by *

Shaskeyia Belu

Approval Date *

4/12/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7663

Contractor Name*

Harris County Juvenile Board

Service Provided* (?)

Multi-Systemic Therapy (MST) Program to provide intensive in-home family therapy to prevent youth from further penetrating the juvenile justice system.

Term for Off-Cycle Only*

03/01/22-02/28/23

Procurement Method(s)*

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

Contract NTE* (?)

\$675,864.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Debbie Shelby

Contract Owner*

Mike Downey

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. *
6621	\$ 0.00	000000

Budget Manager *	Secondary Budget Manager *
Shelby, Debbie	Loera, Angelica

Fiscal Year * (?)	Amount * (?)
2024	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Mike Downey

Budget Manager Approval(s) 

Approved by

Debbie Chambers Stelky

Contract Owner Approval 

Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shaskya Behn

Approval Date *

4/19/2022



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

7386

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris County Sheriff's Office 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
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

2/1/2022

Contract Term End Date* (?)

2/28/2023

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 Interlocal Agreement

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

This is A revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 22/23 Fiscal year (County FY). Contract to extend to Southside Place Police Department for 3 iPads.

Program Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Don McCall - Chief of Police for the Southside Place Police Department

Address*

6309 Edloe St.

Houston

TX

77005

US

Phone Number*

713-668-2341

Email*

police@southside-place.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 0.00	403024
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Singh, Patricia	4/11/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

4/11/2022

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

4/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behn

Approval Date*

4/11/2022

EXHIBIT F-19

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

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

APS Adult Protective Services
 ARC Association for Retarded Citizens
 AUDIT-C Alcohol Use Disorders Identification Test

B

BABY CANS Baby Child Assessment needs (3-5 years)
 BHO Behavioral Health Organization
 BDSS Brief Bipolar Disorder Symptom Scale
 BNSA Brief Negative Symptom Assessment

C

CANS Child and Adolescent Needs and Strengths
 CAPES Child and Adolescent Psychiatric Emergency Services
 CAPS Child and Adolescent Psychiatric Services
 CARE Client Assessment and Registration
 CARF Commission on Accreditation of Rehabilitation Facilities
 CAS Child and Adolescent Services
 CBCL Children's Behavioral Checklist
 CBHN Community Behavioral Health Network
 CBT Cognitive behavior therapy
 CCBHC Certified Community Behavioral Health Clinic
 CCR Clinical case review
 CCSI Chronic Consumer Stabilization Initiative
 CCU Crisis Counseling Unit
 CHIP Children's Health Insurance Plan
 CIDC Chronically Ill and Disabled Children
 CIRT Crisis Intervention Response Team
 CIWA Clinical Institute Withdrawal Assessment for Alcohol
 CMAP Children's Medication Algorithm Project
 CMBHS Clinical Management for Behavioral Health Services
 CMS Centers for Medicare and Medicaid
 COC Continuity of Care

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

D

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

E

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

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

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

K**L**

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

M

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

N

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

O

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

P

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

PoC-IP Perceptions of Care-Inpatient
ProQOL Professional Quality of Life Scale
PSRS Positive Symptom Rating Scale
PSS Parent Satisfaction Scale

Q

QAIS Quality Assurance and Improvement System
QMHP Qualified Mental Health Professional
QI Quality Improvement
QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

R

RC Rehab Coordination
ROI Release of Information
RM Recovery Manager
RTC Residential Treatment Center

S

SAM Service Authorization and Monitoring
SAMHSA Substance Abuse and Mental Health Services Administration
SC Service Coordination
SECSC Southeast Community Service Center
SEFRC Southeast Family Resource Center
SMAC Sequential Multiple Analysis tests
SMHF State mental health facility
SNF Skilled Nursing Facility
SP Service Package (SP1, etc)
SPA Single portal authority
SSLC State living facility
SWCSC Southwest Community Service Center
SWFRC Southwest Family Resource Center
SUD Substance Use Disorder

T

TAC Texas Administrative code
TANF Temporary Assistance for Needy Families
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