



The Harris Center for Mental Health and IDD
Full Board Meeting
9401 Southwest Freeway Houston, TX 77074
Board Room# 109
August 23, 2022
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. BOARD CHAIR REPORT**
- IV. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, July 26, 2022
(*EXHIBIT F-1*)
- V. CHIEF EXECUTIVE OFFICER'S REPORT**
- VI. COMMITTEE REPORTS AND ACTIONS**
 - A. Resource Committee Report and/or Action
(*G. Womack, Chair*)
 - 1. FY2022 Year-to-Date Budget Report – July
(*EXHIBIT F-2 Steve Evans*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - D. Foundation Committee Report and/or Action
(*J. Lykes, Chair*)
- VII. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-July
(*EXHIBIT F-3 Steve Evans*)
 - B. August 2022 New Contracts Over 100K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. August 2022 Contract Renewals Over 100K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. August 2022 Contract Amendments Over 100K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. August 2022 Interlocal Agreements
(*EXHIBIT F-7 Silvia Tiller*)
 - F. New/Substantial Changes
 - 1. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD
(*EXHIBIT F-8*)
 - 2. Charity Care Policy
(*EXHIBIT F-9*)

3. Sexual Harassment Policy
(EXHIBIT F-10)

G. No Changes

1. Patient/Individual Access to Medical Records
(EXHIBIT F-11)
2. Suicide/Homicide Prevention
(EXHIBIT F-12)

H. Minor Changes

1. Confidentiality and Disclosure of Patient/Individual Health
(EXHIBIT F-13)
2. Disposal of Fixed Assets
(EXHIBIT F-14)
3. Drug/Alcohol Testing Pre-Employment
(EXHIBIT F-15)
4. Medication Administration
(EXHIBIT F-16)
5. Purchasing Card
(EXHIBIT F-17)
6. Retention of Patient/Individual Records
(EXHIBIT F-18)
7. Return to In-Patient Care of Furloughed
(EXHIBIT F-19)
8. Sanctions for Breach for Breach of Security and/or Privacy
Violations of Health Information
(EXHIBIT F-20)
9. Security of Patient/Individual Identifying Information
(EXHIBIT F-21)
10. Standardized Patient Record Form
(EXHIBIT F-22)
11. The Use of Service and Assistance Animals in The Harris
Center Facilities
(EXHIBIT F-23)
12. Whistleblower
(EXHIBIT F-24)

I. Policy Changes

1. Asset Tracking and Depreciation
(EXHIBIT F-25)
2. Adding and Receiving Equipment
(EXHIBIT F-26)
3. Check Signing
(EXHIBIT F-27)

4. Least Restrictive Interventions and Management of Aggressive Behaviors
(EXHIBIT F-28)
5. Professional Review Committee
(EXHIBIT F-29)
6. Screening and Assessment for Mental health Substance Use and Intellectual and Development Disabilities (IDD) Services
(EXHIBIT F-30)

VIII. REVIEW AND TAKE ACTION

- A. Health Insurance Update
(Kip Baughman)
- B. Property and Casualty Insurance Renewal 2022-23
(Anthony Robinson)
- C. FY23 Proposed Operating Budget
(Steve Evans)
- D. FY23 Proposed Capital Budget
(Steve Evans)

IX. REVIEW AND COMMENT

- A. Legislative Update
(EXHIBIT F-31 Amanda Jones)

X. EXECUTIVE SESSION

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

- **In accordance with §551.071 of the Texas Government Code, consultation with General Counsel about pending litigation, Cause No. 4-21-cv-02351 Lawrence Bell v. Janet May and the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel**

XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. August 2022 New Contracts Under 100K
(EXHIBIT F-32)
- B. August 2022 Contract Amendments Under 100K
(EXHIBIT F-33)

- C. August 2022 Contract Renewals Under 100K
(EXHIBIT F-34)
- D. August 2022 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT F-35)
- E. Publication Authorized by Dr. Li
(EXHIBIT F-36)
- F. Covered Locations-Information Only
(EXHIBIT F-37)
- G. Abbreviations List
(EXHIBIT F-38)

XIV. ADJOURN

Veronica Franco

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



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

PLACE OF MEETING: Conference Room 104
401 South West Freeway
Houston, Texas 77024

TYPE OF MEETING: Regular

DATE: July 28, 2022

**TRUSTEES
IN ATTENDANCE:**

Mr. Shaukat Aaria, Chair
Dr. George Santos, Vice Chairperson
Mr. Gerald Womack, Secretary
Mr. Jim Byrnes
Robinearing PhD
Judge Ronnie Hellums
Patricia Hurtado

TRUSTEES ABSENT: Dr. Lois Moore, Vice Chairperson
Sheriff J. Gonzalez

I. Declaration of Quorum

Mr. Shaukat Aaria, Chairperson, called the meeting to order at 8:30 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

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

III. Approval of Minutes

MOTION BY: SANTOS SECOND: WOMACK

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, June 28, 2022 as presented under Exhibit 11, 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.

- Mr. Womack indicated that he would like to see a piece of memorabilia, perhaps a plaque, placed on the building at 401 in memory of Ms. Wynne A. Cleveland.
- Dr.earing would like to be presented with an analytic unfolding of the lessons learned from the Uvalde in-person support. Including a response task list on how to set up an emergency clinic to be used as a training tool and at future emergency responses.
- Dr. Santos would like our team (Sara Strang/ Jim Formmayer) to present their disaster response at a national level to highlight how effective our efforts are here at the Harris Center.

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

A. Resource Committee Report and/or Action Plan. Womack, Chair

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

Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on July 1, 2022.

B. Quality Committee Report and/or Action Plan. Santos, Chair

Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on July 1, 2022

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

D. Foundation Committee Report and/or Action Plan. Sykes, Chair

Mr. Sykes provided the Board of Trustees an update about the Foundation report.

VI. Consent Agenda

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

B. July 2022 New Contracts Over 100k

C. July 2022 Contract Renewals Over 100k

D. July 2022 Contract Amendments Over 100k

E. July 2022 Interlocal Agreements

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

SECOND: Mr. Womack seconded the motion

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

VII. Consider and Take Action

A. Recommendation No. 431R Ali Ibrahim representing Dar Us Saana

MOTION BY: SANTOS

SECOND: WOMACK

With unanimous affirmative votes,

BE IT RESOLVED Recommendation No. 431R Ali Ibrahim representing Dar Us Sa'ina, presented under Exhibit R8 is approved.

□. Recommendation No. 430R Iva Caballero (Family Member Advocate)

MOTION BY: SANTOS SECOND: WOMACK

With unanimous affirmative votes,

BE IT RESOLVED Recommendation No. 430R Iva Caballero (Family Member Advocate), presented under Exhibit R11 is approved.

C. Website Healthy Minds Healthy Communities

MOTION BY: SANTOS SECOND: WOMACK

With unanimous affirmative votes

BE IT RESOLVED the project website services related to the Healthy Minds, Healthy Communities, presented under Exhibit R10 is approved.

VIII. Review and Comment

- A. Uvalde Presentation-**Sara Strang and Jim Hornmayer presented
- B. Legislative Update-**The presentation was tabled to August full board meeting.

IX. Board Chair's Report

Mr. Maria welcomed Ms. Catali Hurtado to The Harris Center board.

X. Executive Session -

At 3 a.m. Chairperson Mr. Shaukat Maria announced the board could 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 §551.071 of the Texas Government Code, for consultation with attorney about legal matters related to programs to assist small businesses and/or minority- and women-owned businesses with contracting with the Harris Center 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. Shannon Fleming, Senior Legal Counsel, Nina Cook, Director of Purchasing and Michelle Morris, Rogers, Morris and Grover**

- **In accordance with §551.071 of the Texas Government Code, for consultation with attorney about contemplated litigation related to a HVAC contract dispute. Shannon Fleming, Sr. Legal Counsel Carrie Rys, Chief Administrative Officer, Anthony Robinson, Vice President of Enterprise Risk Management & Facilities, Silvia Tiller, Director of Contracts & Real Estate and Michelle Morris, Rogers, Morris and Grover**

- **In accordance with §551.072 of the Texas Government Code, discussion about the sale of real property located at 6603 Barbarella Court, Houston, TX 77088. Wayne Young, CEO and Silvia Tiller, Director of Contracts and Real Estate-** Wayne requested to table this Executive Session item.

- **In accordance with §551.072 of the Texas Government Code, discussion about the purchase of real property for the Northwest Clinic replacement located at 3902 West Little York Road, Houston, Texas 77087. Silvia Tiller, Director of contracts and Real Estate**

- **In accordance with §551.071 of the Texas Government Code, for consultation with attorney about legal issues related to a loan agreement with the City of Houston for the 6168 South Loop East construction 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. Wayne Young, CEO Shannon Fleming, Sr. Legal Counsel and Carrie Rys, Chief Administrative Officer**

- **Report by the Chief Executive Officer regarding the evaluation of the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002. Wayne Young, Chief Executive Officer**

XI. Reconvene into Open Session

At 12:00 p.m., the Board of Trustees reconvened into open session.

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

As a result of the Executive session, the full Board considered and took action on the following matters:

A. Northwest Clinic replacement located at 3902 West Little York Road, Houston, Texas 77087

MOTION BY: WOMACK

I move that the Board of Trustees by written resolution ratify the actions taken by the Chief Executive Officer on June 13, 2022 to effectuate the fee simple ownership of 302 . Little York Road, Houston, Texas as an approved and authorized action by The Board of Trustees, effective as of May 24, 2022, when the Board received all final due diligence reports including an appraisal value that was higher than the purchase price, and the Board provided its verbal approval to move forward with the purchase of the property on June 13, 2022.

SECOND: LYKES

VOTE: Yes- 7 No- 0

With affirmative votes,

BE IT RESOLVED the full Board authorizes the ratify the actions taken by the Chief Executive Officer on June 13, 2022 to effectuate the fee simple ownership of 302 . Little Road, Houston, TX.

XII. ADJOURN

MOTION: WOMACK SECOND: GEARING

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:10 PM.

Respectfully submitted,

Teronica Franco, Board Liaison
Gerald Womack, 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 Eleventh Month and Year to Date Ended July 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on August 16, 2022

The Harris Center for Mental Health & IDD

August 16, 2022

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

The monthly financial report for July 31, 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.

A handwritten signature in cursive script that reads "Steve Evans". The signature is written in black ink and is positioned above a horizontal line.

Steve Evans
Interim Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Eleventh Month and Year to Date Ended July 31, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 21,916	\$ 22,009	\$ (93)
Expenditures	<u>29,449</u>	<u>25,667</u>	<u>(3,782)</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (7,533)</u>	<u>\$ (3,658)</u>	<u>\$ (3,875)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ (1,642)</u>	<u>\$ 961</u>	<u>\$ (2,603)</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Eleventh Month and Year to Date Ended July 31, 2022

	Month Ended July 31, 2022				Eleven Months Ended July 31, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 4,396,135	\$ 4,638,870	\$ (242,735) c	-5%	\$ 53,557,478	\$ 51,268,961	\$ 2,288,517	4%
PAP / Samples	836,805	1,025,914	(189,109)	-18%	8,333,461	11,284,956	(2,951,495)	-26%
Interest	35,032	4,166	30,866	741%	185,066	45,826	139,240	304%
State General	9,574,982	9,869,234	(294,252) d	-3%	104,854,563	108,570,986	(3,716,423)	-3%
State Grants	956,033	1,298,931	(342,898) e	-26%	13,114,582	14,288,242	(1,173,660)	-8%
Federal Grants	4,206,945	2,041,360	2,165,585 f	106%	34,525,584	23,059,422	11,466,162	50%
3rd party billings	1,910,192	3,130,346	(1,220,154) g	-39%	23,401,590	30,158,273	(6,756,683)	-22%
Total Revenue	21,916,124	22,008,821	(92,697) h	0%	237,972,324	238,676,666	(704,342)	0%
Total Expenses:								
Salaries and Fringe	21,608,006	17,842,029	(3,765,977) i	-21%	201,625,311	194,730,452	(6,894,859)	-4%
Travel	176,687	154,051	(22,636)	-15%	1,185,200	2,011,893	826,693	41%
Contracts and Consultants	1,699,387	1,818,047	118,660	7%	19,313,587	20,068,679	755,092	4%
HCPC Contract	2,317,441	2,369,793	52,352	2%	25,534,200	26,067,723	533,523	2%
Supplies and Drugs	1,214,892	1,360,758	145,866	11%	12,736,516	14,992,499	2,255,983	15%
Equipment (Purch, Rent, Maint)	480,960	514,082	33,122	6%	5,164,384	5,843,388	679,004	12%
Building (Purch, Rent, Maint)	616,408	551,900	(64,508) j	-12%	12,686,842	6,149,402	(6,537,440)	-106%
Vehicle (Purch, Rent, Maint)	54,190	37,258	(16,932)	-45%	559,993	410,628	(149,365)	-36%
Telephone and Utilities	314,140	243,521	(70,619) k	-29%	3,067,547	2,738,380	(329,167)	-12%
Insurance, Legal, Audit	59,143	144,798	85,655	59%	1,635,514	1,679,076	43,562	3%
Other	717,557	394,620	(322,937) l	-82%	8,034,266	4,408,666	(3,625,600)	-82%
Epic-Harris Health Maintenance	185,767	185,767	-	0%	2,043,437	2,043,437	-	0%
Claims Denials	4,089	50,041	45,952	92%	86,849	551,165	464,316	84%
Total Expenses	29,448,667	25,666,665	(3,782,002) m	-15%	293,673,646	281,695,388	(11,978,258)	-4%
Excess of Revenues over (under)								
Expenditures before Other Sources	(7,532,543) a	(3,657,844)	(3,874,699)		(55,701,322)	(43,018,722)	(12,682,600)	
Funds from other sources:				n				
Use of fund balance - CapEx	213,900	-	213,900		8,921,456	-	8,921,456	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,772	432,772	-		4,858,645	4,858,645	-	
Waiver 1115 Revenues	3,698,807	3,698,807	-		39,120,965	39,120,965	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		24,673	-	24,673	
Proceeds from Sale of Assets	131,135	-	131,135		151,135	-	151,135	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ (3,055,929)	\$ 473,735	\$ (3,529,664)		\$ (1,641,948) b	\$ 960,888	\$ (2,602,836)	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of July 31, 2022

	Ending Balance		Increase/(Decrease)	
	June 30, 2022	July 31, 2022	July	
Assets				
Cash and Cash Equivalents	\$ 93,562,477	\$ 53,304,980	\$ (40,257,497)	a
Inventory - includes RX	275,225	265,702	(9,523)	b
Prepaid Expenses	4,864,687	4,106,323	(758,364)	c
A/R Medicaid, Medicare, 3rd Party	16,027,278	16,484,988	457,710	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	21,121,493	20,171,328	(950,165)	d
A/R DSRIP	25,808,930	45,264,277	19,455,347	
Total Current Assets	<u>154,754,267</u>	<u>132,691,775</u>	<u>(22,062,492)</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	6,897,646	6,897,646	-	
Vehicles	1,569,768	1,103,280	(466,488)	
Construction in Progress	25,933,339	26,351,856	418,517	
Total Property, Plant & Equipment	<u>87,375,523</u>	<u>87,327,552</u>	<u>(47,971)</u>	
TOTAL ASSETS	<u>\$ 242,129,790</u>	<u>\$ 220,019,327</u>	<u>\$ (22,110,463)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 30,249,419	\$ 18,703,239	\$ (11,546,180)	e
Accrued Payroll and Accounts Payables	24,222,313	17,406,118	(6,816,195)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>54,471,732</u>	<u>36,109,357</u>	<u>(18,362,375)</u>	
State Escheatment Payable	50,505	52,990	2,485	
Total Non Current Liabilities	<u>50,505</u>	<u>52,990</u>	<u>2,485</u>	
TOTAL LIABILITIES	<u>54,522,237</u>	<u>36,162,347</u>	<u>(18,359,890)</u>	
General Fund Balance	17,891,763	17,901,285	9,522	g
Nonspendable				
Investment in Inventories	275,224	265,702	(9,522)	
Investment In Fixed Assets	87,375,523	87,327,551	(47,972)	
Assigned:				
Current Capital Projects	11,916,991	11,703,091	(213,900)	
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	59,248,144	58,815,372	(432,772)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,193,572</u>	<u>185,498,928</u>	<u>(694,644)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,413,981	(1,641,948)	(3,055,929)	
TOTAL FUND BALANCE	<u>187,607,553</u>	<u>183,856,980</u>	<u>(3,750,573)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 242,129,790</u>	<u>\$ 220,019,327</u>	<u>\$ (22,110,463)</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended July 31, 2022

- I. Comparison of Revenue and Expenses
- a. For the month of July 2022, the eleventh month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$7,532,543.
 - b. The year-to-date amount translates to Excess Expenditures over Revenues of \$1,641,948 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
 - c. Harris County and Local is unfavorable to budget by \$242,735.
 - d. State General is unfavorable to budget by \$294,252 due to reclassification of State General Funds to Federal after original budget was approved.
 - e. State Grants are unfavorable to budget by \$342,898 due to timing of ECI insurance collections.
 - f. Federal grants are favorable to budget by \$2,165,585 due to federal grants awarded after the original budget was approved by the Board.
 - g. Third Party billings are unfavorable to budget by \$1,220,154 due to patient billing adjustments in Epic.
 - h. Total Revenue is unfavorable to budget by \$92,697.
 - i. Salaries and Fringe are unfavorable to budget by \$3,765,977 due to salaries associated with grants awarded after original budget was approved and the impact of the HR Phase 3 Comp increase.
 - j. Building is unfavorable to budget due to timing of building repairs and items funded from Board approved CapEx funds.
 - k. Telephone and utilities are unfavorable to budget by \$70,618 due to cost associated with the addition of new units and users.
 - l. Other is unfavorable to budget by \$322,937 due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget.
 - m. Total Expenses are unfavorable to budget by \$3,782,002.
 - n. Funds from other sources used to fund current month expenses totaled \$4,476,614 including Waiver 1115 revenue, DSRIP reserves, sale of assets and use of CapEx funds.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 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)
	6/30/2022	7/31/2022	July
Cash-General Fund Bank of America	6,840,057	6,554,001	\$ (286,056)
Cash-General Fund Chase	44,204,899	30,235,708	(13,969,191)
Cash-BOA ACH Vendor	28,416	686,395	657,979
Cash-Pharmacy Chase	15,298	20,644	5,346
Cash-FSA-Discovery	191,798	191,191	(607)
Petty Cash	5,950	5,950	-
Investments-TexPool General Fund	1,003,528	1,004,824	1,296
Investments-TexPool Self Insurance	2,293,382	2,296,344	2,962
Investments-TexPool Prime	23,986,945	4,303,688	(19,683,257)
Investments-Texas Class	14,992,204	8,006,235	(6,985,969)
	<u>\$ 93,562,477</u>	<u>\$ 53,304,980</u>	<u>\$ (40,257,497)</u>

- b. Inventory book balances are updated monthly utilizing calculations for inventory purchased and used during the month. Inventory balances are accurately updated annually after 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)
	06/30/2022	07/31/2022	July
Inventory-Central Supplies	28,052	28,052	\$ -
Supplies Purchased	18,750	18,750	
Supplies Used	(36,761)	(46,283)	(9,523)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 275,225</u>	<u>\$ 265,702</u>	<u>\$ (9,523)</u>

- c. Prepaid Expenses decreased due to amortization of prepaid expenses.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other decreased in July.

	Ending Balance		Increase (Decrease)
	6/30/2022	7/31/2022	July
Villas at Bayou Park	78,533	85,824	7,291
Pear Grove	46,997	56,987	9,990
Pasadena Cottages	80,256	85,886	5,630
Employee	-		-
Pecan Village	4,401	4,401	-
Acres Homes Garden	168,658	174,280	5,622
Foundation	21	42	21
NAMI of Greater Houston	-	319	319
General Accounts Receivable	9,523	140,911	131,388
Pharmacy PBM	8,127	11,282	3,155
Harris County Projects	929,204	1,043,875	114,671
Harris County Juvenile Probation	836,411	677,702	(158,709)
Harris County Community Supervision	1,656,311	588,298	(1,068,013)
Harris County Sheriff's Department	4,104,047	3,786,109	(317,938)
ICFMR	213,952	224,398	10,446
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TDCJ-Parole	102,500	61,500	(41,000)
TDCJ-Substance Abuse	50,001	50,001	-
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ECI Respite	1,870	1,078	(792)
ECI SNAP	26,885	31,755	4,870
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Enhanced Community Coordinator	66,798	90,667	23,869
Subtotal, A/R-Other	\$ 15,910,602	\$ 14,374,293	\$ (1,536,309)

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	6/30/2022	7/31/2022	July
DSHS Mental Health First Aid	\$ 35,740	\$ 34,608	\$ (1,132)
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HCC Open Door	852,412	\$ 1,120,501	268,090
HCS	22,416	\$ 22,416	-
Tx Home Living Waiver	279,779	\$ 263,267	(16,512)
Federal DSHS Disaster Assistance			-
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A/R - HHSC Projects	1,860,731	\$ 2,179,492	318,761
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 21,121,493	\$ 20,171,328	\$ (950,165)

- e. Unearned Income decreased due to expenditure of State GR funds.
- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 112 days versus 114 days for the prior month.

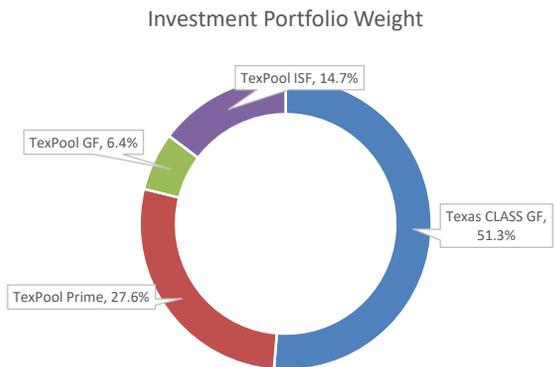
III. Investment Portfolio

- a. Total investments as of July 31, 2022 are \$15,611,091 of which 100% is in government pools. (Texas Class 51% and TexPool 49%)
- b. Investments this month yielded interest income of \$35,032.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 July 31, 2022

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS							
Texas CLASS General Fund	\$ 14,992,204	\$ -	\$ (7,000,000)	\$ 14,031	\$ 8,006,235	51.3%	1.639%
TexPool							
TexPool Prime	23,986,945	\$ -	\$ (19,700,000)	16,743	4,303,688	27.6%	1.672%
TexPool General Fund	1,003,528			1,296	1,004,824	6.4%	1.521%
TexPool Internal Service Fund	2,293,382			2,962	2,296,344	14.7%	1.521%
<i>TexPool Sub-Total</i>	<i>27,283,855</i>	<i>-</i>	<i>(19,700,000)</i>	<i>21,001</i>	<i>7,604,856</i>	<i>48.7%</i>	<i>1.606%</i>
Total Investments	\$ 42,276,059	\$ -	\$ (26,700,000)	35,032	\$ 15,611,091	100%	1.623%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **1.247%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **1.135%**

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

Approved: 
 Hayden Hernandez, Accounting and Treasury Manager

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

Report for July 2022

Vendor	Description	Monthly Not-To-Exceed*	Jul-22	YTD Total Through July
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$2,472,182**	\$18,573,649
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,326,018	\$16,222,541

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

**Note: The July 7(c) payment to Lincoln Financial Group caused the cumulative retirement benefits paid for the month to exceed the Not-To-Exceed amount not requiring Board signature. To satisfy the NTE requirements, the 7 (c) payment in the amount of \$801,740 on July 29th was submitted for Board signature.

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Eleventh Month and Year to Date Ended July 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on August 16, 2022

The Harris Center for Mental Health & IDD

August 16, 2022

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

The monthly financial report for July 31, 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.

A handwritten signature in black ink that reads "Steve Evans". The signature is written in a cursive style and is positioned above a horizontal line.

Steve Evans
Interim Chief Financial Officer

The Harris Center for Mental Health and IDD
Financial Summary
For the Eleventh Month and Year to Date Ended July 31, 2022

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 21,916	\$ 22,009	\$ (93)
Expenditures	<u>29,449</u>	<u>25,667</u>	<u>(3,782)</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (7,533)</u>	<u>\$ (3,658)</u>	<u>\$ (3,875)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ (1,642)</u>	<u>\$ 961</u>	<u>\$ (2,603)</u>

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Eleventh Month and Year to Date Ended July 31, 2022

	Month Ended July 31, 2022				Eleven Months Ended July 31, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 4,396,135	\$ 4,638,870	\$ (242,735) c	-5%	\$ 53,557,478	\$ 51,268,961	\$ 2,288,517	4%
PAP / Samples	836,805	1,025,914	(189,109)	-18%	8,333,461	11,284,956	(2,951,495)	-26%
Interest	35,032	4,166	30,866	741%	185,066	45,826	139,240	304%
State General	9,574,982	9,869,234	(294,252) d	-3%	104,854,563	108,570,986	(3,716,423)	-3%
State Grants	956,033	1,298,931	(342,898) e	-26%	13,114,582	14,288,242	(1,173,660)	-8%
Federal Grants	4,206,945	2,041,360	2,165,585 f	106%	34,525,584	23,059,422	11,466,162	50%
3rd party billings	1,910,192	3,130,346	(1,220,154) g	-39%	23,401,590	30,158,273	(6,756,683)	-22%
Total Revenue	21,916,124	22,008,821	(92,697) h	0%	237,972,324	238,676,666	(704,342)	0%
Total Expenses:								
Salaries and Fringe	21,608,006	17,842,029	(3,765,977) i	-21%	201,625,311	194,730,452	(6,894,859)	-4%
Travel	176,687	154,051	(22,636)	-15%	1,185,200	2,011,893	826,693	41%
Contracts and Consultants	1,699,387	1,818,047	118,660	7%	19,313,587	20,068,679	755,092	4%
HCPC Contract	2,317,441	2,369,793	52,352	2%	25,534,200	26,067,723	533,523	2%
Supplies and Drugs	1,214,892	1,360,758	145,866	11%	12,736,516	14,992,499	2,255,983	15%
Equipment (Purch, Rent, Maint)	480,960	514,082	33,122	6%	5,164,384	5,843,388	679,004	12%
Building (Purch, Rent, Maint)	616,408	551,900	(64,508) j	-12%	12,686,842	6,149,402	(6,537,440)	-106%
Vehicle (Purch, Rent, Maint)	54,190	37,258	(16,932)	-45%	559,993	410,628	(149,365)	-36%
Telephone and Utilities	314,140	243,521	(70,619) k	-29%	3,067,547	2,738,380	(329,167)	-12%
Insurance, Legal, Audit	59,143	144,798	85,655	59%	1,635,514	1,679,076	43,562	3%
Other	717,557	394,620	(322,937) l	-82%	8,034,266	4,408,666	(3,625,600)	-82%
Epic-Harris Health Maintenance	185,767	185,767	-	0%	2,043,437	2,043,437	-	0%
Claims Denials	4,089	50,041	45,952	92%	86,849	551,165	464,316	84%
Total Expenses	29,448,667	25,666,665	(3,782,002) m	-15%	293,673,646	281,695,388	(11,978,258)	-4%
Excess of Revenues over (under)								
Expenditures before Other Sources	(7,532,543) a	(3,657,844)	(3,874,699)		(55,701,322)	(43,018,722)	(12,682,600)	
Funds from other sources:				n				
Use of fund balance - CapEx	213,900	-	213,900		8,921,456	-	8,921,456	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,772	432,772	-		4,858,645	4,858,645	-	
Waiver 1115 Revenues	3,698,807	3,698,807	-		39,120,965	39,120,965	-	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	-	-	-		24,673	-	24,673	
Proceeds from Sale of Assets	131,135	-	131,135		151,135	-	151,135	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ (3,055,929)	\$ 473,735	\$ (3,529,664)		\$ (1,641,948) b	\$ 960,888	\$ (2,602,836)	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of July 31, 2022

	Ending Balance		Increase/(Decrease)	
	June 30, 2022	July 31, 2022	July	
Assets				
Cash and Cash Equivalents	\$ 93,562,477	\$ 53,304,980	\$ (40,257,497)	a
Inventory - includes RX	275,225	265,702	(9,523)	b
Prepaid Expenses	4,864,687	4,106,323	(758,364)	c
A/R Medicaid, Medicare, 3rd Party	16,027,278	16,484,988	457,710	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	21,121,493	20,171,328	(950,165)	d
A/R DSRIP	25,808,930	45,264,277	19,455,347	
Total Current Assets	<u>154,754,267</u>	<u>132,691,775</u>	<u>(22,062,492)</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	6,897,646	6,897,646	-	
Vehicles	1,569,768	1,103,280	(466,488)	
Construction in Progress	25,933,339	26,351,856	418,517	
Total Property, Plant & Equipment	<u>87,375,523</u>	<u>87,327,552</u>	<u>(47,971)</u>	
TOTAL ASSETS	<u>\$ 242,129,790</u>	<u>\$ 220,019,327</u>	<u>\$ (22,110,463)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 30,249,419	\$ 18,703,239	\$ (11,546,180)	e
Accrued Payroll and Accounts Payables	24,222,313	17,406,118	(6,816,195)	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>54,471,732</u>	<u>36,109,357</u>	<u>(18,362,375)</u>	
State Escheatment Payable	50,505	52,990	2,485	
Total Non Current Liabilities	<u>50,505</u>	<u>52,990</u>	<u>2,485</u>	
TOTAL LIABILITIES	<u>54,522,237</u>	<u>36,162,347</u>	<u>(18,359,890)</u>	
General Fund Balance	17,891,763	17,901,285	9,522	g
Nonspendable				
Investment in Inventories	275,224	265,702	(9,522)	
Investment In Fixed Assets	87,375,523	87,327,551	(47,972)	
Assigned:				
Current Capital Projects	11,916,991	11,703,091	(213,900)	
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	59,248,144	58,815,372	(432,772)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>186,193,572</u>	<u>185,498,928</u>	<u>(694,644)</u>	
Year to Date Excess Revenues over (under) Expenditures	1,413,981	(1,641,948)	(3,055,929)	
TOTAL FUND BALANCE	<u>187,607,553</u>	<u>183,856,980</u>	<u>(3,750,573)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 242,129,790</u>	<u>\$ 220,019,327</u>	<u>\$ (22,110,463)</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended July 31, 2022

- I. Comparison of Revenue and Expenses
- a. For the month of July 2022, the eleventh month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$7,532,543.
 - b. The year-to-date amount translates to Excess Expenditures over Revenues of \$1,641,948 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues and insurance proceeds are considered.
 - c. Harris County and Local is unfavorable to budget by \$242,735.
 - d. State General is unfavorable to budget by \$294,252 due to reclassification of State General Funds to Federal after original budget was approved.
 - e. State Grants are unfavorable to budget by \$342,898 due to timing of ECI insurance collections.
 - f. Federal grants are favorable to budget by \$2,165,585 due to federal grants awarded after the original budget was approved by the Board.
 - g. Third Party billings are unfavorable to budget by \$1,220,154 due to patient billing adjustments in Epic.
 - h. Total Revenue is unfavorable to budget by \$92,697.
 - i. Salaries and Fringe are unfavorable to budget by \$3,765,977 due to salaries associated with grants awarded after original budget was approved and the impact of the HR Phase 3 Comp increase.
 - j. Building is unfavorable to budget due to timing of building repairs and items funded from Board approved CapEx funds.
 - k. Telephone and utilities are unfavorable to budget by \$70,618 due to cost associated with the addition of new units and users.
 - l. Other is unfavorable to budget by \$322,937 due to expenses associated with the TANF Pandemic Assistance grant which was awarded after the Board approved original budget.
 - m. Total Expenses are unfavorable to budget by \$3,782,002.
 - n. Funds from other sources used to fund current month expenses totaled \$4,476,614 including Waiver 1115 revenue, DSRIP reserves, sale of assets and use of CapEx funds.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 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)
	6/30/2022	7/31/2022	July
Cash-General Fund Bank of America	6,840,057	6,554,001	\$ (286,056)
Cash-General Fund Chase	44,204,899	30,235,708	(13,969,191)
Cash-BOA ACH Vendor	28,416	686,395	657,979
Cash-Pharmacy Chase	15,298	20,644	5,346
Cash-FSA-Discovery	191,798	191,191	(607)
Petty Cash	5,950	5,950	-
Investments-TexPool General Fund	1,003,528	1,004,824	1,296
Investments-TexPool Self Insurance	2,293,382	2,296,344	2,962
Investments-TexPool Prime	23,986,945	4,303,688	(19,683,257)
Investments-Texas Class	14,992,204	8,006,235	(6,985,969)
	<u>\$ 93,562,477</u>	<u>\$ 53,304,980</u>	<u>\$ (40,257,497)</u>

- b. Inventory book balances are updated monthly utilizing calculations for inventory purchased and used during the month. Inventory balances are accurately updated annually after 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)
	06/30/2022	07/31/2022	July
Inventory-Central Supplies	28,052	28,052	\$ -
Supplies Purchased	18,750	18,750	
Supplies Used	(36,761)	(46,283)	(9,523)
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 275,225</u>	<u>\$ 265,702</u>	<u>\$ (9,523)</u>

- c. Prepaid Expenses decreased due to amortization of prepaid expenses.

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other decreased in July.

	Ending Balance		Increase (Decrease)
	6/30/2022	7/31/2022	July
Villas at Bayou Park	78,533	85,824	7,291
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The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Statements
For Month and Year to Date Ended July 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

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	6/30/2022	7/31/2022	July
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HHSC ZEST-Zero Suicide	148,897	\$ 85,280	(63,617)
HCC Open Door	852,412	\$ 1,120,501	268,090
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City of Houston-DMD	20,663	\$ 20,663	-
City of Houston-911 CCD Amended	83,693	\$ 41,845	(41,848)
A/R - HHSC Projects	1,860,731	\$ 2,179,492	318,761
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 21,121,493	\$ 20,171,328	\$ (950,165)

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- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 112 days versus 114 days for the prior month.

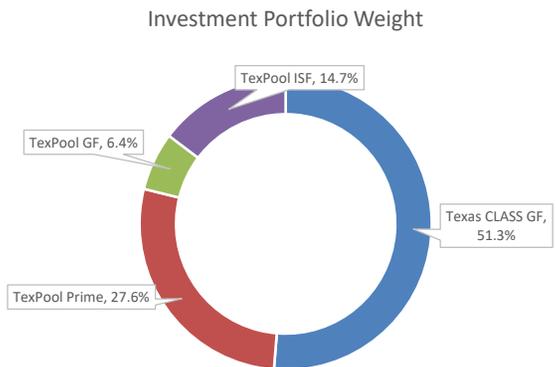
III. Investment Portfolio

- a. Total investments as of July 31, 2022 are \$15,611,091 of which 100% is in government pools. (Texas Class 51% and TexPool 49%)
- b. Investments this month yielded interest income of \$35,032.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 July 31, 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	\$ 14,992,204	\$ -	\$ (7,000,000)	\$ 14,031	\$ 8,006,235	51.3%	1.639%
<i>TexPool</i>							
TexPool Prime	23,986,945	\$ -	\$ (19,700,000)	16,743	4,303,688	27.6%	1.672%
TexPool General Fund	1,003,528			1,296	1,004,824	6.4%	1.521%
TexPool Internal Service Fund	2,293,382			2,962	2,296,344	14.7%	1.521%
<i>TexPool Sub-Total</i>	<i>27,283,855</i>	<i>-</i>	<i>(19,700,000)</i>	<i>21,001</i>	<i>7,604,856</i>	<i>48.7%</i>	<i>1.606%</i>
Total Investments	\$ 42,276,059	\$ -	\$ (26,700,000)	35,032	\$ 15,611,091	100%	1.623%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **1.247%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **1.135%**

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

Approved: 
 Hayden Hernandez, Accounting and Treasury Manager

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

Report for July 2022

Vendor	Description	Monthly Not-To-Exceed*	Jul-22	YTD Total Through July
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$2,472,182**	\$18,573,649
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,326,018	\$16,222,541

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

**Note: The July 7(c) payment to Lincoln Financial Group caused the cumulative retirement benefits paid for the month to exceed the Not-To-Exceed amount not requiring Board signature. To satisfy the NTE requirements, the 7 (c) payment in the amount of \$801,740 on July 29th was submitted for Board signature.

EXHIBIT F-4

August 2022

NEW CONTRACTS OVER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0470

Contractor Name*

The Marquin Group, Inc.

Service Provided* (?)

Removing this contractor from under the master pool HR Recruitment Permanent and Temporary Employment to become a Stand-alone contract

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 150,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1108

G/L Code(s)*

592000

Current Fiscal Year Purchase Order Number*

CT141425

Contract Requestor*

Terence Freeman

Contract Owner*

Terence Freeman

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.*
1108	\$ 150,000.00	592000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
150,000.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Terence Freeman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behu

Approval Date *

7/25/2022

EXHIBIT F-5

August 2022

RENEWALS OVER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS								
	ADMINISTRATION								
1	Clinical Pathology Laboratories	No	Agency-Wide Clinical Laboratory Services	\$389,653.95	\$415,238.75	09/01/22- 08/31/23	GR	RFP	Annual renewal agreement for Agency-Wide Clinical Laboratories Services.
2	McKesson Corporation	No	Agency-Wide Medical Surgical Supplies	\$339,123.00	\$265,377.00	07/01/22- 06/30/23	GR	Tag-On through GPO Vizient	Annual renewal agreement for Agency-Wide Medical Surgical Supplies.
3	Master Pool-Nursing	No	Temporary Nursing Personnel Services (RNs)	\$100,000.00	\$100,000.00	09/01/22- 08/31/23	GR	Tag-On to Harris County Contract Job No. 09/0378	Annual renewal of temporary nursing personnel services for RNs.
4	Master Pool-Nursing	No	Temporary Nursing Personnel Services (LVNs and Medical Assistants)	\$129,600.00	\$130,000.00	09/01/22- 08/31/23	GR	Tag-On to Harris County Hospital District dba Harris Health Contracts.	Annual renewal of temporary nursing personnel service for LVNs and Medical Assistants.
5	Master Pool- HR Recruitment and Placement	No	Recruitment, Permanent Placement and Temporary Staffing Agency-Wide	\$178,800.00	\$324,800.00	09/01/22- 08/31/23	GR	N/A	Annual renewal for Human Resources Agency-Wide Recruitment, Permanent Placement and Temporary Staffing Services.
6	Saba Software, Inc.	No	Agency-Wide Learning Management System Software Services	\$135,277.56	\$142,014.71	09/01/22- 08/31/23	GR	Software Agreement	Annual renewal of agency-wide learning management system software services.
7	Master Pool Foreign and Sign Language Translation Services	No	Sign Language/Interpretation Services	\$534,891.00	\$636,691.00	08/31/22- 09/01/23	GR	Consumer Driven	Annual renewal of Sign Language/Interpretation Services. Five (5) vendors: Crabtree LOGO, Language Line Services, Nightingale Interpreting Services, Universe Technical Translation and Visual Language.
8	Datix (USA) Inc. dba RLDatix (PolicyStat) fka iContracts	No	PolicyStat Software, a document storage and management system	\$44,654.00	\$110,102.00	12/01/20- 11/30/23	GR	Tag-On# HC-GA-04684-04	Annual Funding Only.
9	Translation & Interpretation Network, LLC	No	Virtual Interpretation Platform Access	\$170,000.00	\$168,700.00	09/01/22- 08/31/23	GR	Tag-On	Annual renewal of Virtual Interpretation Platform Access.
10	Comcast	No	Internet and Data Circuit Service; Multiple Sales Order	\$198,312.00	\$200,000.00	09/01/22- 08/31/23	GR	Sole Source	Annual renewal of multiple internet and data circuit services.
11	Innovation Network Technologies (Deepwatch)	No	Deepwatch Platform	\$124,928.66	\$125,000.00	12/01/22- 12/01/23	GR	Tag-On to TIPS Contract #200105	Renewal of the Deepwatch Platform (24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications). Initial Term 36 months: 12/1/2021 - 12/1/2024.
12	Dahill Office Technology Corporation	No	Agency-wide Multi-functional Devices	\$190,800.00	\$190,800.00	09/01/22- 08/31/23	GR	RFP	Annual renewal of Agency-wide Multi-functional devices.
13	Webhead Technologies, Inc. dba Webhead	No	Design and Development of a new Harris Center Public Website	\$223,193.44	\$169,273.30	09/01/22- 08/31/23	GR	RFP	Renewal of the design and development of a new Harris Center Public Website

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
14	VC5 Partners dba Rekruters	No	Temporary IT Recruitment and Placement Services	\$1,015,000.00	\$100,000.00	09/01/22- 08/31/23	GR	N/A	Renewal of Temporary IT Recruitment and Placement Services.
15	Future Com	No	Checkpoint Infinity Protection Software	\$258,000.00	\$258,000.00	01/29/23- 01/29/24	GR	Tag-On	Final Renewal of Checkpoint Infinity Protection Software. Initial Term: Three (3) Years 01/29/21- 01/29/24
16	Critical Start	No	Access Management Software, Licensing, Implementation and Support Services (Okta IT products)	\$174,381.36	\$212,000.00	02/01/23- 01/31/24	GR	Tag-On	Renewal of Access Management Software, Licensing, Implementation and Support Services (Okta IT products) needed help ensure user and patient data is kept secure.
17	ProTouch Nurses, Inc.	No	Temporary Nursing Personnel Services (RNs)	\$100,000.00	\$150,000.00	09/01/22- 08/31/23	GR	Tag-On	Annual renewal of Temporary Nursing Personnel Services (RNs).
18	Master Pool Psychiatric Recruitment	No	Psychiatric Locum Tenens and/or ANP/PA Coverage	\$425,000.00	\$350,000.00	09/01/22- 08/31/23	GR	RFP	Renewal to extend the original contract for another year providing Psychiatric Locum Tenens and/or ANP/PA Coverage for Consumers at Mental Health Clinics, as needed. FY23: \$350,000.00 MH Services- \$225,000.00 Jail Forensic- \$125,000.00
19	Carco Group, Inc.	No	Personnel Background Investigation Services	\$115,000.00	\$125,000.00	09/01/22- 08/31/23	GR	RFP	Annual renewal of Personnel Background Investigation Services.
CPEP/CRISIS SERVICES									
20	Houston Recovery Center Master Pool	No	Detox Program	\$102,395.00	\$102,395.00	09/01/22- 08/31/23	State	Service Agreement, Grant Funds	Annual renewal for Licensed Chemical Dependency Counselor (LCDC) and Peer Specialist to work with The Harris Center's Detox Program to identify clients and assist with treatment and discharge planning.
21	Jail Diversion Substance Abuse Treatment	No	Residential Substance Abuse Treatment Services	\$62,726.00	\$138,240.00	09/01/22- 08/31/23	County	RFA	Annual Master Pool Renewal for Residential Substance Abuse Treatment Services.
22	Texas West Oaks Hospital, LP dba West Oaks Hospital	No	Inpatient Psychiatric Hospital Beds	\$1,743,152.40	\$1,488,935.00	09/01/22- 08/31/23	GR	RFP	Annual renewal of Inpatient Psychiatric Hospital Beds.
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0181

Contractor Name*

CLINICAL PATHOLOGY LABORATORIES, INC.

Service Provided* (?)

AGENCY WIDE CLINICAL LABORATORY SERVICES.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A.

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$389,653.95

Contract NTE* (?)

\$ 389,653.95

Rate(s)/Rate(s) Description

VARY.

Unit(s) Served*

1136, 9210, 9208, 9403, 6302

G/L Code(s)*

580000

Current Fiscal Year Purchase Order Number*

CT141495

Contract Requestor*

Linda Arceneaux

Contract Owner*

Deborah Sweat

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.*
1136	\$ 385,000.00	580000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,496.25	580000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,496.25	580000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,496.25	580000

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 10,000.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 15,750.00	580000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Fiscal Year* (?)	Amount* (?)
2023	\$ 415,238.75

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

415,238.75

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

- Yes No

Please Explain*

Anticipate ICC expansion to 5 days/week at SECSC & NECSC, per Yen Phan.

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

- Yes No

Are there any changes in the Performance Targets?*

- Yes No

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

- Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Approved by

Jodel Ostman

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval



Approved by

Kia Walker

Contracts Approval

Approve*

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

Approved by*

Shashya Belu

Approval Date*

7/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7137

Contractor Name*

McKesson Corporation

Service Provided* (?)

Agency Wide Medical Surgical Supplies. Tag-On through GPO Vizient.

Renewal Term Start Date*

7/1/2022

Renewal Term End Date*

6/30/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

339,123.00

Contract NTE* (?)

\$ 339,123.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

Vary.

G/L Code(s)*

547002

Current Fiscal Year Purchase Order Number*

CT141510

Contract Requestor*

Linda Arceneaux

Contract Owner*

Deborah Sweat

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.*
1108	\$ 10,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 8,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2211	\$ 6,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,200.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 15,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 12,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 20,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 10,000.00	547002
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 2,750.00	547002
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 4,000.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 25,000.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 982.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 1,695.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 200.00	547002
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 3,000.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 3,300.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 3,900.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4836	\$ 3,650.00	547002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 55,000.00	547002
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 2,200.00	547002
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 54,100.00	547002
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 8,400.00	547002
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 0.00	547002
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 2,461.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,177.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 6,206.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 856.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 3,500.00	547002

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 265,377.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
265377

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)



Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval



Approved by

Kia Walker

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7720

Contractor Name*

P-NURSING

Service Provided* (?)

MASTER POOLED CONTRACT. TAG-ON: HARRIS COUNTY (HCSO) CONTRACT JOB NO. 09/0378. TEMPORARY NURSING PERSONNEL SERVICES (RNs).

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A.

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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

\$100,000.00

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

VARY.

Unit(s) Served*

2379, 9206, 9209, 9403, 9810, 1108

G/L Code(s)*

540502

Current Fiscal Year Purchase Order Number*

CT141441

Contract Requestor*

Linda Arceneaux

Contract Owner*

Deborah Sweat

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.*
2379	\$ 100,000.00	540502

Budget Manager*

Campbell, Ricardo

Secondary Budget Manager*

Brown, Erica

Fiscal Year* (?)

2023

Amount* (?)

\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

100,000

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

Please Explain *

Timesheets must be submitted with the corresponding INVOICE NUMBER on the face of each timesheet.

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)



Approved by

[Signature]

Contract Owner Approval



Approved by

Kia Walker

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

7/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0149

Contractor Name*

P-NURSING (LVNs AND MAs)

Service Provided* (?)

MASTER POOLED CONTRACT, TAG-ON TO HARRIS COUNTY HOSPITAL DISTRICT (HCHD) DBA HARRIS HEALTH CONTRACT(S). TEMPORARY NURSING PERSONNEL SERVICES FOR LICENSED VOCATIONAL NURSES (LVNs) AND MEDICAL ASSISTANTS (MAs).

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A.

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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

\$129,600.00

Contract NTE* (?)

\$ 129,600.00

Rate(s)/Rate(s) Description

VARY.

Unit(s) Served*

2379, 2212, 2213, 2214, 2215

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141412

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

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.*
2379	\$ 130,000.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 130,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$130,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Kia Walker

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Kia Walker

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

7/14/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0224

Contractor Name*

Master Pool-HR Recruitment and Placement

Service Provided* (?)

Master Pool: Vendor will provide Recruitment, Permanent Placement and Temporary Staffing Agency Wide.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 178,800.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1101, 1130, 2200

G/L Code(s)*

592000

Current Fiscal Year Purchase Order Number*

CT141425

Contract Requestor*

Terence Freeman

Contract Owner*

Terence Freeman

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.*
1108	\$ 324,800.00	540500
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 324,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
324,800.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Terence Freeman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

7/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6993

Contractor Name*

Saba Software, Inc.

Service Provided* (?)

Learning Management System Software Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 135,277.56

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1975

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141542

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 142,014.71	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 142,014.71

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

1 yr Order Form For Harris Center for Mental Health and IDD Created July 12 2022.pdf	350.11KB
---	----------

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Shaskyia Betu

Approval Date*

7/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7212

Contractor Name*

P-Foreign and Sign Language Translation Services (Master Pool)

Service Provided* (?)

Foreign and Sign Language Translation Masterpool. Five (5) Vendors.

1. Crabtree GLOBO
2. Language Line Services
3. Nightingale Interpreting Services
4. Universe Technical Translation
5. Visual Language

Renewal Term Start Date*

8/31/2022

Renewal Term End Date*

9/1/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 534,891.00

Rate(s)/Rate(s) Description

Unit(s) Served*

Multiple

G/L Code(s)*

543018

Current Fiscal Year Purchase Order Number*

CT141515

Contract Requestor*

Egla MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

FY23 Interpretaton Allocations.xlsx

107.02KB

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.*
1102	\$ 500.00	543018

Budget Manager* Brown, Erica	Secondary Budget Manager* Campbell, Ricardo
--	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,250.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 22,000.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 11,600.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 42,000.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 2,300.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 7,000.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 310,350.00	543018
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2802	\$ 1,300.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 47,423.00	543018
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 134,243.00	543018
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 14,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 4,700.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4836	\$ 2,600.00	543018
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Shelby, Debbie	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 4,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 200.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 100.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 1,100.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 1,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6607	\$ 2,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6620	\$ 3,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 3,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7110	\$ 450.00	543018
Budget Manager*	Secondary Budget Manager*	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 900.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 400.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 5,275.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,000.00	543018
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 7,500.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 500.00	543018
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Fiscal Year* (?)	Amount* (?)
2023	\$ 636,691.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
636,691.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

Are there any required changes to the contract language?* (?)
 Yes No

Please Explain *

Rates are expected to increase as usual for all in-person, over the phone and video remote interpretation services. This is the last year on this contract.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Ricardo Campbell

Approved by

Shemina Williams-Wesley

Approved by

Kevin Ilejay

Approved by

Jodel Oshman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

D. Anthony Robinson

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/22/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7841

Contractor Name*

Datix (USA) Inc. dba RL Datix (PolicyStat) fka iContracts

Service Provided* (?)

PolicyStat Software, a document storage and management system.

Renewal Term Start Date*

12/1/2020

Renewal Term End Date*

11/30/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 44,654.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1102

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141347

Contract Requestor*

Egglia MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 65,448.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 44,654.00	553002

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 110,102.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Anthony Robinson

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Approved by

Erica Brown

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve *

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

Approved by *

Shasthya Behu

Approval Date *

7/22/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0192

Contractor Name*

Translation & Interpretation Network, LLC

Service Provided* (?)

Virtual Interpretation Platform Access.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 170,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

6201, 6205, 3350, 3360, 9206, 9208, 9210, 9810, 9403,
2200, 2379

G/L Code(s)*

543018

Current Fiscal Year Purchase Order Number*

CT141485

Contract Requestor*

Egglia MacKinney

Contract Owner*

Anthony Robinson

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

 Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 100.00	543018

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 200.00	543018

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 3,500.00	543018

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 9,999.00	543018

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 100.00	543018

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 100.00	543018

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 500.00	543018

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 500.00	543018

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 30.00	543018
Budget Manager*	Secondary Budget Manager*	
Ramirez, Priscilla	Oshman, Jodel	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 17,400.00	543018
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 136,271.00	543018
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 168,700.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner
Anthony Robinson

Budget Manager Approval(s) 

Approved by

Shenita Williams-Wesley

Approved by

Mamie Adams

Approved by

Jodel Oshman

Approved by

Debbie Chambers Stelby

Approved by

Ricardo Campbell

Approved by

Sign

Approved by

Sign

Contract Owner Approval



Approved by

D. Anthony Robinson

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

7/22/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7696, 6529, 7612, and 7486

Contractor Name*

Comcast

Service Provided* (?)

Contract ID 7696 - Data Circuit for EPIC EHR;
ID 6529 - Agency Wide Internet Service; Multiple Sales Orders
ID 7612 - New Data Circuits - Primary or Redundant Circuits at all Agency Clinics
ID 7486 - Network Connectivity for 911 Crisis Diversion Center

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 198,312.00

Rate(s)/Rate(s) Description

Multiple Sales Orders

Unit(s) Served*

1130

G/L Code(s)*

564004

Current Fiscal Year Purchase Order Number*

CT141499

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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. *
1130	\$ 200,000.00	564004
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2023	\$ 200,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behu

Approval Date *

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0234

Contractor Name*

Innovation Network Technologies (Deepwatch)

Service Provided* (?)

Deepwatch Platform (24/7 Security Monitoring, analysis, response and remediation of malicious activity for endpoints, servers, network devices and cloud applications). TIPS Contract #200105 Tag-on. Initial Term 36 months: 12/1/2021 - 12/1/2024.

Renewal Term Start Date*

12/1/2022

Renewal Term End Date*

12/1/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 124,928.66

Rate(s)/Rate(s) Description

Unit(s) Served*

1147 (Please list WBS if same Unit is used for FY23)

G/L Code(s)*

900022

Current Fiscal Year Purchase Order Number*

CT141642

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 20,000.00	553001

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 105,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 125,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

07-19-22 Harris Center Unitrends Quote #5252.pdf

155.73KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7130

Contractor Name*

Dahill Office Technology Corporation

Service Provided* (?)

Agency Wide Multi-functional Devices

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 190,800.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

552002

Current Fiscal Year Purchase Order Number*

CT141403

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 190,800.00	552002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 190,800.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Codiinnwala

Contracts Approval

Approve*

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

Approved by*

Shakeya Behn

Approval Date*

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2022-0360

Contractor Name*

Web-head Technologies, Inc. dba Webhead

Service Provided* (?)

For the Design and Development of a new Harris Center Public Website.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 223,193.44

Rate(s)/Rate(s) Description

Unit(s) Served*

1147 (Please list WBS if same Unit is used for FY23)

G/L Code(s)*

900060

Current Fiscal Year Purchase Order Number*

CT142073

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1147	\$ 169,273.30	900060
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 169,273.30

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s) 

Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behu

Approval Date*

7/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7356

Contractor Name*

VC5 Partners dba Rekruters

Service Provided* (?)

Temporary IT Recruitment and Placement Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 1,015,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130, 1147, 1158, 2200

G/L Code(s)*

900060, 542000

Current Fiscal Year Purchase Order Number*

CT141420

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 100,000.00	542000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

7/27/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID#*

2020-0019

Contractor Name*

Future Com (Checkpoint Infinity)

Service Provided* (?)

Checkpoint Infinity Protection Software. Initial Term: Three (3) Years; 1/29/2021 - 1/29/2024)

Renewal Term Start Date*

1/29/2023

Renewal Term End Date*

1/29/2024

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 258,000.00

Rate(s)/Rate(s) Description

\$258,000 annually - Three Year Term Only

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141294

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 258,000.00	553002
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 258,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shashyia Behn

Approval Date*

7/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

2020-0009

Contractor Name *

Critical Start (Okta Products)

Service Provided* (?)

Identity and Access Management Software, Licensing, Implementation and Support Services (Okta IT products) needed to help ensure user and patient data is kept secure.

Renewal Term Start Date *

2/1/2023

Renewal Term End Date *

1/31/2024

Term for Off-Cycle Only (For Reference Only)
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) *

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 174,381.36

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141738

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 212,000.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 212,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

7/27/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID#*

7733

Contractor Name*

ProTouch Nurses Inc.

Service Provided* (?)

Temporary Nursing Personnel Services (RNs)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 100,000.00

Rate(s)/Rate(s) Description

Vary

Unit(s) Served*

2379, 9206, 9209, 9403, 9810, 1108

G/L Code(s)*

540502

Current Fiscal Year Purchase Order Number*

CT141441

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

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.*
2379	\$ 110,000.00	540502

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 10,000.00	540502

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 10,000.00	540502

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 10,000.00	540502

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 10,000.00	540502

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 150,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$150,000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

Please Explain *

All TIMESHEETS/DOCUMENTATION submitted should have the corresponding INVOICE NUMBER on the paperwork, so it can be easily matched up.

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kia Walker

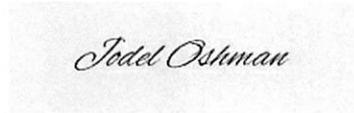
Budget Manager Approval(s)



Approved by



Approved by



Approved by



Contract Owner Approval



Approved by

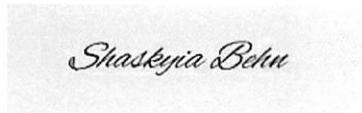


Contracts Approval

Approve *

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

Approved by *



Approval Date *

7/28/2022



Executive Contract Summary

Contract Section



Contractor*

P-Psychiatric Recruitment

Contract ID #*

6329

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health And IDD & Locum Tenans Contractors (Consilium Staffing LLC ; Jackson & Coker Holdings, LLC Jackson & Coker ; Locutenens Holdings, LLC dba LocumTenens.com, LLC ; MPLT Healthcare, LLC {FKA MedPartners Locum Tenens} ; Physician Resources, Inc)

This is a renewal for FY23 (09/01/22 to 08/31/23) so please include unit 6202 Jail Forensic:

- 2200 - MH Services = \$225,000
- 6202 - Jail Forensic = \$125,000

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)*

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 checked="" type="checkbox"/> Other <input type="text" value="Renewal"/> |

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 (?)

Current Contract Amount*

\$ 425,000.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 350,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 350,000.00

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 extend the contracts for one additional year since Locum Tenens assignments will be needed through 8/31/23.

This is a renewal for FY23 (09/01/22 to 08/31/23) so please include unit 6202 Jail Forensic:
2200 - MH Services = \$225,000
6202 - Jail Forensic = \$125,000

Contract Owner*

Terence Freeman

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

September 1, 2021 - August 31, 2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Master Pooled Contract

Address *

Street Address

Various

Address Line 2

Various

City

State / Province / Region

Various

Texas

Postal / Zip Code

Country

Various

USA

Phone Number *

Various

Email *

terrence.freeman@theharriscenter.org

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 225,000.00	540503

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6202	\$ 125,000.00	540503

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

Varies per locum agency

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, Jedonne

Submission Date

6/30/2022

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approval Date

7/6/2022

Approved by

Sheenia Williams-Wesley

Approval Date

7/13/2022

Contract Owner Approval



Approved by

Terence Freeman

Approval Date

7/19/2022

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

7/28/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7237

Contractor Name*

Carco Group, Inc.

Service Provided* (?)

Personnel Background Investigation Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 115,000.00

Rate(s)/Rate(s) Description

\$41.00 Bundle Price per Applicant.

Unit(s) Served*

1108

G/L Code(s)*

543025

Current Fiscal Year Purchase Order Number*

CT141943

Contract Requestor*

Terence Freeman

Contract Owner*

Terence Freeman

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.*
1108	\$ 125,000.00	543025
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 125,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Terence Freeman

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

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

Approved by *

Shasthya Behu

Approval Date *

8/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0242

Contractor Name*

Houston Recovery Center

Service Provided* (?)

Licensed Chemical Dependency Counselor (LCDC) and Peer Specialist to work with Agency's Detox Program to identify clients and assist with treatment and discharge planning.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 102,395.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

9267

G/L Code(s)*

543053

Current Fiscal Year Purchase Order Number*

CT141731

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 102,395.00	543053

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 102,395.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Contract Owner Approval 

Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shakeya Behn

Approval Date *

7/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7277

Contractor Name*

P-Master Pool Jail Diversion Substance Abuse Treatment

Service Provided* (?)

RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES FOR THE JAIL DIVERSION PROGRAM.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2033

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 62,726.00

Rate(s)/Rate(s) Description

RESIDENTIAL TREATMENT \$85.00 - \$108.00 PER DAY
BED RATE MEDICAL BILLING MUST BE PURSUED.
INPATIENT DETOXIFICATION \$241.00 PER DAY BED
RATE MEDICAL BILLING MUST BE PURSUED.
INTENSIVE OUTPATIENT TREATMENT (INDIVIDUAL)
\$58.00 PER HOUR A MAX. OF THREE IOP SESSIONS IN
A 24 HOUR PERIOD. INTENSIVE OUTPATIENT
TREATMENT (GROUP) \$18.00 PER HOUR A MAX. OF
THREE IOP SESSIONS IN A 24 HOUR PERIOD.

Unit(s) Served*

9405

G/L Code(s)*

543043

Current Fiscal Year Purchase Order Number*

CT141488

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9405	\$ 138,240.00	543043

Budget Manager *	Secondary Budget Manager *
Ramirez, Priscilla	Oshman, Jodel

Fiscal Year * (?)	Amount * (?)
2023	\$ 138,240.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
138240.00

Contract Funding Source *
County

Contract Content Changes 

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner * (?)

Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

5/31/2022

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

2022

Contract ID#*

7563

Contractor Name*

Texas West Oaks Hospital, LP dba West Oaks Hospital

Service Provided* (?)

Community Inpatient Psychiatric Hospital Beds

Term for Off-Cycle Only*

N/A

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

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

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

- Yes
- No
- Unknown

Please provide an explanation

N/A

Contract NTE* (?)

\$1,743,152.40

Rate(s)/Rate(s) Description

\$625.00

Unit(s) Served*

9223

G/L Code(s)*

543044

Current Fiscal Year Purchase Order Number*

CT141256

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 1,488,935.00	543044

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,488,935.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

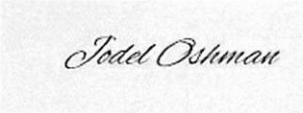
Contract Owner 

Contract Owner* (?)

Kim Kornmayer

Budget Manager Approval(s) 

Approved by

Contract Owner Approval 

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shaskya Behn

Approval Date*

5/10/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6650

Contractor Name*

P-Master Pool for Family Supports, Paraprofessional Support, Respite Support and Supported Employment

Service Provided* (?)

Family Supports, Paraprofessional Support, Respite Support and Supported Employment services for the MH YES Waiver program.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)**Contract NTE* (?)**

\$ 100,000.00

Rate(s)/Rate(s) Description

see attached exhibits

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT141452

Contract Requestor*

Tiffanie Williams-Brooks

Contract Owner*

Tiffanie Williams-Brooks

File Upload (?)

Exhibit C6 - Billing. Non-Medical Transportation (YES Waiver Appendix E).pdf	129.48KB
Exhibit C7 - Billing. Respite Out-of-Home Camp (YES Waiver Appendix E).pdf	137.68KB
Family Supports B3.pdf	548.9KB
Family Supports B3.pdf	548.9KB

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.*
4913	\$ 100,000.00	543064

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 100,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Tiffanie Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behu

Approval Date*

7/7/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID#*

6515

Contractor Name*

P-Yes Waiver Specialized Therapies

Service Provided* (?)

Specialized Therapies for the Yes Waiver Pro-gram: Animal Therapy; Art Therapy; Music Therapy; Nutritional Therapy & Recreational Therapy.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT141455

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

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.*
4913	\$ 350,000.00	543064

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 350,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behm

Approval Date *

7/7/2022

Current Fiscal Year Contract Information 

Current Fiscal Year

2022

Contract ID# *

6648

Contractor Name *

P-CLS Paraprofessional

Service Provided* (?)

Community Living Supports & Paraprofessional Support Services (YES Waiver Program).

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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) *

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

N/A.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT141489

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

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.*
4913	\$ 350,000.00	543064
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 350,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Tiffanie Williams-Brooks

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

7/7/2022

EXHIBIT F-6

August 2022

AMENDMENTS OVER 100k

Contract Section **Contractor***

Universal Protection Service, LP DBA/Allied Universal Security Services

Contract ID #*

7798

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/19/2022

Parties* (?)

Universal Protection Service, LP DBA/Allied Universal Security Services 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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 814,390.28

Increase Not to Exceed*

\$ 106,100.27

Revised Total Not to Exceed (NTE)*

\$ 920,490.55

Fiscal Year* (?)
2022

Amount* (?)
\$ 920,490.55

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 checked="" type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

Adding Unit 9502 to help pay for security services at 1869 - 6160 S. Loop. who has a balance of \$2,257.46. Also there are 5 other units who need additional funding to pay the rest of FY 2022 (15 weeks).

Contract Owner*
Anthony Robinson

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

Please add previous contract dates and what services were provided*
Security Services began last year

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)
FY 2022 Allied Security Services 2nd Amendment 6-24-2022.xlsx 12.68KB

Vendor/Contractor Contact Person

Name*
Don Massey

Address*
Street Address
1776 Woodstead Court
Address Line 2
224
City
The Woodlands
Postal / Zip Code
77380

State / Province / Region
TX
Country
USA

Phone Number*

281-757-8623

Email*

don.massey@aus.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1814	\$ 3,376.99	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 10,141.60	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1820	\$ 29,265.52	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 7,307.53	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 5,538.09	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 50,470.54	583000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Provide Rate and Rate Descriptions if applicable* (?)

Current Rate for FY22 \$16.90 p/h no holiday or over-time pay allowed

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Mackinney, Egla

Submission Date

6/24/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

6/24/2022

Approved by

ER

Approval Date

6/24/2022

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

D. Anthony Robinson

Approval Date

7/5/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

7/11/2022



Executive Contract Summary

Contract Section ^

Contractor*

Diamond Pharmacy Services

Contract ID #*

7247

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Diamond Pharmacy Services and The Harris Center for MH and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/1/2022

Contract Term End Date* (?)

9/30/2022

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

not on agency fiscal; on county fiscal

Current Contract Amount*

\$ 244,000.00

Increase Not to Exceed*

\$ 80,300.00

Revised Total Not to Exceed (NTE)*

\$ 324,300.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 70,400.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 9,900.00

Funding Source*

County

Contract Description / Type* (?)

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

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

A pharmacy solution to better align and support the treatment delivery model at DDRP (residential vs. outpatient clinic) while concurrently providing opportunities for medical cost savings.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2/1/21 - 1/31/22 Pharmacy services

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***

Courtney Adams, Exe Asst to COO, Diamond Pharmacy

Address *

Street Address
 645 Kolter Drive
 Address Line 2
 City
 Indiana
 Postal / Zip Code
 15701

State / Province / Region
 PA
 Country
 United States

Phone Number *

180088263371036

Email *

cadams@diamondpharmacy.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6401	\$ 22,000.00	547001

Budget Manager Williams-Wesley, Sheenia	Secondary Budget Manager Jiles, Monalisa
---	--

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6303	\$ 58,300.00	547001

Budget Manager Williams-Wesley, Sheenia	Secondary Budget Manager 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 7/22/2022
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

7/22/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Monalisa Jiles

Approval Date

7/22/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

7/22/2022

Executive Contract Summary

*Fy '22
Amendment*

Note: Please use Google Chrome as the preferred browser

Contract Section

Contractor*

P-NURSING (LVNs and MAs)

Contract ID #*

2021-0149

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022



Parties* (?)

The Harris Center and Harris Health Contracts 415, 425, and 446.

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) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

9/1/2021 

Contract Term End Date * (?)

8/31/2022 

If contract is off-cycle, specify the contract term

NA

Current Contract Amount *

\$ 129,600.00

Increase Not to Exceed *

\$ 50,000.00

Revised Total Not to Exceed (NTE) *

\$ 179,600.00

Fiscal Year * (?)

2022

Amount * (?)

\$ 179,600.00

Add another year

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* (?)

Urgent need for additional temporary nursing personnel services for LVNs and MAs

Contract Owner*

Kia Walker

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 (?)

Contact information for P-Nursing Vendors.docx (/Forms/handlers/d... 42.71KB



Vendor/Contractor Contact Person

Name*

Francisco Del Aguila

Address *

Street Address

Harris Health

Address Line 2

1504 Taub Loop

City

Houston

State / Province / Region

TX

Postal / Zip Code

77030

Country

United States

Phone Number *

346-426-1375

Email *

francisco.delaguila@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2379	\$ 50,000.00	542000

Budget Manager *

Campbell, Ricardo

Secondary Budget Manager *

Brown, Erica

Add Another Unit

Provide Rate and Rate Descriptions if applicable * (?)

Various Rates

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Ricardo Campbell
7/22/22

Submission Date *

Date will be captured on form submission

Submit

Save as Draft

Kia Walker
Kia Walker, CFO

Ricardo Campbell Digitally signed by Ricardo Campbell
Date: 2022.07.22 11:59:23 -05'00'

Ricardo Campbell, Budget Mgr

Contract Section **Contractor***

Webhead

Contract ID #*

2022-0360

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Webhead and the Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

8/31/2023

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

N/A

Current Contract Amount*

\$ 223,192.44

Increase Not to Exceed*

\$ 7,800.00

Revised Total Not to Exceed (NTE)*

\$ 230,992.44

Phone Number*

(210) 354-1661

Email*

marilicpimentel@webheadtech.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 7,800.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

120 hours x \$65.00 per hour = \$7,800.00

Project WBS (Work Breakdown Structure)* (?)

IT22.1147.01 - New Harris Center External Website and Digital Platform Design

Requester Name

Jones, Anthony

Submission Date

7/19/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

7/25/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Belu

Approval Date*

7/26/2022

Contract Section **Contractor***

Elitepersonnel

Contract ID #*

4085/5195

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health and IDD & Elitepersonnel

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 200,000.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 250,000.00

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

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

To increase the not to exceed amount due to \$50,0000 for temporary personnel services for the agency and to provide coverage for open positions, special projects, vacation replacement, and long-term leaves.

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***

Elitepersonnel

Address*

Street Address

3 Bethesda Metro Center suite 510

Address Line 2

City

Bethesda

Postal / Zip Code

20814

State / Province / Region

MD

Country

US

Phone Number*

301-951-3333

Email*

terence.freeman@theharriscenter.org

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 50,000.00	540500
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

7/28/2022

Budget Manager Approval(s)



Approved by

Approval Date

7/29/2022

Procurement Approval



File Upload (?)

Approved by

Approval Date

Contract Owner Approval



Approved by

Approval Date

8/1/2022

Contracts Approval

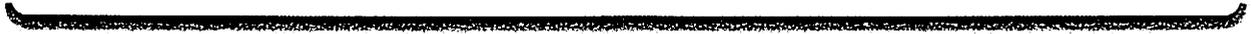
Approve*

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

Approved by*

Approval Date*

8/1/2022





Executive Contract Summary

Contract Section ^

Contractor*

P-Psychiatrics Recruitment

Contract ID #*

6329

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health And IDD & P-Psychiatrics Locum Tenens and/or ANP/PA Coverage for consumers at Mental Health clinics as needed.

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 425,000.00

Increase Not to Exceed*

\$ 125,000.00

Revised Total Not to Exceed (NTE)*

\$ 550,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 550,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To increase the current NTE of P-Psychiatric Recruitment locum services

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*

P-Psychiatrics Recruitment

Address*

Street Address

Various

Address Line 2

City

Various

Postal / Zip Code

Various

State / Province / Region

Various

Country

United States

Phone Number*

Various

Email *

terence.freeman@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 125,000.00	540503
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable * (?)

Various per locum agency

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

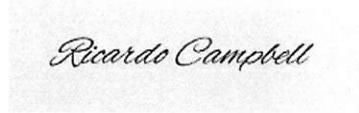
Williams, JeDonne

Submission Date

8/1/2022

Budget Manager Approval(s)

Approved by



Approval Date

8/2/2022

Procurement Approval

File Upload (?)

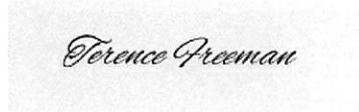
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

8/2/2022

Contracts Approval

Approve *

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

Approved by*

Shasthya Bahu

Approval Date*

8/2/2022



Executive Contract Summary

Contract Section


Contractor*

Texas West Oaks Hospital

Contract ID #*

7563

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Texas West Oaks Hospital and The Harris Center for Mental Health and IDD

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) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 1,743,153.00

Increase Not to Exceed*

\$ 675,000.00

Revised Total Not to Exceed (NTE)*

\$ 2,418,153.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 2,418,153.00

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* (?)

Per budget manager, increase is part of the GR allocation.

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

Mandy Westerman

Address*

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074-5008

Country

US

Phone Number*

713-778-5210

Email*

Mandy.Westerman@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 675,000.00	543044

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	7/8/2022

Budget Manager Approval(s) 

Approved by

Jodel Oshman

Approval Date

7/11/2022

Contract Owner Approval 

Approved by

KIM KORNMEYER

Approval Date

7/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Betu

Approval Date*

7/12/2022



Executive Contract Summary

Contract Section

Contractor*

Texas West Oaks Hospital

Contract ID #*

7563

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Texas West Oaks Hospital and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Current Contract Amount*

\$ 1,488,935.00

Increase Not to Exceed*

\$ 675,000.00

Revised Total Not to Exceed (NTE)*

\$ 2,163,935.00

Fiscal Year* (?) 2023 **Amount*** (?) \$ 2,163,935.00

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* (?)

Per budget manager, increase is part of the GR allocation

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

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Mandy Westerman

Address*

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074-5008

Country

United States

Phone Number*

7137785210

Email *

Mandy.Westerman@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 675,000.00	543044
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	7/11/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

7/11/2022

Contract Owner Approval

Approved by

KIM KORNMAYER

Approval Date

7/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskya Behn

Approval Date*

7/13/2022

EXHIBIT F-7

August 2022

INTERLOCAL AGREEMENTS



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0460

Contractor Name*

Harris County Housing Authority

Service Provided* (?)

Partners seek to end chronic homelessness in Harris County by combining housing services w/ case management funded through The Ed Emmett Mental Health Diversion Program. Harris County will provide housing vouchers to consumers. (Final renewal option. Requires new MOU.)

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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 checked="" type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other Final Renewal; New Agreement |

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 0.00	0

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

7/12/2022



Executive Contract Summary

Contract Section

Contractor *

Tri-County Behavioral Healthcare

Contract ID # *

2022-0461

Presented To *

- Resource Committee
 Full Board

Date Presented *

8/16/2022

Parties * (?)

The Harris Center for Mental Health and IDD Services and Tri-County Behavioral Healthcare

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) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

7/11/2022

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

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

The purpose of the agreement is to establish a Care Coordination Agreement which further defines expectations for the desire to establish communication protocols and collaborative treatment planning.

Contract Owner*

Lance Britt

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*

Stephanie Shehadeh

Address*

Street Address

233 Sgt Ed Holcomb Blvd S

Address Line 2

City

Conroe

Postal / Zip Code

77304

State / Province / Region

TX

Country

US

Phone Number*

936-521-6144

Email*

stephanies@tcbhc.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	000000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

\$0.00

Requester Name

Britt, Lance

Submission Date

7/11/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

7/11/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

7/11/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

7/12/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5778

Contractor Name*

Harris County Hospital District dba Harris Health System

Service Provided* (?)

Security Services for NPC

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$313,135.84

Contract NTE* (?)

\$ 313,135.84

Rate(s)/Rate(s) Description

9209 = \$37,576.00 9211 = \$25,051.00 9206 = \$250,508.84

Unit(s) Served*

9206, 9209,9211

G/L Code(s)*

583001

Current Fiscal Year Purchase Order Number*

CT141418

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 254,130.29	583001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 41,818.91	583001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 25,734.71	583001

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 321,683.91

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
2023

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

6917

Contractor Name*

Harris County Hospital District dba Harris Health System

Service Provided* (?)

Janitorial Housekeeping Services for NPC

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$290,026.36

Contract NTE* (?)

\$ 290,026.36

Rate(s)/Rate(s) Description

\$24,169.85 per 11 months, \$24,168.01 per 1 month

Unit(s) Served*

9209-\$34,803; 9206-\$34,803.00; 9211-\$23,202.00

G/L Code(s)*

569002

Current Fiscal Year Purchase Order Number*

CT141427

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 255,278.81	569002

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 42,007.91	569002

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 25,851.02	569002

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 323,137.74

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2023

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Shastjia Behm

Approval Date*

7/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6212

Contractor Name*

Harris County Hospital District dba Harris Health System

Service Provided* (?)

Nutrition & Food services for NPC

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$345,025.70

Contract NTE* (?)

\$ 360,025.70

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

9209-\$78,756.00; 9206-\$266,269.70

G/L Code(s)*

543013

Current Fiscal Year Purchase Order Number*

CT141428

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 278,171.80	543013

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 69,542.95	543013

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 347,714.75

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Jodel Osman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Shaskya Behu

Approval Date *

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

5593

Contractor Name*

Harris County Hospital District dba Harris Health System

Service Provided* (?)

Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$284,557.83

Contract NTE* (?)

\$ 284,557.83

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

9206-\$227,654.83; 9209-\$34,147.00; 9211-\$22,765.00

G/L Code(s)*

543040

Current Fiscal Year Purchase Order Number*

CT141365

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 370,443.19	543040

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 60,959.00	543040

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 37,513.23	543040

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 468,915.42

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

7/19/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6139

Contractor Name*

Harris County Community Supervision and Corrections Department (CSCD)

Service Provided* (?)

Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 4,370,948.00

Rate(s)/Rate(s) Description

Varies, includes Medication Costs

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 5,153,107.00	na

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Jiles, Monalisa

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,153,107.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)



Approved by

Sheenia Williams-Wesley

Contract Owner Approval



Approved by

Menalisa Tiles

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

7/22/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0280

Contractor Name*

University of Houston School of Social Work (MH-RITES)

Service Provided* (?)

External program evaluation of the ARPA program as required by Harris County.
Annual funding.

Renewal Term Start Date*

2/1/2022

Renewal Term End Date*

9/30/2024

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 233,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

7008

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142033

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.*
7008	\$ 209,075.00	542

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 209,075.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ilejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behm

Approval Date *

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7737

Contractor Name*

Region 4 Education Service Center (ESC)

Service Provided* (?)

Interlocal Agreement to provide office for non-physician mental health professional (NMHP) employed by The Harris Center and dedicated liaison located at ESC Region 4, in alignment with HB19.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 7,284.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

7003

G/L Code(s)*

425086

Current Fiscal Year Purchase Order Number*

CT140627

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.*
7003	\$ 7,284.00	425086

Budget Manager*

Ilejay, Kevin

Secondary Budget Manager*

Campbell, Ricardo

Fiscal Year* (?)

2023

Amount* (?)

\$ 7,284.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ilejay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shasheja Behm

Approval Date*

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

7085

Contractor Name *

City of El Lago

Service Provided* (?)

Space Rental for the Coffee House Autism program to meet one day a week.

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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) *

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$9,600.00

Contract NTE* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

\$800.00 per month

Unit(s) Served *

3636

G/L Code(s) *

126000

Current Fiscal Year Purchase Order Number *

CT141285

Contract Requestor *

Margo Childs

Contract Owner *

Lance Britt

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.*
3636	\$ 800.00 per month	126000
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Janice Baines

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

6/9/2022



Executive Contract Summary

Contract Section



Contractor*

Channelview ISD

Contract ID #*

2022-0454

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

Channelview ISD & the Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

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* (?)

Services provided will include Intake assessments, skills training, case management, and CBT.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2022

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

Yes No Unknown

Please provide an explanation*

This is a school district

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Nicole Singleton

Address*

Street Address

828 Sheldon Road

Address Line 2

City

Channelview

Postal / Zip Code

77530

State / Province / Region

TX

Country

US

Phone Number*

281-452-8006, extension 1351

Email*

Nicole.Singleton@cvisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)

0

Project WBS (Work Breakdown Structure)* (?)

0

Requester Name	Submission Date
Williams-Brooks, Tiffanie	6/8/2022

Budget Manager Approval(s) 

Approved by

Debbie Chambers Shelby

Approval Date

6/8/2022

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Tiffanie Williams-Brooks

Approval Date

7/6/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/7/2022

EXHIBIT F-8

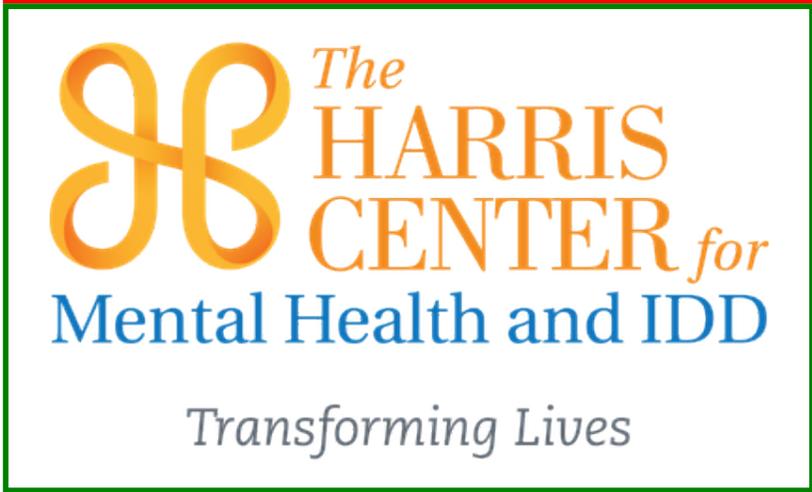
Current Status: Pending

PolicyStat ID: 11685535



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

Bylaws Of The Professional Review Committee Of The Harris Center For Mental Health and IDD



~~BYLAWS OF THE~~~~PROFESSIONAL~~~~REVIEW~~~~COMMITTEE OF~~~~The Harris Center for Mental Health and IDD~~~~BYLAWS OF THE~~~~PROFESSIONAL REVIEW COMMITTEE~~~~Article One~~**Bylaws of the Professional Review Committee
of The Harris Center for Mental Health and IDD****Article One****Creation and Purpose of the Professional Review Committee.**

1.1 ~~The Harris Center for Mental Health and IDD~~ The Harris Center for Mental Health and IDD, is a Community Center, an agency of the state, a governmental unit and a health care facility that provides medical or health-care services and follows a formal peer review process for the purpose of furthering quality medical and/or health-care.

1.2 ~~The Professional Review~~ The Professional Review Committee, or PRC, is created as a permanent Committee of The Harris Center for Mental Health and IDD, or PRC, a health care entity which provides health care services within its geographical region. The Committee is created as a permanent Committee formed in order to institute and implement a formal peer review process to further quality medical care or health care to the patients and clients of The Harris Center for Mental Health and IDD, a health care entity which provides health care services within its geographical region. The Committee is formed in order to institute and implement a formal peer review process to further quality medical care or health care to the patients and clients of The Harris Center for Mental Health and IDD Center pursuant to the provisions of Texas Occupations Code §151.001 et. seq., §160.001 et. seq., and the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et. seq.. It is the responsibility of the Professional Review Committee of The Harris Center for Mental Health and IDD Center to perform professional review actions involving the evaluation of medical and health care services, including evaluation of qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners. The term "professional review action" includes, but is not limited to, evaluation of the following:

1. Merits of a complaint relating to health care practitioner and a determination or recommendation regarding a complaint;
2. Accuracy of a diagnosis;
3. Quality of the care provided by health care practitioners;

4. Report made to a Professional Review Committee and its subcommittees and ad hoc committees concerning activities under the Committee's review authority;
5. Report made by a Professional Review Committee, any of its subcommittees or ad hoc committees or to the Board of Trustees as permitted or required by law; and
6. Implementation of the duties of a Professional Review Committee and the PRC subcommittees and ad hoc committees by a member, agent, or employee of the Committee.

1.3 Nature of the Committee.

The Professional Review Committee is established to serve as a "professional review body" as that term is defined in the Texas Medical Practices Act. The Nursing Peer Review Committee as defined in Texas Occupations Code is a sub-Committee of the Professional Review Committee; The Closed Records Review Committee as defined in Title 25 Texas Administrative Code Ch. 405, Subchapter K, is a sub-Committee of the Professional Review Committee. The Pharmacy Peer Review Committee as defined §§564.001-564.006; 564.101-564.106 is a subcommittee of the Professional Review Committee. The Pharmacy & Therapeutics and the Medical Peer Review Committees are "medical peer review committees" as defined by the Texas Occupations Code **§151.002(a)(8)** and are subcommittees of the Professional Review Committee. As a Committee of The Harris Center for Mental Health and IDD Center, a health care entity, all references to the Professional Review Committee include within its scope the governing Board of Trustees of The Harris Center for Mental Health and IDD Center and the medical staff of The Harris Center for Mental Health and IDD Center. The term "Professional Review Committee" also includes an employee or agent of the Committee or of The Harris Center for Mental Health and IDD, including an assistant, investigator, intervener, attorney and any other person or organization that serves the Committee.

~~Article Two~~

Article Two

Meetings

2.1 Time and Place. The PRC shall hold at least quarterly meetings throughout the calendar year. The meetings of the Committee shall take place at The Harris Center for Mental Health and IDD Administration Building located at 9401 Southwest Freeway, Houston, Texas, or such other place as may be designated in writing from time to time by the PRC chair or designee of The Harris Center for Mental Health and IDD.

2.2 Quorum. Fifty percent (50%) of members plus one (1) of the Professional Review Committee shall constitute a quorum for the transaction of business. The quorum requirement for Urgent Case Reviews is waived and the staff identified in Article 4, Section 4.03 are required to attend.

2.3 Action without Meeting. Action may be taken without a meeting if each member of the Committee entitled to participate signs a written consent to the action and such written consents are filed with the Chair of the Professional Review Committee.

2.4 Conference Call Meetings. Meetings of the Committee may also take place by conference call or video conference with attempted notice to all members, and with the conference call or video conference to include all available members of the Committee.

Article Three

Composition or the Committee

3.01 Powers. The Committee shall act only as a body, and no individual member of the Committee shall have any power to bind the Committee, absent written resolution of consent of more than a quorum of the Committee granting such authority.

3.02 Qualification of Members. Members of the Committee shall hold office as members of the Committee until their respective successors are named, or until the death, resignation as an employee or agent of The Harris Center for Mental Health and IDD or as a member of the Committee, or removal of any Committee member.

3.03 Membership. The Professional Review Committee of The Harris Center shall be comprised of the following permanent members: The Chief Medical Officer who will serve as the chair, the Chief Nursing Officer, Chief Operating Officer, Legal Counsel, Chief Administrative Officer, the Division Vice Presidents of Medical Services, VP of Clinical Transformation and Quality, Director of Pharmacy, and the Chief Executive Officer. In addition, the appropriate Program Director, and any other staff members having relevant information and expertise may participate, but may not vote, in Committee meetings. The Medical Services Administrator will provide administrative support and coordinating functions but will not be a voting member of the Committee.

3.04 Vacancies. Vacancies on the Committee may be filled by the Chief Executive Officer or Chief Medical Officer or designee of The Harris Center for Mental Health and IDD.

3.05 Removal of Members. Any member of the Committee may be removed from the Committee with or without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

3.06 Custodian of Records. The custodian of the records and documents of the Committee shall be the Chief Medical Officer, Chair of the PRC, who shall be responsible for secure and confidential safekeeping of all patient records and privilege and confidential records of the Committee.

Article Four

Peer Review Authority of the Professional Review Committee

4.01 The Professional Review Committee (PRC), acting under the written Bylaws approved by the Board of Trustees of The Harris Center for Mental Health and IDD is authorized and directed to evaluate the quality of medical and health care Services and/or the competence of physicians and other health care providers including the evaluation of the performance of those functions specified by §85.204 of the Health and Safety Code. Likewise, the proceedings, actions, records and decisions of the Professional Review Committee are covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq..

4.02 Duties of the Committee. The primary duties of the PRC is to implement a formal peer review process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against the healthcare providers;

- To prepare reports, evaluating such incidents, claims, or lawsuits;
- To assist The Harris Center's Legal Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a health care practitioner and/or The Harris Center; and to recommend disposition of a claim or lawsuit including settlement or defense of a lawsuit;
- To identify broader risk management, quality care and patient safety issues within The Harris Center departments or divisions that may result in claims, or incidents that may involve potential claims, and to serve as liaison with the designated Director of Risk Management, Vice President of Clinical Transformation & Quality and Safety Officers within their respective departments or divisions to initiate corrective action, if necessary;
- ~~To~~ appoint subcommittees as necessary to carry out the duties of the Committee, and to review subcommittee investigations, peer review activities and final actions;
- To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against The Harris Center and its health care practitioners;
- To discuss policy issues arising from incidents, claims, or lawsuits; and/or
- To communicate with the Vice President of Enterprise Risk Management and Compliance, Vice President of Clinical Transformation & Quality and Division heads of clinical departments of The Harris Center as needed to inform them of policies or practices within their departments related to incidents, claims, or lawsuits concerning professional liability.

~~4.03~~ **4.03 Urgent Case Review**

Urgent Case Review Definition: Cases that have urgency due to the reporting nature of the event

- Potential patient rights violation (~~Suspected~~ suspected patient abuse or neglect)
- Elopement
- Cases requiring urgent review due to legal/risk implications
- Significant concern about patient or staff safety warranting rapid review

~~Timeline:~~ Time line: The Professional Review Committee shall review urgent cases within 5 business days from receiving notice of the incident to the Chief Medical Officer. Whenever possible, the Professional Review Committee will attempt to conduct the urgent case review within 24 hours of notification.

~~Required Attendees:~~

Required Attendees:

- ~~Required:~~ CMO, CNO, ~~VP of Risk Management,~~ Clinical Leaders
- ~~Ad hoc:~~ Applicable team leaders, Legal Counsel (depending on nature of case being review), VP of Enterprise Risk Management

Recommendations and Action Steps: The Professional Review Committee shall consider the following recommendations or actions steps

- Identify improvement opportunities for follow-up & associated owner
- Identify need for referral to Patient Safety, Peer Review (medical, nursing, or pharmacy), or Case Closure
- Communicate meeting minutes and action steps to appropriate parties within 2 business days of completion of urgent case review (anyone not involved in urgent case review that need to know about urgent case review's outcomes)

~~4.04 Sentinel Events Process~~

~~A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the~~

~~risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s).~~

Procedures:

~~A. Within 1 working day of knowledge of incident:~~

4.4 Sentinel Events Process

: Sentinel Events Process

A. Within 1 working day of knowledge of incident:

: A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s)

: Procedures:

1. Area Director or designee(s) contacts the appropriate person to notify of the incident.
2. The appropriate person completes incident report and other forms as needed and notifies the Chief Medical Officer or designee(s).
3. The Chief Medical Officer determines if the incident, as identified in the report, is considered to be a Sentinel Event.
4. Once the incident is determined to be a Sentinel Event, Chief Medical Officer designates an investigating officer to gather information surrounding Sentinel Event.
5. The Investigating Officer presents the findings at Sentinel Event Review, which is conducted by the Professional Review Committee.

B.Sentinel Event Review

~~1. The Sentinel Review Committee is formed, facilitated by the Chief Medical Officer or designee(s). Examples of Committee members may include: Investigating Officer, Attending Physician, Other Quality Management personnel, Physician external to Center, and other professionals deemed appropriate.~~

: The Sentinel Review Committee is formed, facilitated by the Chief Medical Officer or designee(s). Examples of Committee members may include: Investigating Officer, Attending Physician, Other Quality Management personnel, Physician external to Center, and other professionals deemed appropriate.

6. B.Sentinel Event Review:

~~2.The Investigating Officer presents the review findings as required.~~

~~3.The Committee identifies the areas of risk for the Center, determines if an action plan is necessary, and assigns responsibility for the implementation of the action plan, if needed.~~

~~4.If the Sentinel Event reports the death of a client, the Center adheres to TAC chapter 405, Subchapter K, by completing and faxing the "Report of the Death of a Person Served," as directed by the Professional Review Committee.~~

~~5. The person responsible for implementation of the Action Plan reviews and reports the status of the implementation of the Action Plan to the Professional Review Committee.~~

- The Investigating Officer presents the review findings as required.
- The Committee identifies the areas of risk for the Center, determines if an action plan is necessary, and assigns responsibility for the implementation of the action plan, if needed.
- If the Sentinel Event reports the death of a client, the Center adheres to TAC chapter 405, Subchapter K, by completing and faxing the "Report of the Death of a Person Served," as directed by the Professional Review Committee.
- The person responsible for implementation of the Action Plan reviews and reports the status of the implementation of the Action Plan to the Professional Review Committee.

Article Five

Sub-Committees and Standing Agenda Items of Professional Review Committee

5.01 The Professional Review Committee has the following standing Sub-Committees:

- a. Medical Peer Review Committee
- b. Nursing Peer Review Committee
- c. Closed Records Review Committee
- d. Pharmacy and Therapeutics Committee
- e. Patient Safety Review Committee
- f. Pharmacy Peer Review Committee

5.02 Appointments may be made, from time to time, as determined by the Chair of the Professional Review Committee for Ad Hoc Sub-Committees. Each Sub-Committee shall operate in accordance with The Harris Center for Mental Health and IDD policies and procedures and applicable state and federal laws and regulations.

~~5.0203~~ A standing agenda item of every Professional Review Committee meeting is the explanation and signed acknowledgment of confidentiality and privilege of the Committee, in the form of the advisory statement from The Harris Center for Mental Health and IDD Legal counsel as to privilege nature of the Committee.

~~Article Six~~

Article Six

Confidentiality of Records

6.01 Confidential and Privileged Communications

~~6.01 Confidential and Privileged Communications~~—All proceedings and records of the Committee, and all written or oral communications made to the Committee, shall be confidential and privileged records, exempt from disclosure under the Open Records Act, or in response to a subpoena, or other legal process. The PRC shall direct the assembly and preparation of information, records and documents to assist in the discharge of its responsibilities to preserve the privilege of the PRC proceedings. Waiver of any privilege may only be established if it is executed in writing by the Chair of the PRC. Confidential and privileged information, oral or

written communications, records, or proceedings includes, but is not limited to:

- A. Minutes of all Committee and sub-Committee meetings;
- B. Correspondence and memoranda between Committee members, staff, consultants, employees, agents, and servants of the Committee, the Center, its subsidiaries, or its contract providers;
- C. All other documents, records, communications, or memoranda involved in the deliberative process of the Committee;
- D. Any preliminary or final Committee report(s), product(s), or recommendation(s); and
- E. Written or oral communications received from another Professional Review Committee or professional review sub-Committee.

6.02 Protection from Disclosure.

~~6.02 Protection from Disclosure.~~ All records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, in conjunction with its responsibility for conducting of an investigation and the making of specific recommendations for the improvement of patient services and the maintenance of the highest standards of patient care, shall be strictly privileged and confidential and protected from disclosure to the maximum extent provided by both federal and state law. All reports, documents, and minutes of the PRC, PRC subcommittees and PRC ad hoc committees shall be clearly identified as confidential information prepared at the request of the PRC. No members of the Committee, or its Sub-Committees, shall be at liberty to disclose or discuss the content of any record or investigation which comes before the Committee. Violation of such shall be grounds for adverse employment action. It shall be the responsibility of The Harris Center for Mental Health and IDD legal counsel to advise Committee members of the privileged and confidential nature of the records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, at the commencement of each Committee meeting.

~~Article Seven~~

Article Seven

0.01 Amendment of Bylaws.

~~7.01 Amendment of Bylaws.~~ Amendments to these By-laws may be proposed by any member of the PRC. Amendments to these bylaws requires the approval of the Board of Trustees of The Harris Center for Mental Health and IDD.

The Board of Trustees of The Harris Center for Mental Health and IDD on the April 25, 2018.

The AMENDED bylaws are hereby ADOPTED by the Board of Trustees of the Harris Center for Mental Health and IDD on this ____th day of _____ 2022.

The Harris Center for Mental Health and IDD

Board of Trustees

Shaukat Zakaria, Chairman

George Santos, Chair of Quality Board Committee

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	06/2022
Initial Assignment	Shannon Fleming: Counsel	06/2022
Initial Assignment	Maria Richardson: Dir	05/2022

EXHIBIT F-9

Current Status: *Pending*

PolicyStat ID: 12187128



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

LD16A Charity Care Policy

1. PURPOSE:

The purpose of this policy is to support The Harris Center's commitment to providing charity care to persons who have health care needs and are uninsured, under insured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. The Harris Center strives to ensure that the financial capacity of clients who need quality healthcare services does not prevent them from seeking or receiving care.

2. POLICY:

It is the policy of The Harris Center to manage its resources responsibly and to provide the appropriate level of assistance to the greatest number of people in need who are uninsured, under insured, or who do not have the the ability to pay.

3. APPLICABILITY/SCOPE:

Clients People with healthcare needs who meet the the eligibility criteria for financial assistance

4. PROCEDURES:

LD16B Charity Care Procedure

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

ACC13A Financial Assessment

ACC17B Patient Charges / Fee Schedule

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health and Human Services Commission

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP <input type="checkbox"/> MD <input type="checkbox"/>	08/2022
Initial Assignment	Shannon Fleming: Counsel	08/2022
Initial Assignment	Michael Dangerfield: Dir	08/2022

EXHIBIT F-10

Current Status: *Pending*

PolicyStat ID: 11801412



Origination: N/A
Effective: Upon Approval
Last Approved: N/A
Last Revised: N/A
Next Review: 1 year after approval
Owner: David Wykes
Area: Human Resources
Standards & Regulations:
Document Type:

HR30A Sexual Harassment Policy

1. PURPOSE:

To ensure all staff, contractors, volunteers, and interns of The Harris Center for Mental Health and IDD respond immediately and take immediate and appropriate corrective action in response to sexual harassment in the workplace.

2. POLICY:

The Harris Center is committed to providing a work environment that is free from sexual harassment. In pursuit of this goal, the Harris Center adheres to all relevant federal, state, and local laws and regulations regarding sexual harassment. The Harris Center strictly prohibits and does not tolerate any form of sexual harassment and any other conduct that creates an intimidating, hostile, or offensive work environment based on sex. In addition, the Harris Center prohibits harassing conduct against anyone for involvement in reporting or investigation of sexual harassment claims.

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

4. PROCEDURES

[HR30B Sexual Harassment](#)

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

[Sexual Harassment Procedure](#)

[The Harris Center Compliance Plan](#)

[LD11A Corporate Compliance](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Title VII of the Civil Rights Act of 1964 (Title VII), 42 U.S.C. §§2000e-2000e-17

- Unlawful Employment Practices, Texas Labor Code Chapter 21, Subchapter B
- Guidelines on Discrimination Because of Sex, 29 CFR Part 1604.011

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	07/2022
Department Review	David Wykes	07/2022
Initial Assignment	Terence Freeman: Dir	07/2022
Initial Assignment	David Wykes	06/2022

EXHIBIT F-11

Current Status: *Pending*

PolicyStat ID: 12022238



Origination: 05/1993
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2021
Next Review: 1 year after approval
Owner: Rita Alford: Dir
Area: Information Management
Standards & Regulations:
Document Type: Agency Policy

HIM12A Patient/ Individual Access to Medical Records

1. PURPOSE

To establish guidelines for the contents, maintenance, and confidentiality of patient/ individual medical records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of a patient/ individual's healthcare information, whether in paper or electronic format, that comprises the medical record.

2. POLICY

It is the policy of The Harris Center that subject to specific contraindications by a qualified professional and to any legal constraints, the content of a Patient/ Individual's medical record shall be made available to the Patient/ Individual upon written request.

3. APPLICABILITY/SCOPE

This policy applies to all employees of The Harris Center.

4. PROCEDURES

See Procedure HIM: 016b

5. RELATED POLICIES/FORMS

Policy and Procedures	
Confidentiality and Disclosure of Patient/ Individual Health Information	HIM: 003
Notice of Privacy Practices	HIM: 007
Forms	Reference
Consumer Request for Review (Appeal) of a Center Decision	CRT: 6.002
Request for an Accounting of Disclosures of Health Information	CRT: 7.001
Consumer Request for Confidential Communications form	CRT: 7.002
Request to Correct or Amend Consumer Health Information form	CRT: 7.003

Request to Restrict the Use/Disclosure of Consumer Health Information form	CRT: 7.004
Notice of Privacy Practices Acknowledgement	HIM: 007

6. REFERENCES: RULES/REGULATIONS/STANDARDS

Physician-Patient Communication, Texas Occupations Code, Chapter 159
 Medical Records Privacy Act, Texas Health and Safety Code chapter 181
 Mental Health Records, Texas Health and Safety Code Chapter 611
 HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	08/2022
Initial Assignment	Rita Alford: Dir	07/2022

EXHIBIT F-12

Current Status: *Pending*

PolicyStat ID: 12022827



Origination: 11/2002
Effective: Upon Approval
Last Approved: N/A
Last Revised: 11/2002
Next Review: 1 year after approval
Owner: Keena Pace: Exec
Area: Assessment, Care & Continuity
Standards & Regulations:
Document Type: Agency Policy

ACC12A Suicide/Homicide Prevention

1. PURPOSE

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

2. POLICY

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

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

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

5. RELATED POLICIES/FORMS:

[Incident Reporting](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Departmental Review	Keena Pace: Exec	07/2022
Initial Assignment	Keena Pace: Exec	07/2022
Initial Assignment	Shiela Oquin: ExecAsst	07/2022

EXHIBIT F-13

Current Status: Pending	PolicyStat ID: 11586900
 <p><i>Transforming Lives</i></p>	Origination: 06/2000
	Effective: Upon Approval
	Last Approved: N/A
	Last Revised: 07/2022
	Next Review: 1 year after approval
	Owner: Rita Alford: Dir
	Area: Information Management
Standards & Regulations:	
Document Type: Agency Policy	

HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information

1. PURPOSE

The Harris Center shall protect the privacy of all ~~Patients~~patients'/ individual's health information and safeguard such information against loss, damage, alteration or impermissible disclosure. Uses and disclosures will be made only as permitted or required by law and will consist of only the relevant or minimal amount necessary to satisfy the purpose of the use or disclosure.

2. POLICY

It is the policy of The Harris Center that the ~~Patient~~patient/ individual records are the property of the Harris Center and may be removed from the Harris Center premises only in accordance with a court order, subpoena or statute or signed written authorization from patient/ individual or legally authorized representative. Proven privacy violations of the ~~Patient~~patient/ individual health information by any employee or business associate may be cause for disciplinary actions, including termination of employment or contract. Violations will also be mitigated in accordance with privacy regulations.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center, including contractors, volunteers, interns and Business Associates.

4. PROCEDURES

~~Confidentiality and Disclosure of Patient/Individual Health Information~~HIM6B ~~Confidentiality and Disclosure of Patient Health Information~~

5. RELATED POLICIES/FORMS

Policy and Procedures	Reference
• Content of Patient/ Individual Records Administration	HIM:-0058
• Patient Data	HIM:-008
• Faxing Patient Record Information	HIM:-009

• Faxing and Emailing Patient/Individual identifying Information	HIM10
• Patient/ Individual Access to Medical Records	HIM12
• Patient/Individual Records Administration	HIM13
• Sanctions for Breach of Security and/or Privacy and Security -Violations	HIM:-01715
• Business Associate	LD1
FORMS	
Forms	
• Authorization Request Cover Letter	
• Identification Emergency Verification for Disclosure of Protected Health Information	HIM:-076
• Media Consent Form	
• Authorization to Disclose Patient/ Individual Health Information	HIM:016
• Revocation for Disclosure of Health Information	HIM:075
ATTACHMENTS	
Attachments	
• Release of Information Log	Attachment A
• Release of Information <input type="checkbox"/> rid	Attachment B
• Checklist for Processing Authorization to Use/Disclose Patient Protected Health information	Attachment C
• Verification Checklist for Processing Authorizations	
• Release of Information Cover Letter	Attachment D
• Confidentiality Statement	Attachment E
• Maximum Fees Allowed for Providing Health Care Information	Attachment F
• Guidelines for Appropriate Patient Information Disclosure	Attachment <input type="checkbox"/>
• Subpoena Information Sheet	Attachment H
• Employee Statement of Information Security and Confidentiality	Attachment I

• Release of Information Processing Fee	
• Release of Information Invoice	
• Subpoena Information Sheet	
• Employee Statement of Information Security and Confidentiality	
• Emergency Verification for Disclosure of Protected Health Information	
• Confidentiality Awareness Guidelines	
• Guidelines for Releases	
• Business Records Affidavit	
• No Records Affidavit	

6. REFERENCES: RULES/REGULATIONS/STANDARDS

- ~~Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2~~
- ~~Health Insurance Portability and Accountability Act 1996, Part 160 and 164~~
- ~~Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Tex. Human Resources Code Ch. 48~~
- ~~Juvenile Justice Information System, Tex. Family Code §58.0052~~
- ~~Physician-Patient Communication, Tex. Occupations Code, Chapter 159~~
- ~~Medical Records Privacy, Tex. Health and Safety Code Chapter 181~~
- ~~Mental Health Records, Tex. Health and Safety Codes, Chapter 611~~
- ~~Physician-Patient Privilege, Texas Rules of Civil Evidence, Rule 509~~
- ~~Mental Health Information, Texas Rules of Criminal Evidence, Rule 510~~
- ~~Protected Health Information, Title 25 Tex. Admin. Code Chapter 414, Subchapter A~~
- [Texas Administrative Code: Protected Health Information, Chapter 414, Subchapter A](#)
- [Texas Human Resources Codes, Chapter 48](#)
- [Texas Health and Safety Codes, Chapter 611](#)
- [Texas Family Code, Chapter 32](#)
- [Texas Family Code Sec 58.0052](#)
- [Texas Occupations Code, Chapter 159](#)
- [Texas Rules of Civil Evidence, Rule 509](#)
- [Texas Rules of Criminal Evidence, Rule 510](#)
- [Title 42 Code of Federal Regulation Part 2](#)
- [Health Insurance Portability and Accountability Act 1996, Part 160 and 164](#)
- [The Privacy Act of 1974](#)
- [Code of Federal Regulations 483.10\(e\)](#)
- [Texas Health & Safety Code Chapter 181](#)

Attachments

No Attachments

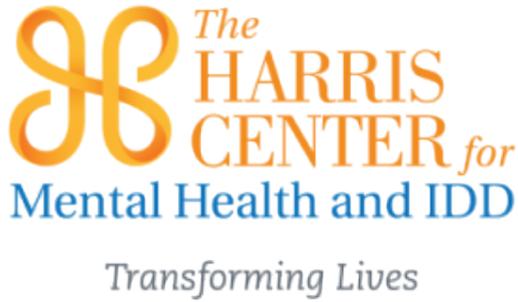
Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-14

Current Status: Pending

PolicyStat ID: 11684300



Origination: 10/2005
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 1 year after approval
Owner: Sean Kim: Exec
Area: Fiscal Management
Standards & Regulations:
Document Type: Agency Policy

FM6A Disposal of Fixed Assets

1. PURPOSE

The purpose of this policy is to establish Agency requirements related to maintaining an accurate record of equipment owned by or in the custody of the Harris Center and the disposal of equipment.

2. POLICY

Each Unit Manager is accountable for all the fixed asset equipment items assigned to their unit(s). Therefore, it is necessary to properly record and account for the disposal of all fixed assets. The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) has set forth guidelines for deleting and disposing of equipment:

1. The Harris Center fixed assets that are obsolete, worn out, or unusable tangible property can be disposed.
2. Unit Managers are responsible for ensuring the retention of the property while the equipment is in the department's custody.

3. APPLICABILITY/SCOPE

The Harris Center

4. PROCEDURES

Disposal of Fixed Asset Procedures	
Section I: Procedure for All Contracts funded by (ex: State/Federal/Grant)	
Section II: Data Disposal	

[FM6B Disposal of Fixed Assets](#)

5. Related Policies/Forms:

[FM20A](#) The Requisitioning and Purchasing of Goods and / or Services ~~BUS-RI:02~~

6. References: Rules/Regulations/Standards

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

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
Department Review	Steve Evans: Controller	07/2022
CEO Approval	Wayne Young: Exec	06/2022
Legal Review	Kendra Thomas: Counsel	06/2022
Compliance Review	Anthony Robinson: VP	06/2022
Initial Assignment	Sean Kim: Exec	06/2022
Initial Assignment	Daniel Paick: Dir	06/2022

EXHIBIT F-15

Current Status: *Pending*

PolicyStat ID: 11875786



Origination:	03/2000
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	06/2022
Next Review:	1 year after approval
Owner:	Terence Freeman: Dir
Area:	Human Resources
Standards & Regulations:	
Document Type:	Agency Policy

HR4A Drug/Alcohol Testing Pre Employment

1. PURPOSE

The purpose of the drug and alcohol pre-employment testing policy is for The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) is to promote a drug-free, safe work environment for Harris Center staff and the community we serve.

2. POLICY

The Harris Center requires all prospective new hires to submit to pre-employment testing for illegal drug and alcohol usage only after a conditional job offer is made.

All offers of employment with The Harris Center are conditioned upon the prospective new hire submitting to and ~~successfully passing a~~ receiving a negative drug and alcohol test in accordance with the Harris Center testing procedures. ~~If the individual has a positive~~ Should the result of a urine test show diluted, the prospective new hire will be asked to retest. A diluted sample is not a negative test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, the conditional job offer will be withdrawn, and the individual will not be considered for further employment.

If the individual has a positive test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, the conditional job offer will be withdrawn, and the individual will not be considered for further employment.

Any prospective new hire, who refuses to take the test, refuses to sign the consent form, fails to appear for testing, or tampers with the testing process or sample will be deemed to have withdrawn themselves from the application process and will be ineligible for hire. All records relating to the individual's drug and alcohol test results shall be kept confidential and maintained separately from their personnel file.

3. APPLICABILITY/SCOPE

This policy applies to all The Harris Center employees, staff ~~employed by The Harris Center~~, and all ~~prospective new hires regardless of discipline~~ contractors, volunteers, and interns.

4. PROCEDURES

- [HR4B Drug/Alcohol Testing: Pre Employment](#)

5. Related policies/Forms:

- Drug Testing Authorization and Chain of Custody Form
- The Harris Center Employee Handbook

6. References: Rules/Regulations/Standards

- Americans with Disabilities Act, 29 U.S.C. Ch. 126 §§12101-12134, and §12210
- Texas Commission on Human Rights Act, Tex. Labor Code Ch. 21
- Authority to Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use, Tex. Occupation Code §§169.001-169.005

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Initial Assignment	Terence Freeman: Dir	08/2022
Initial Assignment	Anthony Robinson: VP	06/2022

EXHIBIT F-16

Current Status: *Pending*

PolicyStat ID: 11348265



Origination: 09/2015
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 06/2022
 Next Review: 1 year after approval
 Owner: Deborah Sweat: Exec
 Area: Medical Services
 Standards & Regulations:
 Document Type: Agency Policy

MED5A Medication Administration

1. PURPOSE:

The purpose of the policy is to describe the medications administration practices provided by The Harris Center for Mental Health and IDD.

2. POLICY:

All nurses employed with or contracted by the Harris Center who administer medications must do so according to their licensing boards. Non-licensed staff who administer or supervise self-administration of medications (**SSAM**) must meet the education/training requirements and standards. Medications will be administered only upon the specific order of authorized prescribers in Mental Health and IDD Programs. Psychoactive Medications will only be administered when the patient or Legal Authorized Representative (LAR) has provided written consent except during a psychiatric or medical emergency. Programs not providing nursing services will be excluded from any type of medication administration.

3. APPLICABILITY/SCOPE

This policy applies to all units, programs, and services of the Harris Center where medications are prescribed and administered by licensed practitioners and staff who have been trained and found to be competent and to all units and programs that provide supervision of medication self-administration or medication administration by non-licensed staff.

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

~~MED 10 Policy~~

~~Supervision of Self-Administration of Medications (SSAM)~~

- CPEP Medication Administration Procedure
- CPEP Medication Education Procedure
- Supervision of Self-Administration of Medications (SSAM)
- Medication Administration in Outpatient Clinics
- IDD Medication Administration

5. Related Policies/Forms:

- MED 10 Policy

6. References: Rules/Regulations/Standards

- Administration of Medication for Clients with Intellectual and Developmental Disabilities, Tex. Human Resources Code Chapter 161, Subchapter D
- Administration of Medication to Patient under Court Order for Mental Health Services, Tex. Health & Safety Code Ch. 574, Subchapter
- Rights of Persons with an Intellectual Disability, Tex. Health & Safety Code Ch. 592, Subchapter F
- RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable Conditions, 22 Tex. Admin. Code Chapter 225
- Consent to Treatment with Psychoactive Medication Mental Health Services, [Title 25-Texas Administrative Code. Code Chapter 414, Subchapter](#)
- Mental Health Community Services Standards Standards of Care, [Title 26-Texas Administrative Code. Code Chapter 301.301, Subchapter](#) 355. Medication Services.
- [Health, Safety, and Rights, 40-Texas Administrative Code §2.313 Title 40. Texas Administrative Code. Role and Responsibilities of a Local Authority. Section §2.313. Health, Safety and Rights.](#)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Final Legal Review	Kendra Thomas: Counsel	07/2022
Initial Legal Review	Shannon Fleming: Counsel	06/2022
Compliance Review	Anthony Robinson: VP	06/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2022
Initial Assignment	Deborah Sweat: Exec	04/2022
Initial Assignment	Maria Richardson: Dir	04/2022

EXHIBIT F-17

Current Status: *Pending*

PolicyStat ID: 12031836



Origination:	08/2013
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	07/2022
Next Review:	1 year after approval
Owner:	Nina Cook: Dir
Area:	Fiscal Management
Standards & Regulations:	
Document Type:	Agency Policy

FM12A Purchasing Card

1. PURPOSE

The purpose of the Purchasing Card (P-Card) Program is to provide the Harris Center with an efficient and controllable method of making small dollar commodity purchases not covered by a Harris Center Supply Contract. The Harris Center for Mental Health and IDD's Purchasing Card (P-Card) Program facilitates the procurement of low dollar value items. The P-Card program eliminates most of the paperwork associated with Agency purchases.

2. POLICY

Employees who are authorized to purchase goods and or services may request a P-Card—however, individual departments can impose more restrictive requirements and limits. P-Cards are assigned to individuals. The individual whose name appears on the card is ultimately responsible for charges to that card. P-Cards are to be used by the person to whom it is issued. Sharing Purchasing Cards is prohibited.

Purchases made with the agency P-Card must only be for the use and benefit of the Harris Center. The card is to be used in place of petty cash, small dollar regular purchase orders, emergency purchase orders and whatever authorized Merchant Category Codes (MCC) are approved and setup for program/department use. Purchases on the card are for approved Center purposes only.

3. APPLICABILITY/SCOPE

This Policy applies to all staff approved to use the Payment Card (P-Card) Program Agency-wide.

4. PROCEDURES

- A. ~~BUSFM19B~~ ~~RI-02~~ Requisitioning and Purchasing of Goods and / or Services
- B. [FM12B Purchasing Card \(P-Card\) Program Procedures](#)
- C. ~~BUSFM20B~~ ~~FB-40~~ The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

5. Related Forms / Customer Service Number

Attachment A TAX EXEMPTION CERTIFICATE
Attachment B PURCHASING CARD AGREEMENT

Attachment C ONLINE CUSTOMER SERVICES CONTACT & P~~U~~CARD ADMINISTRATOR CONTACT INFORMATION

Attachment D PURCHASIN~~G~~ CARD APPLICATION/INSTRUCTIONS

6. References: Rules/Regulations/Standards

State of Texas Commercial Charge Card Program Guidelines

Use of Payment Cards by State Agencies, Title 34 Tex. Administrative Code Part 1, Chapter 5, §5.57-~~The Harris Center approved Policy and Procedures~~

[The Harris Center approved Policy and Procedures](#)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	07/2022
Department Review	Steve Evans: Controller	07/2022
Initial Assignment	Daniel Paick: Dir	07/2022
Initial Assignment	Nina Cook: Dir	07/2022

EXHIBIT F-18

Current Status: *Pending*

PolicyStat ID: 11493607



Origination: 01/1998
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 04/2022
Owner: Rita Alford: Dir
Area: Information Management
Standards & Regulations:
Document Type: Agency Policy

HIM14A Retention of Patient/individual Records

1. PURPOSE

A patient/individual record will be maintained for every individual registered and/or opened for services with the Harris Center.

2. POLICY

It is the policy of The Harris Center that all patient/individual records shall be retained for specified periods based on legal, accrediting and regulatory requirements, as well as, its uses for patient/individual care, legal, research and educational purposes. Patient/individual records may be retained in paper-based, images and EHR.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

4. PROCEDURES

See Procedure HIM: [004014b](#)

5. Related policies/Forms:

Reference	Policy and Procedures
Records Administration	HIM: 005013
Security of Patient/individual Identifying Information	HIM: 045016

6. References: Rules/Regulations/Standards

American Health Information Management Association Practice Brief: Retention of Health Information
 Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B
 Health Insurance Portability and Accountability Act, 45 CFR §§164.509,164.515
 Texas Medical Records Privacy Act, Tex. Health & Safety Code Chapter 181
 Medical Records, 22 Tex. Admin. Code, Chapter 165
 Psychological Records, Test Data & Test Materials, 22 Tex. Admin. Code §465.22
 Rights of All Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	05/2022

EXHIBIT F-19

Current Status: *Pending*

PolicyStat ID: 11823047



Origination: 02/1992
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2022
Next Review: 1 year after approval
Owner: Keena Pace: Exec
Area: Assessment, Care & Continuity
Standards & Regulations:
Document Type: Agency Policy

ACC11A Return to Inpatient Care of Furloughed Patient

1. PURPOSE:

The purpose of this policy is ensure The Harris Center complies with current state laws regarding furlough of patient receiving inpatient treatment pursuant to a temporary or extended commitment.

2. POLICY:

It is the policy of a The Harris Center to comply with all requirements and special conditions associated with patients released on furlough.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff.

4. PROCEDURES

~~Section I: Conditions of Furlough~~

~~Section II: Return from Furlough~~

~~Section III: References~~

[ACC11B Return to Inpatient Care of Furloughed Patient](#)

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF: Section 3. Subsection , Inpatient Treatment
 Texas Mental Health Code, Texas Health & Safety Code Chapter 574

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	06/2022
Departmental Review	Keena Pace: Exec	06/2022
Initial Assignment	Shiela Oquin: ExecAsst	06/2022
Initial Assignment	Keena Pace: Exec	06/2022

EXHIBIT F-20

Current Status: <i>Pending</i>		PolicyStat ID: 11587094	
 <p>The HARRIS CENTER for Mental Health and IDD</p> <p><i>Transforming Lives</i></p>		Origination:	11/2002
		Effective:	Upon Approval
		Last Approved:	N/A
		Last Revised:	07/2022
		Next Review:	1 year after approval
		Owner:	Rita Alford: Dir
		Area:	Information Management
		Standards & Regulations:	
		Document Type:	Agency Policy
HIM15A Sanctions for Breach of Security and/or Privacy <input type="checkbox"/> iolations of Health Information			
1. PURPOSE			
<p>The Harris Center for Mental Health and IDD (The Harris Center) and its staff are entrusted with personal and clinical information regarding the patient/ Individuals we serve. The Harris Center, as an employee health plan sponsor, is also entrusted with employee health information. We recognize that these pieces of information are highly confidential and must be treated with great respect and care by all staff with access to the information.</p>			
2. POLICY			
<p>It is the policy of The Harris Center that any breach in confidentiality or security by a staff person shall be subject to formal disciplinary action as set forth in this policy and procedure. Confidentiality breaches are also subject to federal investigations and possible fines and imprisonment as set forth in the Health Insurance Portability and Accountability Act, Privacy Rule.</p>			
3. APPLICABILITY/SCOPE			
<p>This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.</p>			
4. PROCEDURES			
<p>See procedures HIM:017b-15B</p>			
5. RELATED POLICIES/FORMS:			
Policy and Procedures		Reference	
Confidentiality and Disclosure of Patient/ Individual Health Information		HIM: 003 6	
Security of Patient/ Individual Identifying Information		HIM: 015 16	
Incident Reporting		INC: 9 EM4	

6. REFERENCES: RULES/REGULATIONS/STANDARDS

American Health Information Management Association Practice Brief: Retention of Health Information
 Health insurance Portability and Accountability Act, 45CFR Part 160, Subpart D
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part 2, Subpart A
 Physician-Patient Communication, Tex. Occupation Code Ch. 159
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181
 Mental Health Record, Tex. Health and Safety Code Ch. 611

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-21

Current Status: *Pending*

PolicyStat ID: 11587207



Origination: 06/2000
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 1 year after approval
Owner: Rita Alford: Dir
Area: Information Management
Standards & Regulations:
Document Type: Agency Policy

HIM16A Security of Patient/ Individual Identifying Information

1. PURPOSE

All patient/individual identifying information, regardless of the medium or format is considered confidential and shall be available only to authorized users.

2. POLICY

It is the policy of The Harris Center to maintain the security of all patient/individual identifying information and safeguard this information against loss, destruction, tampering and unauthorized access and use.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

4. PROCEDURES

~~[Security of Patient Identifying Information](#)~~

[HIM16B](#)

5. RELATED POLICIES/FORMS:

• Confidentiality and Disclosure of Patient/individual Identifying Information	HIM:-0036
• Retention of Patient/individual Record	HIM:-00414
• Patient/individual Records Administration	HIM:-00513
• Incident Reporting	INC:-009EM4

6. REFERENCES: Rules/Regulations/Standards

- American Health Information Management Association □Practice Brief on Information Security
- Medicare Conditions of Participation for Hospitals
- Health Insurance Portability and Accountability Act

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-22

Current Status: *Pending*

PolicyStat ID: 11662966



Origination: 03/1995
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 04/2022
Owner: Rita Alford: Dir
Area: Information Management
Standards & Regulations:
Document Type: Agency Policy

HIM1 □ A Standardi □ ed Patient Record Form

1. PURPOSE

To ensure compliance with standards and Center Policies and Procedures and to avoid duplication of information.

2. POLICY

It is the policy of The Harris Center that all patient/individual record forms shall be standardized throughout the Center to every extent possible. All patient/individual record forms must be approved by the Center's Records Committee. Only agency approved forms are to be used for documenting in a patient/individual's record.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

~~[HIM: 010b Request for New, Revised and Deleted Patient Record Form](#)~~

[HIM:017B Standardized Patient Record Forms](#)

5. Related policies/Forms:

Content of Patient/individual Records Policy and Procedures □HIM: 006

The Development and Maintenance of Center Policies and Procedures □ADM: 1

Attachments

- Sample Instruction Sheet □□1
- Questions to Ask Before Creating a New Form □□2

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	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-23

Current Status: *Pending*

PolicyStat ID: 12009677



Origination: 02/2019
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 1 year after approval
Owner: Anthony Robinson:
 VP
Area: Environmental
 Management
Standards & Regulations:
Document Type: Agency Policy

EM1A The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors

1. PURPOSE

The purpose of this policy is to provide guidance concerning the rights of individuals with disabilities to utilize service or assistance animals in agency facilities, as defined under the Americans with Disabilities Act and state law.

2. POLICY

It is the policy of The Harris Center that individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of The Harris Center's facilities where members of the public, participants in services, programs or activities, or invitees, where applicable, are allowed to go. Therapy Animals, emotional support or comfort animals, and companion animals are not considered service animals and are therefore not permitted in agency facilities. The Harris Center does not certify animals as Service Animals.

3. APPLICABILITY/SCOPE

All of The Harris Center facilities.

4. PROCEDURES

- ~~A. Permissible Inquiries~~
- ~~B. Impermissible Inquiries~~
- ~~C. Exceptions~~
- ~~D. Notice~~
- ~~E. Care of an Animal~~
- ~~F. Inability to Care for Animal~~
- ~~G. Interference by Others~~
- ~~H. Periods of commitment to psychiatric services~~

I. ~~Miniature Horses~~

- [EM1B The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors](#)

5. RELATED POLICIES/FORMS:

None

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- City of Houston Ordinance Sec 6186
- Texas Human Resources Code, Title 8, Chapter 121
- Title II Americans with Disabilities Act, 42 U.S.C. 12.101, et. seq. 28 CFR Part 36.101, et. seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Department Review	Anthony Robinson: VP	07/2022
Initial Assignment	Anthony Robinson: VP	07/2022

EXHIBIT F-24

Current Status: <i>Pending</i>	PolicyStat ID: 11863909
 <p><i>Transforming Lives</i></p>	<p>Origination: 06/2022 Effective: Upon Approval Last Approved: N/A Last Revised: 07/2022 Next Review: 1 year after approval Owner: Kendra Thomas: <i>Counsel</i> Area: <i>Leadership</i> Standards & Regulations: Document Type:</p>
LD15A <input type="checkbox"/> histleblower	
1. PURPOSE:	
<p>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.</p>	
2. POLICY:	
<p>The purpose of this whistleblower policy (the Policy) is to:</p>	
<p>(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.</p> <p>(b) Protect employees and representatives from retaliation for raising such concerns.</p> <p>(c) Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.</p>	
<p>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:</p>	
<p>(a) False Claims</p> <p>(b) Fraud</p> <p>(c) Theft</p> <p>(d) Embezzlement</p> <p>(e) Bribery or kickbacks</p> <p>(f) Misuse of The Harris Center's assets</p> <p>(g) Undisclosed conflicts of interest</p>	

(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.

i. The Harris Center

4.

1. Call: 1-800-737-6789

2. Report Online: www.safetyalrthotline.com

ii. US Office of Inspector General

1. Call: 1-800-323-8603 toll free

2. TTY: 1-844-889-4357 toll free

3. U.S. Mail:

4. DHS Office of Inspector General/MAIL STOP 0305
Attn: Office of Investigations Hotline
245 Murray Lane SW
Washington, DC 20528-0305

5. <https://hotline.oig.dhs.gov/step1>

iii. Texas State Auditor's Office (SAO)

1. (800) TX-AUDIT (892-8348)

2. <https://sao.fraud.texas.gov/>

iv. Texas Attorney General's Office

1. <https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-fraud-and-abuse>

3. APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

4. DEFINITIONS:

N/A

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

whistleblower Procedures

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas whistleblower Act, Texas Government Code 554.001 et se.

Texas Medicaid Fraud Act, Texas Human Resources Code 36.001 et. se.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	07/2022
Initial Assignment	Kendra Thomas: Counsel	07/2022
Initial Assignment	Shannon Fleming: Counsel	07/2022

EXHIBIT F-25

Current Status: *Pending*

PolicyStat ID: 11684297



Origination: 10/2015
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 1 year after approval
Owner: Sean Kim: Exec
Area: Fiscal Management
Standards & Regulations:
Document Type: Agency Policy

FM A Asset Tracing and Depreciation

1. PURPOSE

To uphold appropriate processes and accurately account for all capital items and controlled assets in conformity with sound accounting and financial controls.

2. POLICY

It is the policy of The Harris Center for Mental Health and IDD to conform with the Government Accounting Standards Board and report Center Property Plant and Equipment through the Comprehensive Annual Financial Report.

3. APPLICABILITY/SCOPE

The Harris Center for Mental Health and IDD

~~4. DEFINITIONS~~

~~**Capital Asset:** Any type of property owned by a business that has a useful life of more than one year, such as a computer or truck.~~

~~**Capital Item:** Equipment, furniture, vehicles & computer related equipment with a historical cost of $\geq 5,000$ or greater.~~

~~**Controlled asset:** a capital asset that has a value less than the capitalization threshold established for that asset type with a high risk nature, that is, equipment with a historical cost between ≥ 500 and $\leq 4,999.99$ and classified as one of the following:~~

- ~~• Computer, Desktop~~
- ~~• Laptop Computers~~
- ~~• Smart phones, Tablets & Other Hand held Devices~~
- ~~• Data Projectors~~
- ~~• TV's, Video Players/Recorders~~
- ~~• Sound Systems and Other Audio Equipment~~
- ~~• Camera Portable Digital, SLR~~

5. PROCEDURES

Full description in BUSIRI:09 Procedure

6. Related Policies/Forms:

Policies	Reference
Reporting Burglaries or Thefts	INC:1
Adding and Receiving Equipment	BUSIRI:6
Disposal of Fixed Assets	BUSIRI:7
Forms	Reference
Request to Add Property	BUSIR/E6.001
Request to Transfer Property	BUSIR/I:8.001
Request to Surplus Property	BUSIR/I:7.002
Request for Property Disposal	BUSIR/I:7.001

References: Rules/Regulations/Standards

- Property Accounting, Texas Government Code §§403.272-403.277
- Generally Accepted Accounting Principles (GAAP) ~~Uniform Grant Management Standards~~
- [Texas Grant Management Standards \(TxGMS\)](#)
- CARF: Section 1. Subsection F.6.a., Financial Planning and Management

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
Department Review	Steve Evans: Controller	07/2022
CEO Approval	Wayne Young: Exec	06/2022
Legal Review	Kendra Thomas: Counsel	06/2022
Compliance Review	Anthony Robinson: VP	06/2022
Initial Assignment	Sean Kim: Exec	06/2022
Initial Assignment	Daniel Paick: Dir	05/2022

EXHIBIT F-26

Current Status: *Pending*

PolicyStat ID: 11684296



Origination: 10/2005
Effective: Upon Approval
Last Approved: N/A
Last Revised: 07/2022
Next Review: 1 year after approval
Owner: Sean Kim: Exec
Area: Fiscal Management
Standards & Regulations:
Document Type: Agency Policy

FM5A Adding and Receiving Equipment

1. PURPOSE

To uphold appropriate processes and accurately account for all capital items and controlled assets in conformity with sound accounting and financial controls.

2. POLICY

All The Harris Center for Mental Health and IDD supervisors are accountable for the use and reasonable care of all Capital Items and Controlled Assets assigned to them, assigned to the staff under their authority, and/or located on the premises in which their operations reside. Therefore, it is necessary to properly record and account for all Capital Items and Controlled Assets, including any new Capital Items and Controlled Assets added to their organizational area.

3. APPLICABILITY/SCOPE

The Harris Center for Mental Health and IDD

4. DEFINITIONS

Capital Item: Equipment, furniture, vehicles & computer related equipment with a historical cost of \geq 5,000 or greater.

Controlled asset: a capital asset that has a value less than the capitalization threshold established for that asset type with a high-risk nature, that is, equipment with a historical cost between \geq 500 and \leq 4,999.99 and classified as one of the following:

- Computer, Desktop
- Laptop Computers
- Smartphones, Tablets & Other Handheld Devices
- Data Projectors
- TV's, Video Players/Recorders
- Sound Systems and Other Audio Equipment
- Camera Portable Digital, SLR

5. PROCEDURES

~~Full description in BUS-PI-06 Procedure~~

~~6. Related Policies/Forms:~~

Policies	Reference
Asset Tracking and Depreciation General Overview	
Forms	Reference
Request to Add Property	BUS:R/1:6.001
Request to Transfer Property	BUS:R/1:8.001

FM5B Adding and Receiving Equipment

References: Rules/Regulations/Standards

- ~~Property Accounting, Texas Government Code §§403.272-403.277~~
- ~~Generally Accepted Accounting Procedures (GAAP) Uniform Grant Management Standards~~
- ~~CARF: Section 1. Subsection F.6.a., Financial Planning and Management~~
- CARF: Section 1. Subsection F.6.a., Financial Planning and Management**References: Rules/Regulations/Standards**
- Property Accounting, Texas Government Code §§403.272-403.277
- Generally Accepted Accounting Procedures (GAAP)
- Texas Grant Management Standards (TxGMS)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	07/2022
Department Review	Steve Evans: Controller	07/2022
Initial Assignment	Daniel Paick: Dir	06/2022
Initial Assignment	Sean Kim: Exec	06/2022

EXHIBIT F-27

Current Status: *Pending*

PolicyStat ID: 11823048



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Owner: Sean Kim: Exec
Area: Fiscal Management
Standards & Regulations:
Document Type: Agency Policy

FM A Chec Signing

1. PURPOSE

The purpose of this policy is to clearly describe how checks and electronic payment authorizations are to be handled at The Harris Center.

2. POLICY

~~I. Primary Signature and Authorization Authority for Checks and Electronic Payments~~

~~The Harris Center's primary authorized signatories have the following levels of authority:~~

- ~~A. Checks \$5,000 and less:
The Chief Executive Officer has the authority to electronically sign all checks \$5,000 and less.~~
- ~~B. Checks from \$5,000 to \$24,999
All checks from \$5,000 to \$24,999 shall have one facsimile of the Chief Executive Officer plus an original signature of one of the following:
Chief Financial and Administrative Officer
Controller
Board Chair
Any member of the Board of Trustees~~
- ~~C. Electronic Payment Authorizations below \$24,999 shall be signed by one of the following individuals:
Chief Financial and Administrative Officer
Controller~~
- ~~D. Checks and Electronic Payment Authorizations from \$25,000 to \$99,999 must have the original signature of any of the two following individuals:
Chief Executive Officer
Chief Operating Officer
Chief Financial and Administrative Officer
Board Chair
Any Member of the Board of Trustees~~
- ~~E. Checks and Electronic Payment Authorizations \$100,000 or more:
All checks and electronic payment authorizations of \$100,000 or more must have the original signatures of one Board Member and the Chief Executive Officer or two Board Members.~~

II. **Delegation of Authority**

~~When authorized signatories are temporarily unavailable due to vacation, illness, travel or unforeseen events, their signature and approval authority shall be delegated to ensure the efficient continuation of Harris Center operations and business decision. The authorized signatories shall ensure that his or her delegate have a full understanding of their delegated authority.~~

A. ~~Checks and electronic payments less than \$100,000:~~

~~The Chief Executive Officer may delegate to the Chief Operating Officer or the Chief Financial and Administrative Officer. The Chief Financial and Administrative Officer may delegate to the Controller.~~

B. ~~Checks and Electronic Payment Authorizations of \$100,000 or more:~~

~~The Chief Executive Officer may delegate to the Chief Operating Officer or the Chief Financial and Administrative Officer.~~

III. **Revocation of Authority**

~~A delegation or sub-delegation of authority may be revoked at any time in writing by the delegator granting such authority, the Board of Trustees or the Chief Executive Officer. The revoking delegator must immediately notify the Controller, Chair of the Board of Trustees and the General Counsel in writing of the revocation.~~

It is the policy of The Harris Center to have clearly designated financial thresholds and signature authorization authority for checks and electronic payments.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center employees and vendors.

4. PROCEDURES

FM9B Check Signing

A. Primary Signature and Authorization Authority for Checks and Electronic Payments

The Harris Center's primary authorized signatories have the following levels of authority:

1. Checks \$5,000 and less:

The Chief Executive Officer has the authority to electronically sign all checks \$5,000 and less.

2. Checks from \$5,000 to \$24,999

All checks from \$5,000 to \$24,999 shall have one facsimile of the Chief Executive Officer plus an original signature of one of the following:

- Chief Financial Officer
- Chief Administrative Officer
- Controller
- Board Chair
- Any member of the Board of Trustees

3. Electronic Payment Authorizations below \$24,999 shall be signed by one of the following individuals:

- Chief Financial Officer
- Chief Administrative Officer

- Controller

4. Checks and Electronic Payment Authorizations from \$25,000 to \$99,999 must have the original signature of any of the two following individuals:

- Chief Executive Officer
- Chief Operating Officer
- Chief Financial Officer
- Chief Administrative Officer
- Board Chair
- Any Member of the Board of Trustees

5. Checks and Electronic Payment Authorizations \$100,000 or more:

All checks and electronic payment authorizations of \$100,000 or more must have the original signatures of one Board Member and the Chief Executive Officer or two Board Members.

B. Delegation of Authority

When authorized signatories are temporarily unavailable due to vacation, illness, travel or unforeseen events, their signature and approval authority shall be delegated to ensure the efficient continuation of Harris Center operations and business decision. The authorized signatories shall ensure that his or her delegate have a full understanding of their delegated authority.

1. Checks and electronic payments less than \$100,000:

The Chief Executive Officer may delegate to the Chief Operating Officer, the Chief Financial Officer, or the Chief Administrative Officer. The Chief Financial Officer may delegate to the Controller.

2. Checks and Electronic Payment Authorizations of \$100,000 or more:

The Chief Executive Officer may delegate to the Chief Operating Officer, the Chief Financial Officer, or the Chief Administrative Officer.

C. Revocation of Authority

A delegation or sub-delegation of authority may be revoked at any time in writing by the delegator granting such authority, the Board of Trustees or the Chief Executive Officer. The revoking delegator must immediately notify the Controller, Chair of the Board of Trustees and the General Counsel in writing of the revocation.

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

[LD4A Signatures of Authorization policy](#)

[LD4B Signatures of Authorization procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

[NA](#)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	06/2022
Department Review	Sean Kim: Exec	06/2022
Initial Assignment	Sean Kim: Exec	06/2022
Initial Assignment	Daniel Paick: Dir	06/2022

EXHIBIT F-28

Current Status: *Pending*

PolicyStat ID: 11262836



Origination: 04/2016
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Last Approved: N/A
Last Revised: 06/2022
Next Review: 1 year after approval
Owner: Kia Walker: Chief Nursing Officer
Area: Medical Services
Standards & Regulations:
Document Type: Agency Policy

MED3A Least Restrictive Interventions and Management of Aggressive Behavior

1. PURPOSE:

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

2. 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.

It is the policy of The Harris Center to support each patient's right to be free from restraint or seclusion and therefore limit the use of these interventions to emergencies in which there is an imminent risk of a patient physically harming him/herself or others. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm. The patient has a right to be free from restraint/seclusion imposed as a means of coercion, punishment, discipline, or retaliation by staff. Restraint/seclusion will not be based on history of past use or dangerous behavior, as a convenience for staff, or a substitute for adequate staffing.

The patient's rights, dignity, privacy, safety, and well-being will be supported and maintained. Restraint or seclusion will be discontinued as soon as possible. Patients in restraints/seclusion will be closely monitored and evaluated and immediately assisted if a potentially dangerous situation exists, i.e. choking, seizure, etc. PRN orders may not be used to authorize the use of restraint or seclusion.

The Harris Center is committed to preventing, reducing, and striving to eliminate the use of restraints and seclusion, as well as preventing emergencies that have the potential to lead to the use of these interventions. The Harris Center leadership supports these efforts through ongoing staff training and performance improvement activities.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

ail Monitoring Assaultive Inmates/Patients

MH Managing Disruptive Behaviors

DDRP:

- POC06 Psychiatric Emergency Care
- POC07 Use of Force
- POC09 Behavioral Emergency
- POCSR01 Restraint and Seclusion
- POC11 Special Precautions

CPEP

- [PES Least Restrictive Intervention and Management of Aggressive Behaviors Procedure](#)
- [CSU 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 Skin Inspection and Contraband Search
- Milieu Management Procedure

5. RELATED POLICIES/FORMS:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 576, 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
- TXMHMR MH Community Standards Section 7

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022
Final Legal Review	Kendra Thomas: Counsel	07/2022
Initial Legal Review	Shannon Fleming: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	06/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2022
Initial Assignment	Kia Walker: Chief Nursing Officer	06/2022

EXHIBIT F-29

Current Status: *Pending*

PolicyStat ID: 11524952



Origination:	04/2018
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	07/2022
Next Review:	1 year after approval
Owner:	Maria Richardson: Dir
Area:	Medical Services
Standards & Regulations:	
Document Type:	Agency Policy

MED12A Professional Review Committee

1. PURPOSE

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

2. POLICY

~~This~~ It is the policy ~~designates~~of the Harris Center to form the PRC ~~as the authorizing~~to have oversight of the peer review ~~committee and is ultimately accountable to the Executive Leadership and The Harris Center Board of Trustees for oversight of the peer review~~ processes of all clinical services. The PRC shall approve all peer review committees. The Closed Records Committee, Medical Peer Review, Patient Safety Committee, Nursing Peer Review, Pharmaceutical & Therapeutics Committee, Pharmacy Peer Review Committee are subcommittees to the Professional Review Committee.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

- Professional Review Committee Bylaws

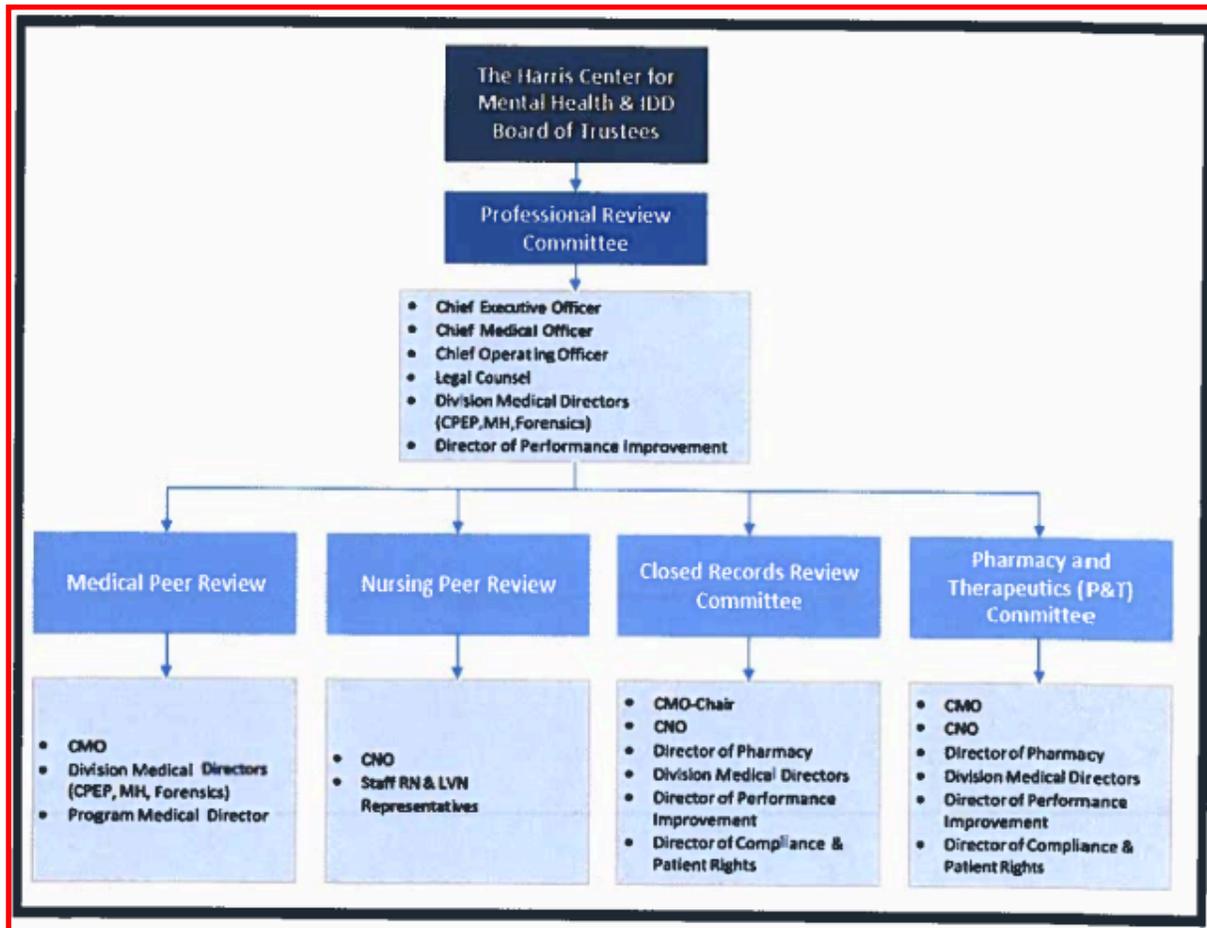
5. Related Policies/Forms:

- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- Patient Safety Committee

- Pharmaceutical & Therapeutics Committee [Policy](#)
- Pharmacy Peer Review Committee [Policy](#)

6. References □ Rules/Regulations/Standards:

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- Texas Health & Safety Code §161.032
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 TAC Chapter 2 17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K
- Texas Pharmacy Peer Review, Texas Occupations Code, Chapter 564



Attachments



8.png

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	08/2022
Final Legal Review	Kendra Thomas: Counsel	08/2022
Initial Legal Review	Shannon Fleming: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2022
Initial Assignment	Maria Richardson: Dir	07/2022

EXHIBIT F-30

Current Status: *Pending*

PolicyStat ID: 11334528



Origination: 02/2019
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2022
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. THE HARRIS CENTER strictly prohibits and does not discriminate against individuals accessing or receiving treatment services at THE HARRIS CENTER because of race, color, religion, creed, national origin, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, disability, citizenship, genetic information or any other characteristic protected under applicable federal, state, or local law. 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 ~~residence or~~ 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:

- ~~Mental Health (MH), Substance Use Disorder (SUD), and Intellectual and Developmental Disabilities (IDD) Triage/Screening~~
- ~~Intake & Assessment: Screening tools are uniformly administered~~
- ~~Referrals~~

[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

6. References: Rules/Regulations/Standards

- Mental Health Community Services Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, ~~36~~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

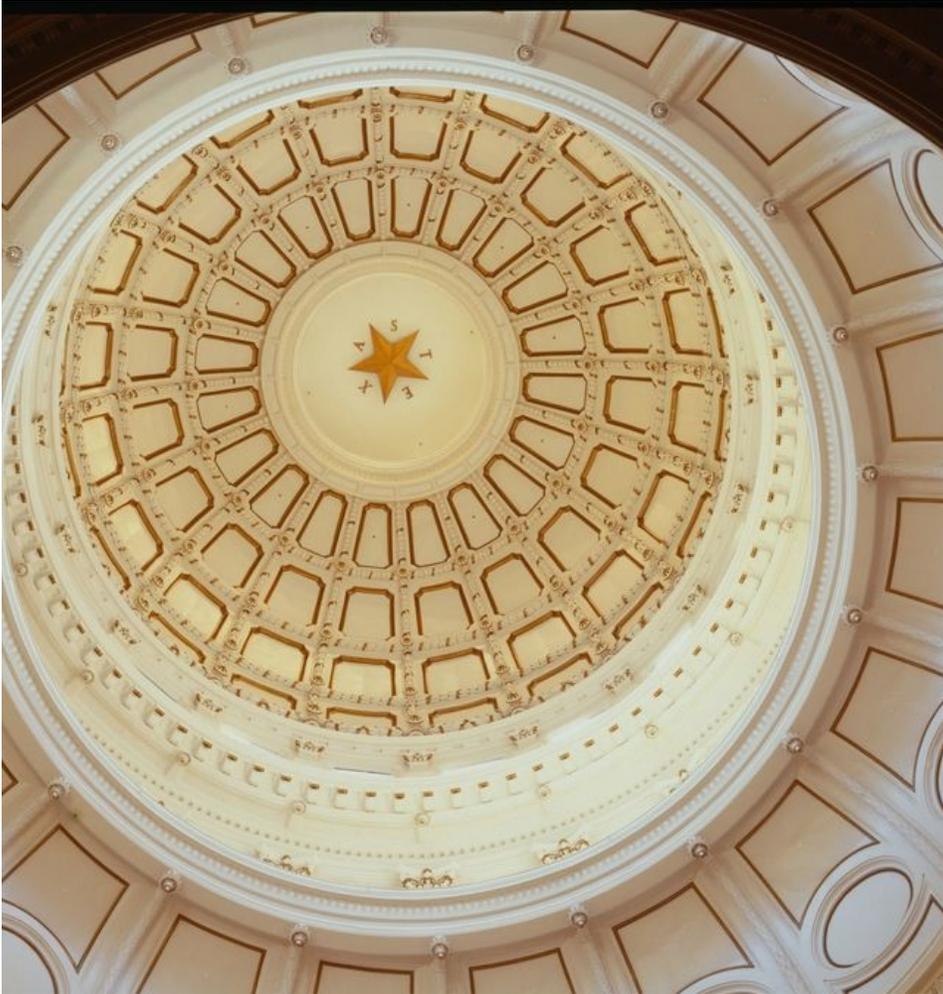
Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	07/2022

Step Description	Approver	Date
Legal Review	Kendra Thomas: Counsel	07/2022
Compliance Review	Anthony Robinson: VP	06/2022
Departmental Review	Keena Pace: Exec	06/2022
Initial Assignment	Keena Pace: Exec	06/2022
Initial Assignment	Shiela Oquin: ExecAsst	06/2022

EXHIBIT F-31

Transforming Lives



Legislative Priorities:

A Discussion

Presented By: Amanda Jones, JD

Director of Government and Public Affairs

Access: Workforce

* Workforce challenges emerge as the top issue for behavioral health services.



**COVID 19
Pandemic**

Increased demand for behavioral health services



Inflation

Increased costs to deliver services



Population Growth

Funding has not kept pace

Access: Mental Health and School Safety: Special Committee to Protect All Texans

Drivers: School shootings and crises at the juvenile justice facilities

Critical needs identified:

- Behavioral Health Workforce
- Children's Mental Health Services
- Increased capacity to purchase local psychiatric beds for children
- Multisystemic Therapy (MST)
- Coordinated specialty care
- MCOT for children
- Threat Assessment Teams
- Early Intervention



Access:



Someone to Talk to

- New Demand on Crisis Counselors
- Need for Data
- Workforce issues

Someone to Respond

- Unknown demand for emergent responses
- Need for Data
- Workforce issues

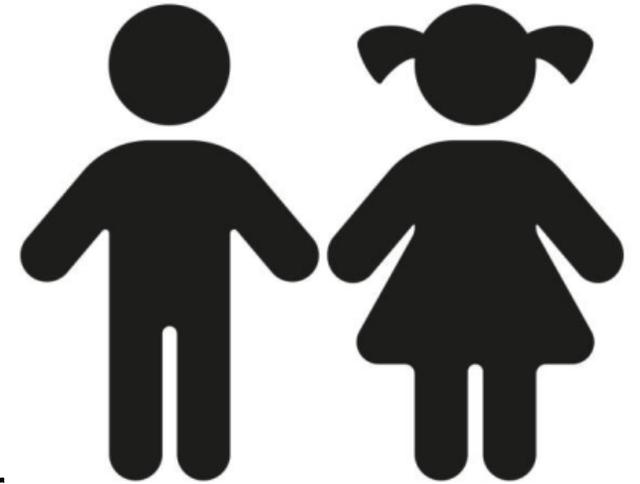
Someplace to Go

- Unknown demand for crisis stabilization, hospitalization, and aftercare.
- Need for Data
- Workforce issues

Access: IDD Interest Lists

The House Committee on Human Services is contemplating major changes in the methodology of interest lists.

- Prioritizing access to waiver services based on urgency of need, rather than 1st come 1st served, using an assessment or screening tool. This requires conducting regular assessments of people on the list.
- Offering less expensive support waivers (often not offering 24-hour residential supports) if these services can meet the individual's needs.
- Sufficient funding for community-based supports and services for people with co-occurring disorders will be critical.



Other Issues

- Purchased private psychiatric beds
- Growing state hospital waitlist
 - Outpatient Competency restoration
 - Jail-based competency restoration
- Not Guilty by Reason of Insanity proposal.



EXHIBIT F-32

August 2022

NEW CONTRACTS UNDER 100k

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000.00

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22 NEW CONTRACTS								
	ADMINISTRATION								
1	PBK Architects, Inc. dba Leaf Engineers	No	Analysis of the Current Designed HVAC System and Generator		\$35,000.00	07/06/22- 08/31/22	GR	RFQ	This new agreement to conduct an analysis of the current designed HVAC system and generator being installed at 6160 S Loop East for Capital Project.
2	Family to Family	No	Monthly Educational and Advocacy Training		\$6,000.00	09/01/22- 08/31/23	State Grant	Consumer Driven	This new agreement Family-to-Family will provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually)
3	Pre-Check	No	Pre-Employment Health Services		\$49,800.00	09/01/22- 08/31/27	GR	RFP	A Proposal Opening for Pre-Employment Health Services was held on Thursday, July 21, 2022. Sixteen (16) vendors were contacted, and advertisements were placed on The Harris Center's website, the State of Texas ESD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Five (5) proposals were received. Three (3) deemed responsive, one (1) non-responsive not signed and evaluated by the Project Team. One (1) "Notice Not to Participate" was received. The vendors that submitted responsive proposals are Next Care, Pre-Check, and LabCorp. The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Sharon Brauner, Purchasing Manager, Terence Freeman, Director of Human Resources, Ninfa Escobar, Director of Organizational Development and David Wykes, Interim Vice President of Human Resources. Six (6) areas were evaluated: Overall Program Concept, Understanding, Financial Condition, References, Past Performance, and Cost. Based on evaluation responses, Pre-Check was awarded. The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals. The initial fiscal year budget requested is \$49,800.00, subject to the appropriation and availability of funds. The total NTE requested for the five years is \$249,000.00, funded annually. FY23 NTE: \$49,800.00 FY24 NTE: \$49,800.00 FY25 NTE: \$49,800.00 FY26 NTE: \$49,800.00 FY27 NTE: \$49,800.00
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL								
	LEASES								
	MENTAL HEALTH SERVICES								



Executive Contract Summary

Contract Section

Contractor*

PBK Architects, Inc. d/b/a Leaf Engineers

Contract ID #*

2022-0452

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

PBK Architects, Inc. d/b/a Leaf Engineers 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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/6/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 35,000.00

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 conduct an analysis of the current designed HVAC system and generator being installed at 6160 S Loop East for Capital Project FM21.1126.22

NTE \$35,000.00 per proposal from 1124/569015

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 (?)

Leaf_Engineers_Consulting_Agreement-_ID_2022-0452 (Fully Executed).pdf 665.66KB

Vendor/Contractor Contact Person

Name*

PBK Architects dba Leaf Engineers / David Garza

Address*

Street Address

11 Greenway Plaza suite 2210

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77265-5381

Country

US

Phone Number*

7139403300

Email*

David.Garza@leafengineers.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

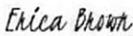
Budget Unit Number* 1124	Amount Charged to Unit* \$ 35,000.00	Expense/GL Code No.* 569015
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)
see proposal attached to contract

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

Requester Name Harper, Sarah	Submission Date 7/12/2022
--	-------------------------------------

Budget Manager Approval(s) 

Approved by 	Approval Date 7/12/2022
---	-----------------------------------

Procurement Approval 

File Upload (?)

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

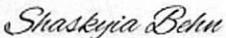
Contract Owner Approval 

Approved by 	Approval Date 7/13/2022
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 7/13/2022
--	------------------------------------



Executive Contract Summary

Contract Section ^

Contractor*

Family to Family

Contract ID #*

2022-0471

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

Family to Family and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

\$ 6,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Family-to-Family will provide monthly educational and advocacy training to clients, families and other community organizations at a fee of \$500 per month (\$6,000 annually)

Contract Owner*

Keena Pace

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*

Judy Blake

Address*

Street Address

16225 Park Ten Place

Address Line 2

Suite 500

City

Houston

Postal / Zip Code

77084

State / Province / Region

TX

Country

US

Phone Number*

832-754-6700

Email*

judy@familytofamilynetwork.org

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 6,000.00	542000
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

Govan, Chekesha

Submission Date

7/25/2022

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Approval Date

7/25/2022

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

WLS

Approval Date

7/25/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behm

Approval Date*

7/28/2022



Award Recommendation
REQUEST FOR PROPOSAL
Informal Procurement Process -Project #FY22-0173
Pre-Employment Health Services

A Proposal Opening for Pre-Employment Health Services was held on Thursday, July 21, 2022.

Sixteen (16) vendors were contacted, and advertisements were placed with, The Harris Center's website, the State of Texas ESD website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Five (5) proposals were received. Three (3) deemed responsive, one (1) non-responsive not signed and evaluated by the project team. One (1) "Notice Not to Participate" was received. The vendors who submitted responsive proposals are Next Care, Pre-Check, and LabCorp.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Sharon Brauner, Purchasing Manager, Terence Freeman, Director of Human Resources, Ninfa Escobar, Director of Organizational Development and David Wykes, Interim Vice President of Human Resources.

Six (6) areas were evaluated: Overall Program Concept, Understanding, Financial Condition, References, Past performance, and Cost.

Based on the project team's evaluation of responses received, it is recommended to award Pre-Check.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$49,800.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$249,000.00, funded annually. The Funding Source is 1108-543025.

FY23 NTE- \$49,800
 FY24 NTE- \$49,800
 FY25 NTE- \$49,800
 FY26 NTE- \$49,800
 FY27 NTE- \$49,800

**Rosalind
 Armstrong**

Digitally signed by
 Rosalind Armstrong
 Date: 2022.08.01
 14:40:20 -05'00'

Rosalind Armstrong, BSBA
 Buyer II

Nina Cook

Digitally signed by Nina
 Cook
 Date: 2022.08.01
 14:43:17 -05'00'

Nina Cook, MBA, CTPM
 Director of Purchasing

Steve Evans

Digitally signed by Steve
 Evans
 Date: 2022.08.01
 14:49:59 -05'00'

Steve Evans
 Controller

EXHIBIT F-33

August 2022

AMENDMENTS UNDER 100k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$100,000.00

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 AMENDMENTS									
	ADMINISTRATION									
1	Bonfire Interactive Ltd.	No	Automation of the Procurement Process for Goods and/or Services	\$9,375.00	\$37,500.00	\$46,875.00	09/01/22- 08/31/23	GR	Tag-On to DIR-TSO 433	This Amendment is ongoing renewal for the Automation of the Procurement Process for Goods and/or Services (includes eight (8) licenses).
2	Pearl Meyer & Partners, LLC	No	Consultant Services	\$11,000.00	\$670.00	\$11,670.00	09/01/21- 08/31/22	GR	RFQuote	This Amendment is to increase funds for the continuation of consultant services providing competitiveness review of cash compensation on behalf of CEO and Board of Directors.
3	Teladoc Health, Inc. (MyStrength)	No	Telehealth Services	\$40,000.00	\$2,000.00	\$42,000.00	06/01/22- 03/31/23	State Grant	Consumer Driven	This Amendment is to increase funds to the original contract for additional telehealth services.
4	DISA Global Solutions Inc. d/b/a/ DISA, Inc. (FKA Forward Edge)	No	Pre-Employment Drug Screening Testing for the Agency	\$39,000.00	\$20,000.00	\$59,000.00	09/01/22- 08/31/23	GR	RFP	This Amendment is to increase NTE funds to pay off FY22 invoices.
5	The Warring Group	No	Services Agreement for Marketing Services	\$2,999.00	\$7,000.00	\$9,999.00	05/31/22- 08/31/22	GR	Consultant Agreement	This Amendment is to expand the scope of work to include social media management until further notice.
	CPEP/CRISIS SERVICES									
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
	INTERLOCALS									
	LEASES									
	MENTAL HEALTH SERVICES									

Executive Contract Summary

Contract Section

Contractor*

Bonfire Interactive Ltd.

Contract ID #*

2022-0419

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health and IDD and Bonfire Interactive LTD.
 Tag-on to DIR-TSO-433, State of Texas

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)*

Check all that Apply

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

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 (?)

Current Contract Amount *

\$ 9,375.00

Increase Not to Exceed *

\$ 37,500.00

Revised Total Not to Exceed (NTE) *

\$ 46,875.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 46,875.00

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 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* (?)

Automation of the procurement process for goods and or services via Bonfire e-Sourcing Platform.

Contract Owner *

Nina Cook

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 (?)

Bonfire - June 2022 Board Report.pdf	12.93KB
Bonfire Interactive - Signed Agreement June 2022.html	333.79KB
Bonfire Interactive - ID 2022-0419 - DIR Tag-on Addendum Order F...	881.41KB
RECOMMENDATION E-Sourcing Software.rw_REV nc FINAL 042...	141.58KB

Vendor/Contractor Contact Person**Name ***

Richard Naylor, Account Executive (AE)

Address ***Street Address**

121 Charles Street West

Address Line 2

Suite C429

City

Kitchener

State / Province / Region

ON

Postal / Zip Code

N/A

Country

N/A

Phone Number *

(415) 223-8130

Email *

rnaylor@gobonfire.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 17,500.00	551002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1128	\$ 20,000.00	553002

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	Submission Date
Cook, Nina	7/6/2022

Budget Manager Approval(s)

Approved by

Approval Date

Ricardo Campbell

7/6/2022

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval

Approved by

Mina Cook

Approval Date

7/6/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

7/7/2022



**Recommendation for Board Approval
Automation of Procurement Process
Bonfire e-Sourcing Platform**

To enhance the solicitation process for goods and or services, due diligence was performed to acquire an eSourcing solution that will eliminate current manual process and allow The Harris Center Purchasing team to automate and perform the procurement process via an online platform versus a manual process.

Bonfire is an eProcurement System designed to help teams increase efficiency and visibility into the entire procurement workflow. Many local Texas agencies have selected Bonfire as their eProcurement System and procured Bonfire through their Department of Information Resources (DIR) contract, DIR-TSO-4363 with the State of Texas. Supporting agencies like Harris County, Harris County Metro, Houston Community College and over 100 organizations in Texas.

Bonfire covers the entire solicitation process from receiving internal customer requests, creating drafts, and leveraging templates to build solicitations, bringing internal stakeholders into the system to collaborate, setting up approval steps, advertising solicitations, receiving digital submissions, automating bid analysis, conducting Request for Proposal (RFP) evaluation, and pulling insights and reports from the entire process.

Benefits:

- Automate and improve Service delivery to the agency, purchasing and suppliers.
- Position Purchasing to identify and deliver value by better understanding and define end-user's underlying needs rather than just address the stated problems.
- Reduce costs by adopting sustainable procurement practices.
- Vendor Management System.
- Advanced analytics and reporting solutions.
- On Demand Training.

Six (6) vendors were contacted. Five (5) vendors provided demonstrations of their product.

- **Bonfire, the recommended platform** – User friendly cloud-based platform with advanced features.
- Aptean (Current Financial System) – Manual, very antiquated process.
- Performance Logic (Current Intake System) – No solicitation module only Intake.
- Public Purchase – Limited flexibility for template customization and no analytics and reporting.
- BidNet Direct/Vendor Registry – Manual processes still exist.
- PlanetBids – No response.

The Purchasing Team participated in the demos. Six (6) areas were reviewed, platform performance, user-friendly capability, template customization for complex solicitations, intake functionality, vendor management and analytics and reporting capabilities.

Based on the teams review and demonstration presented, Bonfire meets the automation requirements for the solicitation process performed by The Harris Center Purchasing team.

Board approval is requested to enter a contract with Bonfire through the State of Texas DIR program.

Contract:

DIR-TSO-4363 with the State of Texas
Vendor: Bonfire

Contract Term:

FY 2022: Initial Period NTE: June 1, 2022, to August 31, 2022 - \$ 9,375.00
FY 2023: Ongoing Annual Term NTE beginning: September 1, 2022, to August 31, 2023 - \$37,500.00
(includes eight (8) licenses).

The contract period is for an initial term in FY 2022 with an option to renew for 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.

The total NTE (Not to Exceed) amount to be funded annually subject to availability of the budget each year.

Funding Source:

Unit: 1128 Purchasing Department
Breakdown:
1. GL 551003 - \$4,375
2. GL 553002 - \$5,000

**Rolanda
Wilkes**

Digitally signed by
Rolanda Wilkes
Date: 2022.04.21
13:47:38 -05'00'

Rolanda Wilkes, MBA, MPM, SSGBC
Procurement Data Analyst

Nina Cook

Digitally signed by Nina
Cook
Date: 2022.04.21
13:51:21 -05'00'

Nina Cook, MBA, CTPM
Director of Purchasing

Sean Kim

Digitally signed by Sean
Kim
Date: 2022.04.21
13:55:44 -05'00'

Sean Kim, MBA, CPA
Chief Financial Officer

Contract Section **Contractor***

Pearl Meyer & Partners, LLC

Contract ID #*

2022-0358

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Consultant Services to provide Competitiveness Review of Cash Compensation on behalf of CE and Board of Directors.

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 11,000.00

Increase Not to Exceed*

\$ 670.00

Revised Total Not to Exceed (NTE) *

\$ 11,670.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 11,670.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

Consultant Services to provide Competitiveness Review of Cash Compensation on behalf of CEO and Board of Directors

Contract Owner *

Wayne Young

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*

Pearl Meyer and Partners, LLC

Address*

Street Address

112 Worcester Street

Address Line 2

Suite 302

City

Wellesley

State / Province / Region

MA

Postal / Zip Code

02481-3624

Country

US

Phone Number*

7136230093

Email*

mark.mundey@pearlmeier.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 670.00	542000
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

varies

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

7/18/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

7/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

7/18/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Belu

Approval Date*

7/18/2022

Contract Section **Contractor***

Teladoc Health, Inc. (myStrength)

Contract ID #*

6536

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Teladoc Health, Inc and The Harris Center for Mental Health and IDD Services

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)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

3/31/2023

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

Current Contract Amount*

\$ 40,000.00

Increase Not to Exceed*

\$ 2,000.00

Revised Total Not to Exceed (NTE)*

\$ 42,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 42,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Teladoc Health provides (i) a suite of telehealth services offered under the Teladoc® and HealthiestYou® brands, (ii) a suite of expert medical information services offered under the Teladoc®, Best Doctors®, and Advance Medical® brands, and (iii) a suite of online health coaching programs related to the management of chronic health conditions under the Livongo® brand, as more fully described in the Exhibit(s) incorporated in this Agreement (collectively, the "Services").

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

04-01-2021 to 03-31-2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center for Mental Health and IDD and TDH Inc SA_myS 1.0	66.01KB
Digital Renewal (draft) 3_31_22.docx	

Vendor/Contractor Contact Person



Name*

Julie Dorsey, Client Success Manager

Address *

Street Address

Attention: Chief Legal Officer

Address Line 2

2 Manhattanville Road, Suite 203

City

State / Province / Region

Purchase

NY

Postal / Zip Code

Country

10577

USA

Phone Number *

720-810-7480

Email *

julie.dorsey@teladochealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2626	\$ 2,000.00	553002

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2212	\$ 40,000.00	553002

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	Submission Date
Govan, Chekesha	7/21/2022

Budget Manager Approval(s)

Approved by

Approval Date

Debbie Chambers Shelby

7/21/2022

Contract Owner Approval

Approved by

Approval Date

Lance Britt

7/21/2022

Contracts Approval

Approve *

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

Approved by *

Shashya Behn

Approval Date *

7/21/2022

Contract Section **Contractor***

DISA Global Solutions Inc. d/b/a/ DISA, Inc. (FKA Forward Edge)

Contract ID #*

7069

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health & IDD and DISA Global Solutions Inc. d/b/a/ DISA, Inc. (FKA Forward Edge)

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 39,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 59,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 59,000.00

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* (?)

Pre-Employment Drug Screening Testing for the Agency.

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*

DISA Global Solutions Inc. d/b/a/ DISA, Inc. (FKA Forward Edge)

Address*

Street Address

10900 Corporate Centre Drive

Address Line 2

City

Houston

Postal / Zip Code

77041-5194

State / Province / Region

TX

Country

US

Phone Number*

800-752-6432

Email*

terence.freeman@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 20,000.00	543025
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Drug Screens-\$37.50; TB Testing-\$48.32; X-Ray Services 1 View-\$40.75

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, JeDonne	7/28/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
7/28/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Terence Freeman

Approval Date
7/28/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*
7/28/2022



Contract Section **Contractor***

The Warring Group

Contract ID #*

2022-0422

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Warring Group and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/31/2022

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 2,999.00

Increase Not to Exceed*

\$ 7,000.00

Revised Total Not to Exceed (NTE)*

\$ 9,999.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 7,000.00

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* (?)

This amendment is to expand the scope of work to include social media management until further notice.

Contract Owner*

Carrie Rys

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 (?)

Social media proposal.pdf

126.62KB

Vendor/Contractor Contact Person



Name*

The Warring Group

Address*

Street Address

9007 Avebury Stone Circle

Address Line 2

City

Missouri City

State / Province / Region

TX

Postal / Zip Code

77459-2433

Country

US

Phone Number*

2819066420

Email*

christy@thewarringgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1109	\$ 7,000.00	574000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$2,000 per month flat rate

Project WBS (Work Breakdown Structure)* (?)

Manage social media accounts while the staff position is vacant.

Requester Name	Submission Date
Lievsay, Nicole	7/21/2022

Budget Manager Approval(s)

Approved by

<i>Ricardo Campbell</i>	Approval Date 7/21/2022
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Contract Owner Approval

Approved by

<i>Carrie Rys</i>	Approval Date 8/1/2022
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Contracts Approval

Approve*

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

Approved by*

<i>Shasthya Behn</i>	Approval Date* 8/2/2022
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EXHIBIT F-34

August 2022

RENEWALS UNDER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS								
	ADMINISTRATION								
1	Don'Angelo & Company, LLC.	No	Executive Coaching Services	\$17,000.00	\$17,000.00	07/01/22- 12/31/22	GR	Executive Coaching	Renewal Agreement for Executive Coaching Services.
2	The McLean Hospital Corporation	No	Software License Agreement (Basis 24)	\$4,580.00	\$4,580.00	12/20/21- 12/19/22	GR	Sole Source	Annual Funding Only.
3	The McLean Hospital Corporation	No	Perceptions of Care (POC) Webscore	\$2,900.00	\$2,900.00	12/31/21- 12/30/22	GR	Private Pay Source	Annual Funding Only.
4	Ellen B. Kagen, MSW	No	Leadership and Consultant Services for the CEO	\$12,600.00	\$12,600.00	09/01/22- 08/31/23	GR	RFQuote	Annual renewal agreement of Leadership and Consultant Services for the CEO.
5	Susan Fordice d/b/a Fordice Consulting LLC	No	Consulting Services for The Harris Center's Foundation and Foundation's Board of Directors.	\$45,000.00	\$45,000.00	07/01/22- 06/30/23	GR	Consultant	Annual renewal of Consulting Services for The Harris Center's Foundation and Foundation's Board of Directors.
6	The University of Texas Health Science Center at Houston Baylor College of Medicine Department of Family and Community Medicine	No	A Joint Providership Agreement	\$3,300.00	\$6,600.00	09/01/22- 08/31/23	GR	N/A	Annual renewal of a joint providership agreement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity.
7		No	ECG Interpretation Services	\$45,000.00	\$49,950.00	09/01/22- 08/31/23	GR	N/A	Annual renewal of ECG Interpretation Services.
8	Master Pool MHFA Independent Certified Trainers	No	Additional Certified Trainers needed to support the mission and needs of the Community Outreach Training Department	\$5,000.00	\$5,000.00	09/01/22- 08/31/23	State	N/A	Annual renewal of additional Certified Trainers needed to support the mission and needs of the Community Outreach Training Department.
9	The Visual Influence, LLC	No	Consulting Services	\$49,000.00	\$22,375.00	03/30/22- 02/28/23	Federal Grant	RFQuote/ Sole Source	Renewal of Consulting Services to provide Learning Circles (World Café Model) Session and Training to Community Members for the Community Initiated Mental Health and Resilience Care Program as part of the ARPA project.
10	Pivot Point Consulting, A Vaco Company	No	Consulting and IT Staffing Services	\$205,000.00	\$75,000.00	09/01/22- 08/31/23	GR	Sole Source	Renewal of Consulting and IT Staffing Services.
11	Future Com, Ltd.	No	Maintenance and Support for the Gigamon Ethernet	\$26,552.18	\$28,000.00	09/01/22- 08/31/23	GR	Tag-On	Renewal of Maintenance and Support for the Gigamon Ethernet.
12	LAB Information Technology Incorporated dba LABUSA	No	Mobile Development Services	\$49,059.00	\$49,059.00	01/01/23- 08/31/23	GR	Tag-On	Renewal of mobile development services for Windows phone, iOS and Android.
13	Prowess Consulting, LLC dba SmartDeploy	No	An Independent OS and Application Deployment Solution	\$12,839.00	\$18,000.00	01/01/23- 12/31/23	GR	RFQuote	Renewal of an Independent OS and Application Deployment Solution.
14	Stericycle, Inc.	No	Agency-Wide Medical Waste Services	\$5,500.00	\$5,625.00	09/01/22- 08/31/23	GR	RFQuote	Annual renewal of Agency-Wide Medical Waste Services and an additional pickup location for the new Airline Unit.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
15	DISA Global Solutions Inc. dba DISA, Inc. (FKA Forward Edge)	No	Pre-Employment Drug Screening Testing for the Agency	\$39,000.00	\$59,000.00	09/01/22- 08/31/23	GR	RFP	Annual renewal of Pre-Employment Drug Screening Testing for the Agency.
16	The Warning Group	No	Services Agreement for Marketing Services	\$2,999.00	\$72,000.00	09/01/22- 08/31/23	GR	Consultant Agreement	This is a renewal of the PR/Marketing Agency that conduct the initial brand audit (Phase 1) to identify communication for the organization. In addition, Phase 2 will be general consultative services.
CPEP/CRISIS SERVICES									
17	The University of Texas Health Science Department of Psychiatry and Behavioral Sciences	No	Psychiatric Residential Services: PES	\$0.00	\$0.00	07/01/22- 06/30/23	State	Sole Source	Annual renewal of Psychiatric Residential Services: PES.
18	The University of Texas Health Science Department of Psychiatry and Behavioral Sciences	No	Outpatient Psychiatric Services	\$97,344.00	\$0.00	08/01/22- 07/31/23	State	Sole Source	Annual renewal of Outpatient Psychiatric Services.
19	Master Pool Jail Diversion Inpatient Beds	No	Mental Health Services and Psychiatric Beds	\$54,385.00	\$90,000.00	09/01/22- 08/31/23	County	RFP	Annual renewal agreement of Inpatient Psychiatric Beds for the Jail Diversion Services.
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
20	CTRL Delivery & Transportation, Inc.	No	Delivery & Transportation	\$12,000.00	\$15,000.00	09/01/22- 08/31/23	State	Consumer Driven	Correction to the NTE amount from July board report.
21	Master Pool Behavioral Support	No	IDD Behavioral Support Services	\$75,000.00	\$75,000.00	09/01/22- 08/31/23	State	Consumer Driven	Annual renewal of IDD Behavioral Support Services.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
22	Naomi Younggren	No	Consulting Services	\$14,000.00	\$11,950.00	09/01/22- 08/31/23	State Grant	RFQuote	Annual renewal of Consulting Services for The Harris Center's Early Childhood Intervention (ECI) Program to provide technical assistance.
23	P-Therapy Services	No	Speech/Language and Occupational/Physical Therapy Services	\$25,000.00	\$25,000.00	09/01/22- 08/31/23	State	Consumer Driven	Correction to the NTE amount from June board report.
LEASES									
MENTAL HEALTH SERVICES									
24	Morning Star Psychiatric Services, PLLC	No	Post Graduate Physician Assistant Psychiatry Residency Program	\$30,000.00	\$30,000.00	09/01/22- 08/31/23	GR	Consultant Agreement	Renewal of the Post Graduate Physician Assistant Psychiatry Residency Program.



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2021-0128

Contractor Name*

DON'ANGELO & COMPANY, LLC

Service Provided* (?)

EXECUTIVE COACHING SERVICES.

Renewal Term Start Date*

7/1/2022

Renewal Term End Date*

12/31/2022

Term for Off-Cycle Only (For Reference Only)

1/1/2022 - 6/30/2022

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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$17,000.00

Contract NTE* (?)

\$ 17,000.00

Rate(s)/Rate(s) Description

\$17,000.00 EXECUTIVE COACHING PROGRAM FEE
WITH PARTIAL PAYMENT OF \$8,500.00 DUE WITHIN 30
DAYS UPON FINAL EXECUTION OF AGREEMENT.

Unit(s) Served*

1110

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141774

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

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.*
1110	\$ 17,000.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 17,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kendra D. Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6759

Contractor Name*

The McLean Hospital Corp.

Service Provided* (?)

Behavior and Symptom Identification Scale (BASIS-24) End User License Software Agreement (EULA).

Renewal Term Start Date*

12/20/2021

Renewal Term End Date*

12/19/2022

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 4,580.00

Rate(s)/Rate(s) Description

B24 - LICENSE: \$680.00 (4 SITES: \$395.00 FIRST SITE + 3
ADDITIONAL SITES x \$95.00); B24 - WEB: \$0; B24 - PMS
QRTLY RPT: \$3,900.00

Unit(s) Served*

1173

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141303

Contract Requestor*

Evette Muro

Contract Owner*

Frederic Edgar

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.*
1173	\$ 4,580.00	553002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 4,580.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
4580

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Frederic Edgar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Frederic W. Edgar IV

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

7/7/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6791

Contractor Name*

The McLean Hospital Corp.

Service Provided* (?)

Perceptions of Care (POC) online webscore end user license agreement for patient satisfaction of care assessment.

Renewal Term Start Date*

12/31/2021

Renewal Term End Date*

12/30/2022

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 2,900.00

Rate(s)/Rate(s) Description

Poc-Ip- Webscore: \$0 (Includes Poc-Ip Survey) Poc-Ip/Rp -
Pms Qrtly Rpt: \$2,900.00 for four (4) reports.

Unit(s) Served*

1173

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141221

Contract Requestor*

Evette Muro

Contract Owner*

Frederic Edgar

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.*
1173	\$ 2,900.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,900.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2900

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Frederic Edgar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Frederic W. Edgar IV

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

7/7/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7842

Contractor Name*

Ellen B. Kagen, MSW

Service Provided* (?)

Leadership and Consultant Services for the CEO

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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) *

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$12,600.00

Contract NTE* (?)

\$ 12,600.00

Rate(s)/Rate(s) Description

\$350.00 per hour

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141336

Contract Requestor*

Veronica Franco

Contract Owner*

Wayne Young

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.*
1101	\$ 12,600.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 12,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Wayne Young

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by



Contracts Approval

Approve *

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

Approved by *



Approval Date *

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7832

Contractor Name*

Susan Fordice d/b/a Fordice Consulting LLC

Service Provided* (?)

Consulting Services for The Harris Center's Foundation and Foundation's Board of Directors.

Renewal Term Start Date*

7/1/2022

Renewal Term End Date*

6/30/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 45,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

Ct141338

Contract Requestor*

Veronica Franco

Contract Owner*

Carrie Rys

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.*
1101	\$ 45,000.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Carrie Rys

Contracts Approval

Approve *

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

Approved by *

Shasthya Behu

Approval Date *

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0361

Contractor Name*

The University of Texas Health Science Center at Houston

Service Provided* (?)

A joint providership arrangement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$3,300.00

Contract NTE* (?)

\$ 3,300.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141958

Contract Requestor*

Mercedes Montgomery

Contract Owner*

Luming Li

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.*
1101	\$ 6,600.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 6,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Luming Li

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Contracts Approval

Approve *

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

Approved by *

Approval Date *

7/20/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7254

Contractor Name*

Baylor College of Medicine - Department of Family and Community Medicine

Service Provided* (?)

ECG Interpretation Services

Term for Off-Cycle Only (For Reference Only)

N/A

Renewal Term Start Date

9/1/2022

Renewal Term End Date

8/31/2023

Procurement Method(s)*

Check all that Apply

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

Contract NTE (Old Text Field For Reference) (?)

\$50,000.00

Contract NTE (?)

\$ 45,000.00

Rate(s)/Rate(s) Description

\$38.40 PER ROUTINE CONSULTATION; \$50.40 PER URGENT CONSULTATION

7/18/2022

BM Corrections and Approval 2

Unit(s) Served*

VARIOUS UNITS

G/L Code(s)*

543019

Current Fiscal Year Purchase Order Number*

CT141500

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

File Upload (?)

Are you the responsible party for this contract?*

Yes No

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

7/18/2022

BM Corrections and Approval 2

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.*
2212	\$ 3,450.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 13,000.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 3,500.00	543019

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 16,000.00	543019

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

7/18/2022

BM Corrections and Approval 2

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 13,000.00	543019

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9205	\$ 350.00	543019

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 350.00	543019

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 300.00	543019

Budget Manager *	Secondary Budget Manager *
Oshman, Jodel	Kornmayer, Kimberly

Hide All BM

shelby_d,oshman_j

Hide All PBM

torres_a,kornmayer_k

Hide BM1 *

NTDOMAIN\shelby_d

Hide BM2

NTDOMAIN\oshman_j

Hide BM3

Hide PBM1 *

NTDOMAIN\torres_a

7/18/2022

BM Corrections and Approval 2

Hide PBM2

NTDOMAIN\kornmayer_k

Hide PBM3

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

Next Fiscal Year Not to Exceed Amount for Contract

FY2023 \$49,950.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

7/18/2022

BM Corrections and Approval 2

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approved by *

Jodel Oshman

Approve *

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

Approval Date *

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7407

Contractor Name*

P-MHFA Independent Certified Trainers

Service Provided* (?)

Additional Certified Trainers needed to support the mission and needs of the Community Outreach training department.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

MHFA Instructors are reimbursed at \$300.00 per completed course.

Unit(s) Served*

7003

G/L Code(s)*

543058

Current Fiscal Year Purchase Order Number*

CT141426

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.*
7003	\$ 5,000.00	543058

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0353

Contractor Name*

The Visual Influence, LLC

Service Provided* (?)

Consulting Services to provide Learning Circles (World Café Model) Session and Training to Community Members for the Community Initiated Mental Health and Resilience Care Program as part of the ARPA project.

Renewal Term Start Date*

3/30/2022

Renewal Term End Date*

2/28/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 49,000.00

Rate(s)/Rate(s) Description

542000

Unit(s) Served*

7008

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141947

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.*
7008	\$ 22,375.00	542000

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 22,375.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin Ileyay

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2021-0145

Contractor Name*

Pivot Point Consulting, A Vaco Company

Service Provided* (?)

Consulting and IT Staffing Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 205,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1158, 1147

G/L Code(s)*

900060

Current Fiscal Year Purchase Order Number*

CT141409

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1158	\$ 75,000.00	900060
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

**Contract Owner* (?)**

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Mustafa Codiinnala

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behn

Approval Date *

7/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7016

Contractor Name*

Future Com, Ltd.

Service Provided* (?)

Maintenance and Support for the Gigamon Ethernet

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 26,552.18

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141293

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 28,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 28,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behu

Approval Date*

7/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-0398

Contractor Name*

LAB Information Technology Incorporated dba LABUSA

Service 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

Renewal Term Start Date*

1/1/2023

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 49,059.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1147

G/L Code(s)*

900022

Current Fiscal Year Purchase Order Number*

CT142044

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1147	\$ 49,059.00	900060

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 49,059.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Musafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

7/27/2022

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

2022

Contract ID#*

7355

Contractor Name*

Prowess Consulting, LLC dba SmartDeploy

Service Provided* (?)

An independent OS and application deployment solution.

Renewal Term Start Date*

1/1/2023

Renewal Term End Date*

12/31/2023

Term for Off-Cycle Only (For Reference Only)**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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 12,839.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141571

Contract Requestor*

Shawnti Boswell

Contract Owner*

Mustafa Cochinwala

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.*
1130	\$ 18,000.00	553002
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

7/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7529

Contractor Name*

Stericycle, Inc.

Service Provided* (?)

Agency Wide Medical Waste Services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 5,500.00

Rate(s)/Rate(s) Description

Medical Waste Disposal: \$27.85 Per Container. Minimum Pick-up of one (1) container. No waste fee billed at one (1) container fee as applicable. Scheduled Pick ups.

Unit(s) Served*

1153, 2111, 2212, 2213,2214, 2215, 9208, 9210, 9403, 9810, 6302, 2690, 2250, 2301, 6302

G/L Code(s)*

543026

Current Fiscal Year Purchase Order Number*

CT141356

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

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.*
1153	\$ 125.00	543026
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2111	\$ 175.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 450.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 550.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 1,200.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 550.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 125.00	543026
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 225.00	543026
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Budget Unit Number* 2690	Amount Charged to Unit* \$ 400.00	Expense/GL Code No.* 543026
Budget Manager* Shelby, Debbie	Secondary Budget Manager* Loera, Angelica	
Budget Unit Number* 4836	Amount Charged to Unit* \$ 150.00	Expense/GL Code No.* 543026
Budget Manager* Shelby, Debbie	Secondary Budget Manager* Loera, Angelica	
Budget Unit Number* 6302	Amount Charged to Unit* \$ 450.00	Expense/GL Code No.* 543026
Budget Manager* Williams-Wesley, Sheenia	Secondary Budget Manager* Jiles, Monalisa	
Budget Unit Number* 9208	Amount Charged to Unit* \$ 150.00	Expense/GL Code No.* 543026
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Kornmayer, Kimberly	
Budget Unit Number* 9210	Amount Charged to Unit* \$ 325.00	Expense/GL Code No.* 543026
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Kornmayer, Kimberly	
Budget Unit Number* 9403	Amount Charged to Unit* \$ 550.00	Expense/GL Code No.* 543026
Budget Manager* Ramirez, Priscilla	Secondary Budget Manager* Oshman, Jodel	
Budget Unit Number* 9810	Amount Charged to Unit* \$ 200.00	Expense/GL Code No.* 543026
Budget Manager* Oshman, Jodel	Secondary Budget Manager* Kornmayer, Kimberly	
Fiscal Year* (?) 2023	Amount* (?) \$ 5,625.00	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$5,625.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes 

Are there any required changes to the contract language?* (?)
 Yes No

Will the scope of the Services change? *

Yes No

Please Explain *

Added one pickup location for the new AIRLINE UNIT. SEE ATTACHED PICKUP SCHEDULE

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 (?)

FY '23 STERICYCLE PICKUP FREQUENCY LIST FOR THE
VENDOR.xls

40KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Debbie Chambers Shelby

Approved by

Toddl Ostman

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval

Approved by

Kia Walker

Contracts Approval

Approve *

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

Approved by*

Shaskya Behn

Approval Date*

7/28/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7069

Contractor Name*

DISA Global Solutions Inc. d/b/a/ DISA, Inc. (FKA Forward Edge)

Service Provided* (?)

Pre-Employment Drug Screening Testing for the Agency.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 39,000.00

Rate(s)/Rate(s) Description

Drug Screens-\$37.50; TB Testing-\$48.32; X-Ray Services 1
View-\$40.75

Unit(s) Served*

1108

G/L Code(s)*

543025

Current Fiscal Year Purchase Order Number*

CT141247

Contract Requestor*

JeDonne Williams

Contract Owner*

Terence Freeman

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.*
1108	\$ 59,000.00	543025
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2022	\$ 59,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Terence Freeman

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve*

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

Approved by*

Shaskya Behu

Approval Date*

7/28/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0422

Contractor Name*

The Warring Group

Service Provided* (?)

The Harris Center for Mental Health and IDD seeks a PR/Marketing agency to conduct an initial brand audit (Phase 1) to identify communication for the organization. Phase 2 will be general consultative services.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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"/> |

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 2,999.00

Rate(s)/Rate(s) Description

15 - 20 hours of time ranging from \$2250 - \$3000

Unit(s) Served*

1109

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

Submitted

Contract Requestor*

Nicole Lievsay

Contract Owner*

Carrie Rys

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.*
1109	\$ 72,000.00	542000

Budget Manager*	Secondary Budget Manager*
Brown, Erica	Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2023	\$ 72,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
72000

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Please Explain*

The new SOW and draft contract will be sent under separate cover.

Will the scope of the Services change?*

Yes No

Please Explain*

This renewal adds general consultative services

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Carrie Rys

Contracts Approval

Approve*

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

Approved by*

Shakeyia Behn

Approval Date*

8/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

7495

Contractor Name*

UTHSC-Houston Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Psychiatric Residential Services: PES

Renewal Term Start Date*

7/1/2022

Renewal Term End Date*

6/30/2023

Term for Off-Cycle Only (For Reference Only)

07/01/22-06/30/23

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)*

Check all that Apply

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

Contract 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"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

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.*
2208	\$ 0.00	540504
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
0.00

Contract Funding Source*
State

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Shasthya Behu

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

7/21/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7246

Contractor Name*

UTHSC-Houston Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Outpatient Psychiatric Services (Correction)

Renewal Term Start Date*

8/1/2022

Renewal Term End Date*

7/31/2023

Term for Off-Cycle Only (For Reference Only)

08/01/22-07/31/23

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$97,344.00

Contract NTE* (?)

\$ 97,344.00

Rate(s)/Rate(s) Description

\$117.00 per hour-16 hours per week up to 50 hours

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141243

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

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.*
2208	\$ 0.00	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
0.00

Contract Funding Source*

State

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Shaskyia Behu

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

7/21/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7279

Contractor Name *

Master Pool-Jail Diversion Inpatient Bed

Service Provided* (?)

Inpatient Psychiatric Bed Services for the Jail Diversion Services

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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) *

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$54,385.00

Contract NTE* (?)

\$ 54,385.00

Rate(s)/Rate(s) Description

\$625.00 per bed day

Unit(s) Served*

9405

G/L Code(s)*

543044

Current Fiscal Year Purchase Order Number*

CT141332

Contract Requestor*

Priscilla Ramirez

Contract Owner*

Kim Kornmayer

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9405	\$ 90,000.00	543044
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 90,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

90000.00

Contract Funding Source *

County

Contract Content Changes



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

 Yes No

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

Priscilla M. Ramirez

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7204

Contractor Name*

CTRL Delivery & Transportation, Inc.

Service Provided* (?)

Delivery and transportation

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

NA

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$22,000.00

Contract NTE* (?)

\$ 12,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543014

Current Fiscal Year Purchase Order Number*

CT139616

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

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.*
3585	\$ 15,000.00	543014

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
15,000.00

Contract Funding Source*

State

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behu

Approval Date*

6/21/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7553

Contractor Name*

P-Behavioral Support Master Pool

Service Provided* (?)

IDD Behavioral Support Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other <input type="text"/> |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

\$65.00 per hour

Unit(s) Served*

3648

G/L Code(s)*

543028

Current Fiscal Year Purchase Order Number*

Ct141250

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

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.*
3648	\$ 75,000.00	543028
Budget Manager*		Secondary Budget Manager*
Adams-Austin, Mamie		Downey, Michael

Fiscal Year* (?)	Amount* (?)
2023	\$ 75,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
\$75,000

Contract Funding Source*
State

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)



Approved by

Mamie Adams

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behu

Approval Date *

8/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID# *

7682

Contractor Name *

Naomi Younggren

Service Provided* (?)

Consulting services for the Agency's Early Childhood Intervention (ECI) Program to provide Technical Assistance.

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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) *

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" 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 checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$14,000.00

Contract NTE* (?)

\$ 14,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

3360

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141511

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

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**Please Explain***

Consultant has been in-serviced on the invoice submission timelines for the agreement.

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. *
3360	\$ 14,400.00	542000

Budget Manager *	Secondary Budget Manager *
Adams-Austin, Mamie	Downey, Michael

Fiscal Year * (?)	Amount * (?)
2023	\$ 14,400.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

n/a

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Please Explain *

See uploaded attachment

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 (?)

FY 23 Exhibit A Naomi Younggren.pdf	40.2KB
FY23 Exhibit A-1 Naomi Younggren (budget justification).docx	17.58KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

6/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6781

Contractor Name*

P-Therapy Services

Service Provided* (?)

Speech/Language Therapy Services
Occupational/Physical Therapy Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)
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)*

Check all that Apply

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

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

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

- Yes
 No
 Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 25,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3360

G/L Code(s)*

543012

Current Fiscal Year Purchase Order Number*

CT141320

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

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. *
3360	\$ 25,000.00	543012
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

\$25,000.00

Contract Funding Source *

State

Contract Content Changes



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

 Yes No

Please Explain *

Rate(s)/Rate(s) Description:

\$86.01/45 minutes - Speech/Language Therapy

\$97.86/45 minutes - Occupational/Physical Therapy

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve *

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

Approved by *

Shaskya Behu

Approval Date *

5/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7754

Contractor Name*

Morning Star Psychiatric Services, PLLC

Service Provided* (?)

Consulting for Development and Implementation of a Post Graduate Physician Assistant Psychiatry Residency Program at The Harris Center.

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 30,000.00

Rate(s)/Rate(s) Description

Four (4) to six (6) hours per week, \$100.00 per hour

Unit(s) Served*

1101

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141288

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

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.*
1101	\$ 30,000.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
30,000.00

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Luming Li

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

Signature

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

7/20/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7497

Contractor Name*

Baylor College of Medicine

Service Provided* (?)

Psychiatric Resident Educational Rotation for Consumers who have IDD and Autism Spectrum Disorders with and without psychiatric co-morbidity.

Renewal Term Start Date*

7/1/2022

Renewal Term End Date*

6/30/2023

Term for Off-Cycle Only (For Reference Only)

07/01/22-06/30/23

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

\$24,907.68

Contract NTE* (?)

\$ 24,907.68

Rate(s)/Rate(s) Description

\$63.54 per hour

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT141254

Contract Requestor*

Angelica Loera

Contract Owner*

Dr. Muzquiz

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.*
2208	\$ 25,416.00	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 25,416.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
25,516.00

Contract Funding Source*

State

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Please provide the net days*

30

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Signature of Elizabeth Howard

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

7/22/2022

EXHIBIT F-35

August 2022
Affiliation Agreements, Grants,
MOU's and Revenues
Information Only

SNAPSHOT SUMMARY
AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
	FY22 CONTRACTS						
	AFFILIATION AGREEMENTS						
1	Andrews University	No	Clinical Field Placements in the School of Social Work	New	07/01/22- 07/31/25	GR	This agreement is to allow students enrolled at Andrews University School of Social Work to complete clinical field placements at the Harris Center as part of their degree requirements.
2	Prairie View A&M University	No	Clinical Field Placements in the School of Social Work	New	06/29/22- 06/30/25	GR	This agreement is to allow students enrolled at Prairie View A&M University School of Social Work to complete clinical field placements at the Harris Center as part of their degree requirements.
3	Houston Baptist University	No	Clinical Field Placements in the School of Psychology	New	07/08/22- 07/31/22	GR	This new agreement will allow students enrolled at Houston Baptist University undergraduate (school of psychology) to complete clinical field placements at the Harris Center as part of their degree requirements.
4	The Vocational Nursing Institute, Inc	No	Clinical Field Placements	New	07/08/22- 07/31/25	GR	This new agreement will allow students enrolled at the Vocational Nursing Institute, Inc. to complete clinical field placements at the Harris Center as part of their degree requirements.
	MOU						
5	Texas Clinic Healthcare System	No	Collaboration with The Harris Center Substance Use Disorder Outreach Program (SUDOP)	New	07/01/22- 08/31/23	GR	This new agreement will allow Texas Clinic Healthcare System to collaborate with The Harris Center Substance Use Disorder Outreach Program (SUDOP) to provide Opioid Use Disorder (OUD) clients acquired from outreach, engagement, referral, linkage the opportunity for retention in substance use, mental health, and medical services to Texas residents living with a OUD Medical Assisted Treatment (MAT) at their community centers on an as needed basis. Also to allow all clients with OUD priority access to treatment at Texas Clinic Healthcare System. SUDOP will pay for all prescription render for SUDOP Consumers prescribed by their physician.
6	Covenant House Texas	No	Collaboration with The Harris Center Substance Use Disorder Outreach Program (SUDOP)	New	07/01/22- 08/31/23	GR	This new agreement will allow Covenant House to collaborate with The Harris Center Substance Use Disorder Outreach Program (SUDOP) to provide adolescent clients acquired from outreach, engagement, referral, linkage the opportunity for retention in substance use, mental health, and medical services to adolescence living with a Substance Use Disorder (SUD) at their residential center on an as needed basis. Also to allow all clients with SUD access Mental Health treatment at The Harris Center through SUDOP.
	REVENUE						
7	All About U-HCS	No	Day Habilitation Services	Renewal	09/01/22- 08/31/23	State	Annual renewal agreement for Day Habilitation Services.
8	Accountable Source, Inc.	No	Day Habilitation Services	Renewal	09/01/22- 08/31/23	State	Annual renewal agreement for Day Habilitation Services.
9	The Center for Pursuit dba The Center	No	Day Habilitation Services	Renewal	09/01/22- 08/31/23	State	Annual revenue renewal agreement for Day Habilitation Services.

Contract Section **Contractor***

Andrews University

Contract ID #*

2022-0453

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health And IDD & Andrews University School of Social Work

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2022

Contract Term End Date* (?)

7/31/2025

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 Andrews University School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

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*

Andrews University School of Social Work

Supporting Documentation Upload (?)

Practicum Partner Expectations.pdf 237.11KB

Vendor/Contractor Contact Person

Name*

Twla Smith

Address*

Street Address

4141 Administration Drive

Address Line 2

City

Berrien Springs

Postal / Zip Code

49101

State / Province / Region

MI

Country

US

Phone Number*

269-471-6600

Email*

twyla@andrews.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

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

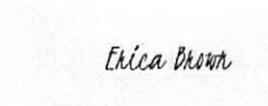
N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Williams, JeDonne	7/5/2022

Budget Manager Approval(s) ^

Approved by	Approval Date
	7/5/2022

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
 Sign	

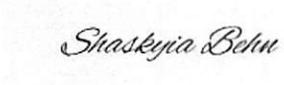
Contract Owner Approval ^

Approved by	Approval Date
	7/6/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	7/7/2022



Executive Contract Summary

Contract Section



Contractor*

PRAIRIE VIEW A&M UNIVERSITY (SOCIAL WORK)

Contract ID #*

2022-0450

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/29/2022

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & PRAIRIE VIEW A&M SCHOOL OF SOCIAL WORK

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)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

6/29/2022

Contract Term End Date* (?)

6/30/2025

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT PRAIRIE VIEW A&M UNIVERSITY SCHOOL OF SOCIAL WORK TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART AS THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE TE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY 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*

PRAIRIE VIEW A&M UNIVERSITY SCHOOL OF SOCIAL WORK

Supporting Documentation Upload (?)

SOWK 4176-P02.pdf

395.57KB

Vendor/Contractor Contact Person**Name***

DR. ESTHER OGUNJIMI

Address*

Street Address

P.O. BOX 519 MS 1060

Address Line 2

City

PRAIRIE VIEW

Postal / Zip Code

77446

State / Province / Region

TX

Country

USA

Phone Number*

936-261-1675

Email*

etogunjimi@pvamu.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

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	6/29/2022

Budget Manager Approval(s) 

Approved by



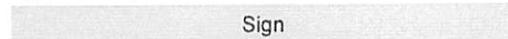
Approval Date

6/29/2022

Procurement Approval 

File Upload (?)

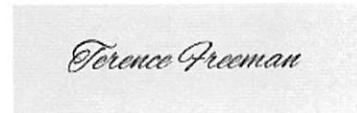
Approved by



Approval Date

Contract Owner Approval 

Approved by



Approval Date

6/29/2022

Contracts Approval

Approve*

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

Approved by*



Approval Date*

6/30/2022



Executive Contract Summary

Contract Section

Contractor*

Houston Baptist University (Undergraduate)

Contract ID #*

2022-0458

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health And IDD & Houston Baptist University Undergraduate (Department of Psychology)

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/8/2022

Contract Term End Date* (?)

7/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled at Houston Baptist University undergraduate (school of psychology) to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

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*

Houston Baptist University (Undergraduate) School of Psychology

Supporting Documentation Upload (?)

PSYC 4390 Site Supervisor Agreement.pdf	85.62KB
PSYC 4390_01 Senior Capstone_Austin.Spring 22.pdf	410.51KB

Vendor/Contractor Contact Person

Name*

Matiko Austin

Address*

Street Address

7502 Fondren Road

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number*

281-649-3000

Email*

maustin@hbu.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	7/8/2022

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date

7/8/2022

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Terence Freeman

Approval Date

7/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

7/12/2022





Executive Contract Summary

Contract Section



Contractor*

The Vocational Nursing Institute, Inc

Contract ID #*

2022-0459

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health and IDD & The Vocational Nursing Institute, Inc

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)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/8/2022

Contract Term End Date* (?)

7/31/2025

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 the Vocational Nursing Institute, Inc to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

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 Vocational Nursing Institute, Inc

Supporting Documentation Upload (?)

2022 Master Contract for Clinical Rotations RN VN NA MAA M
 Aide_.doc 61.5KB

Vendor/Contractor Contact Person

Name*

Kimberly Kelly

Address*

Street Address

112101 Steeple Park Drive

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77065

Country

USA

Phone Number*

832-237-2525

Email*

kkelly@vni.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

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	7/8/2022

Budget Manager Approval(s) 

Approved by

Erica Brown

Approval Date

7/8/2022

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Torrence Freeman

Approval Date

7/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

7/12/2022



Executive Contract Summary

Contract Section ^

Contractor*

Texas Clinic Healthcare System

Contract ID #*

2022-0456

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

Texas Clinic Healthcare System and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2022

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* (?)

- 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 Texas Clinic Healthcare System to collaborate with The Harris Center Substance Use Disorder Outreach Program (SUDOP) to provide Opioid Use Disorder (OUD) clients acquired from outreach, engagement, referral, linkage the opportunity for retention in substance use, mental health, and medical services to Texas residents living with a OUD Medical Assisted Treatment (MAT) at their community centers on an as needed basis. Also to allow all clients with OUD priority access to treatment at Texas Clinic Healthcare System. SUDOP will pay for all prescription render for SUDOP Consumers prescribed by their physician.

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*

Texas Clinic Healthcare System

Supporting Documentation Upload (?)

Texas Clinic Healthcare System.pdf	567.93KB
Texas Clinic MOU - additional addresses.docx	12.21KB

Vendor/Contractor Contact Person

Name*

Farrukh Shamsi

Address*

Street Address

6311 Fulton St.

Address Line 2

City

Houston

Postal / Zip Code

77022

State / Province / Region

Texas

Country

US

Phone Number*

713-694-8100

Email*

Farrukh@texasclinic.com

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	0
Budget Manager Oshman, Jodel	Secondary Budget Manager Macleod, Ann	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/7/2022

Budget Manager Approval(s)

Approved by



Approval Date

7/7/2022

Procurement Approval

File Upload (?)

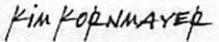
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

7/7/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

7/12/2022



Executive Contract Summary

Contract Section



Contractor*

Covenant House Texas

Contract ID #*

2022-0457

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

Covenant House Texas and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/1/2022

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* (?)

- 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 Covenant House to collaborate with The Harris Center Substance Use Disorder Outreach Program (SUDOP) to provide adolescent clients acquired from outreach, engagement, referral, linkage the opportunity for retention in substance use, mental health, and medical services to adolescence living with a Substance Use Disorder (SUD) at their residential center on an as needed basis. Also to allow all clients with SUD access Mental Health treatment at The Harris Center through SUDOP.

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*

Covenant House

Supporting Documentation Upload (?)

Supportive Services - Covenant House TX.pdf 187.91KB

Vendor/Contractor Contact Person

Name*

Delesha Jones

Address*

Street Address

1111 Lovett Blvd

Address Line 2

City

Houston

Postal / Zip Code

77006

State / Province / Region

Texas

Country

US

Phone Number*

713-630-5615

Email*

djones@covenanthouse.org

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	0
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

Singh, Patricia

Submission Date

7/7/2022

Budget Manager Approval(s)



Approved by

Jodel Oshman

Approval Date

7/7/2022

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kim Kopnmayer

Approval Date

7/7/2022

Contracts Approval

Approve *

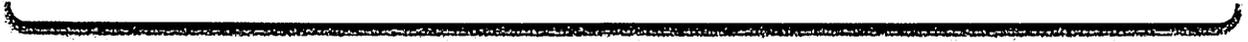
- Yes
- No, reject entire submission
- Return for correction

Approved by *

Shasthya Behn

Approval Date *

7/12/2022





Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

2022-6456

Contractor Name*

All About U-HCS

Service Provided* (?)

Day Habilitation Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" 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 |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

00

Contract Requestor*

Margo Childs

Contract Owner*

Janice Baines

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.*
3638	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Rates FY 23.docx

12.65KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

2022-6417

Contractor Name*

Accountable Source, Inc.

Service Provided* (?)

Day Habilitation services

Renewal Term Start Date*

9/1/2021

Renewal Term End Date*

8/31/2022

Term for Off-Cycle Only (For Reference Only)

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)*

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input checked="" 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 |

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

00

Contract Requestor*

Margo Childs

Contract Owner*

Janice Baines

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.*
3638	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Rates FY 23.docx

12.65KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information


Current Fiscal Year

2022

Contract ID#*

6740

Contractor Name*

The Center for Pursuit dba The Center

Service Provided* (?)

DayHab Services

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

Contract 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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Day Habilitation @ a rate of \$22.05/per day, per customer

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Margo Childs

Contract Owner*

Tiffanie Williams-Brooks

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.*
3638	\$ 0.00	n/a
Budget Manager*	Secondary Budget Manager*	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year* (?)	Amount* (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
n/a

Contract Funding Source*
State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year .docx 12.93KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Janice Baines

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

6/9/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6402

Contractor Name*

Crystal Support Care

Service Provided* (?)

The Contractor shall provide day habilitation services, employment assistance and/or supported employment services for designated, agreed upon consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (LON 1) (HCS) Limited (LON 5) (HCS) Extensive (LON 8) (HCS) Pervasive (LON 6) (HCS) TxHmL (DAYHAB)*
Employment Assistance Supportive Employment ~
\$22.05/day per consumer \$24.10/day per consumer
\$31.78/day per consumer \$39.63/day per consumer
\$21.08/day per consumer \$25.00 per hour \$25.00 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

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.*
3585	\$ 0.00	000

Budget Manager*

Adams-Austin, Mamie

Secondary Budget Manager*

Downey, Michael

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx

12.94KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Evanche Collins

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

7/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6414

Contractor Name*

Royal Care, Inc.

Service Provided* (?)

The Contractor shall provide Day Habilitation Services for designated, agreed upon Consumers

Renewal Term Start Date*

9/1/2022

Renewal Term End Date*

8/31/2023

Term for Off-Cycle Only (For Reference Only)

N/A

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)*

Check all that Apply

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

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

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

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?)

0

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Intermittent (HCS) \$22.05/ day per consumer Limited (H CS)
 \$24.10/ day per consumer Extensive (HCS) \$31.78/day per
 consumer Pervasive (HCS) \$39.63/day per consumer
 TxHmL (DAY HAB)* \$21.08/ day per consumer Employment
 Assistance \$25.00 per hour Supportive Employment \$25.00
 per hour

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

Contract Requestor*

Thomas Wills

Contract Owner*

Lily Pan

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. *
3585	\$ 0.00	000
Budget Manager *	Secondary Budget Manager *	
Adams-Austin, Mamie	Downey, Michael	

Fiscal Year * (?)	Amount * (?)
2023	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

000

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Rate Charges HCS and TxHmL Providers Fiscal Year 2023.docx 12.94KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lily Pan

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

7/18/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Texas Parks and Wildlife

Contract ID #*

N/A

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Texas Parks and Wildlife and The Harris Center for Mental Health and IDD

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/1/2021

Contract Term End Date* (?)

5/31/2024

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

Fiscal Year* (?)

2022

Funding Source*

Federal Grant

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* (?)

Expanding construction of a Youth and Family Wellness Center to build a specified youth wing within clinic that will add wraparound services for youth and seniors.

Contract Owner*

Tiffanie Williams-Brooks

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 (?)

TPWD TPW CA-0003323 Proj No AR-000004 Youth and Family Wellness Center - Construction Expansion 7.19.2022.pdf	386.39KB
TPWD TPW CA-0003322 Proj No. AR-000003 Youth and Family Wellness Center Services 7.19.2022 (002).pdf	466.78KB

Vendor/Contractor Contact Person

Name*

Dana Largarde

Address*

Street Address

4200 Smith School Road

Address Line 2

City

Austin

Postal / Zip Code

78744

State / Province / Region

TX

Country

USA

Phone Number*

5123898175

Email*

dana.largarde@tpwd.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 4780	Amount Charged to Unit* \$ 0.00	Expense/GL Code No.* 435049
Budget Manager Shelby, Debbie	Secondary Budget Manager Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

Revenue - \$5,776,732

Requester Name Govan, Chekesha	Submission Date 7/21/2022
--	-------------------------------------

Budget Manager Approval(s)

Approved by

Debbie Chambers-Shelby

Approval Date

7/22/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks

Approval Date

7/25/2022

Contracts Approval

Approve*

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

Approved by*

Silvia Tiller

Approval Date*

7/28/2022

Contract Section **Contractor***

Baylor College of Medicine (Be-Well Be-Connected)

Contract ID #*

2021-0135

Presented To*

- Resource Committee
 Full Board

Date Presented*

8/16/2022

Parties* (?)

Baylor College of Medicine and The Harris Center for Mental Health and IDD Services

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)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/30/2019

Contract Term End Date* (?)

9/29/2022

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

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* (?)

Be-Well Be-Connected Program:
 The HARRIS CENTER, through the work efforts of its Lead Family Coordinator, Ms. Shea Meadows, will develop and coordinate a family input process to support decision making and authentic family voice at all System of Care (SOC) levels. Ensures that families representing the target population have the information necessary to make choices for improved planning and service delivery; and to participate in design, implementation, assessment, policy creation, and governance of the SOC.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/30/2020 to 09/29/21

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

SM082256-03 Amend 2 BCM_Williams THC_Meadows 58731-N3 692.01KB
 751.2 (updated).pdf

Vendor/Contractor Contact Person

Name*

Laurel L. Williams

Address*

Street Address

Baylor College of Medicine

Address Line 2

6655 Travis St #700

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

USA

Phone Number*

713-798.5622

Email*

laurelw@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 54,000.00	435033
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

7/22/2022

Budget Manager Approval(s)

Approved by



Approval Date

7/25/2022

Contract Owner Approval

Approved by



Approval Date

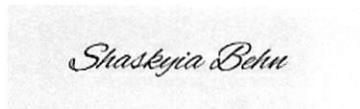
7/26/2022

Contracts Approval

Approve*

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

Approved by*



Approval Date*

7/29/2022

EXHIBIT F-36

RESEARCH

Open Access



Implementation of simulation-based health systems science modules for resident physicians

Luming Li^{1,2}, Jessica M. Ray³, Meghan Bathgate⁴, William Kulp¹, Julia Cron^{5,6}, Stephen J. Huot⁷ and Ambrose H. Wong^{3*}

Abstract

Background: Health system science (HSS) encompasses both core and cross-cutting domains that emphasize the complex interplay of care delivery, finances, teamwork, and clinical practice that impact care quality and safety in health care. Although HSS skills are required during residency training for physicians, current HSS didactics have less emphasis on hands-on practice and experiential learning. Medical simulation can allow for experiential participation and reflection in a controlled environment. Our goal was to develop and pilot three simulation scenarios as part of an educational module for resident physicians that incorporated core and cross-cutting HSS domains.

Methods: Each scenario included a brief didactic, an interactive simulation in small-group breakout rooms, and a structured debriefing. The case scenario topics consisted of educational leadership, quality and safety, and implementation science. Learners from four residency programs (psychiatry, emergency medicine, orthopedics, ophthalmology) participated January – March 2021.

Results: A total of 95 resident physicians received our curricular module, and nearly all (95%) participants who completed a post-session survey reported perceived learning gains. Emotional reactions to the session were positive especially regarding the interactive role-play format. Recommendations for improvement included participation from non-physician professions and tailoring of scenarios for specific disciplines/role. Knowledge transfer included use of multiple stakeholder perspectives and effective negotiation by considering power/social structures.

Conclusions: The simulation-based scenarios can be feasibly applied for learner groups across different residency training programs. Simulations were conducted in a virtual learning environment, but future work can include in-person and actor-based simulations to further enhance emotional reactions and the reality of the case scenarios.

Keywords: Patient simulation, Graduate medical education, Health system science

Background

The Accreditation Council for Graduate Medical Education (ACGME) has incorporated multiple competencies related to health systems science in residency training to highlight the importance of understanding complexities of systems in delivering effective and safe patient care

[1]. Core competencies in practice-based improvement and system-based practice are important components of health systems science (HSS) [2].

Several reports have identified deficits among newly trained physicians in leadership skills for HSS [3]. One challenge to teaching HSS is that it encompasses multiple competencies in health care delivery, financing, communication skills, team-based care, population health, and the attainment of patient safety and quality, which can then be further divided to identify core and cross-cutting domains [4]. Within our institution, some ad-hoc

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didactic lectures and apprenticeship-type electives in healthcare administration are being conducted within several disciplines for resident physicians, but no site-wide formal training in HSS is currently in place. Experts have called for radical transformation and redesign of educational curricula that prepare trainees to lead executive teams and address challenges in rapidly evolving systems of care [2].

Curricula that have been developed in HSS within undergraduate medical education focuses on content knowledge and didactics, but less on experiential learning [5]. Although resident physicians are constantly placed in real-life situations that include many cross cutting HSS domains, they are rarely debriefed post-event or viewed through an HSS lens [6]. Simulation-based medical education is a tool that incorporates structured, skill-building learning experiences and has been used to teach physicians communication and non-technical skills. Simulation helps activate learners' emotional or affective states, allowing for development of cognitive and communication skills necessary in clinical practice through an immersive and psychologically safe environment that ultimately leads to significant improvement in patient safety [7]. Studies have demonstrated feasibility in simulation to target healthcare organizational leadership and systems science for executives and managers [8]. Although case-based curricula for patient safety and quality improvement that involve discussions and simulation likely exist locally at various institutions, no standardized or widely used curricula for HSS that incorporates simulation currently exist for graduate medical education.

In this innovation report, we describe the implementation of a structured curricular module consisting of three simulation-based clinical case scenarios for resident

physicians across four residency programs that integrate core and cross-cutting competencies in HSS using realistic situations that can occur in healthcare settings.

Methods

Theoretical background and curricular design

To address the complexity of teaching HSS, we used an instructional and evaluation approach that was grounded and aligned to Self-Determination Theory (SDT) [9]. SDT emphasizes that learners' engagement and learning outcomes are directly related to their relationships with each other, perceived competence in a content area, and autonomy regarding their engagement. Our educational innovation reflects SDT by scaffolding participants' knowledge throughout each curricular case scenario by incorporating a clear structure for respectful interactions amongst learner groups and allowing for a high degree of autonomy in how individuals enacted their role. SDT builds on the benefits of simulation-based learning by providing a more direct emotional connection to the learning materials and a setting for practicing interpersonal dynamics in a controlled environment. SDT also pairs with our evaluation approach, which explores participants' perceived learning gains, specific changes in their understanding, and value of session components. Feedback provided by volunteer participants early in the design process was used to inform changes for subsequent workshop iterations (See Fig. 1).

Using this SDT-based approach, we embedded HSS core domains as well as cross-cutting domains to develop three interdisciplinary team-based case scenarios: 1) Implementation Science, 2) Education Leadership, and 3) Quality and Safety (see Additional file 1: Appendix 1). Each scenario detailed a clinical challenge with a specific systems-based clinical issue that participant teams are

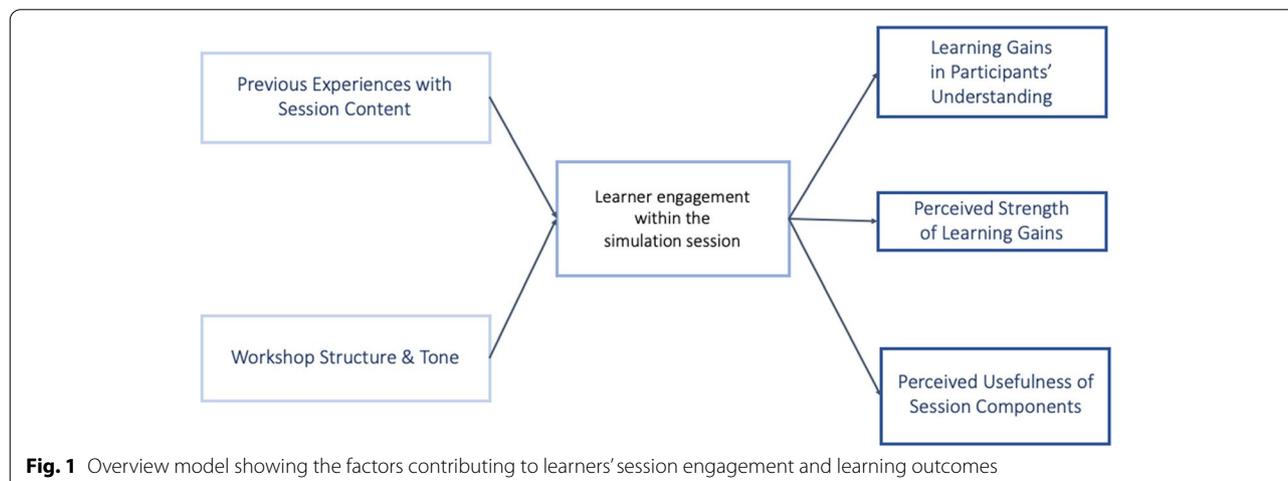


Table 1 Case scenarios as related to core and cross-cutting domains

Case Scenario and Topic	1. Implementation Science	2. Educational Leadership	3. Quality and Safety
Scenario Summary	Implementing a depression screening care standardization tool as part of the Centers of Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) at an outpatient clinic	Negotiation scenario to develop a new resident rotation and necessary hires to run a step-down unit, within the confines of a tight budget, staffing, and short timeline for implementation	Root cause analysis (RCA) of a serious safety event (SSE) concerning a high-risk fall patient who sustains a fall with injury when a nurse left to assist another patient
Participant Roles	Medical Director, Front Desk Staff Member, Clinic Provider, Informatist, Patient/Family Representative, and Clinic/Nurse Manager	Vice Chair of Clinical Affairs, Program Director, Vice President of Clinical Operations, Chief Resident, and Medical Director of Hospitalist Service	Vice President of Patient Services, Clinical Program Manager, Subject Matter Expert, RCA analyst, Medical Director, and Quality and Safety Director
Main Teaching Points	Barriers to Implementation; Social determinants of health; Exploration, Preparation, Implementation, Sustainment (EPIS) framework [10]	Educational impact; Faculty development and resident supervision; "Best Alternative to a Negotiated Agreement" (BATNA) [11]	Systems-level factors; Quality improvement opportunities
Core Domains in Health Systems Science	Health care policy, financing, and management; Value-based care; Clinical Informatics	Healthcare structures and processes; Population and public health	Healthcare structures and processes; Health system improvement
Cross-cutting Domains	Evidence-based practice and Teamwork	Leadership and Change Management	Professionalism and Ethics

tasked to address. Residents had assigned roles within the scenario exercise that they portrayed and acted out during the simulation. We selected clinical contexts that would have applicability and familiarity across disciplines and training backgrounds. Scenario summaries and corresponding HSS domains are listed in Table 1. We initially included a fourth scenario focusing on health informatics and telemedicine but opted to drop it from the curriculum due to low level of interest from our graduate medical educational leadership.

Participant recruitment

Residency program directors at Yale School of Medicine were contacted by one of the authors (LL) requesting to have resident physicians participate as part of their core didactics. Directors of four residency programs representing procedural and non-procedural specialties (emergency medicine, adult psychiatry, ophthalmology, and orthopedic surgery) voiced interest given lack of formal training within their existing curricula and agreed to have their residents from across postgraduate years participate in the HSS curriculum as part of their programs' core didactic series. Residents from all postgraduate years (PGY) 1–5 provided verbal consent for participation prior to the start of the simulation. This educational intervention was approved and deemed exempt by the Yale University Institutional Review Board. The institutional review board approved use of verbal consent for participation in the study given that the research presents no more than minimal risk of harm to subjects.

Simulation sessions

We conducted the modules in a virtual learning environment using Zoom videoconferencing. Each session lasted two hours and included a ten-minute didactic that provided a conceptual framework of the main content topic. These ten-minute didactics incorporated the main teaching points highlighted in Table 1 and contained basic content knowledge that the participants could incorporate into the simulation activity. Participants were also provided anticipatory guidance on the simulation activity in a pre-briefing prior to the start of the simulation activity. This pre-briefing established expectations and for the learners including ground rules of engagement through role enactment within the exercise and the importance of psychological safety. After the pre-briefing, participants were divided into groups of four to six, in the form of a "breakout room," where they participated in a 30-min tabletop simulation with designated roles. Each participant received a detailed description of the systems science problem at hand as well as the background and relevant goals of their assigned role within the simulation. When possible, a facilitator was present to answer

questions and record observations of the activity to inform the larger group debriefing. Immediately following completion of the simulation, participants returned to a common room for a structured large group debriefing led by one of the study authors.

Evaluation

Our evaluation approach reflected a developmental phase of applying HSS curricular content into graduate medical education, as no standardized approach has been well-established to evaluate the effectiveness of HSS curricula. At the start of each session, participants were asked about their prior experience with the session content via an electronic survey to identify the perceived needs by the specific learner group undergoing the simulation-based case scenario. At the end of each session, participants were asked to complete an anonymous post-intervention survey-based evaluation. The evaluation incorporated a core set of Likert-scale and qualitative questions that was adapted to apply to all three case scenarios (See Additional file 2: Appendix 2). We calculated means and standard deviations for responses to each survey question, percentage positive responses (inclusive of responses with 3, 4 and 5 on the Likert scale). Narrative free-text survey responses were collected and coded using directed content analysis techniques [12] to derive recurrent themes.

Curricular and evaluation iteration

In building the three simulation modules, several iterations occurred to the curricula, debriefing approach, and evaluation early on the design phase. These included limiting the total number of roles and group sizes incorporated into simulation, as higher numbers of roles made it difficult to administratively manage the small group breakout room simulations. In addition, volunteer participants who helped with piloting and testing of the modules provided early feedback that they received the most benefit from the simulation and debriefing portions, so the didactic portion was shortened to highlight the key content information needed to participate in the simulation. Surveys were developed using an iterative refinement process led by a psychometric expert (co-author MB) and tested on a group of volunteer resident learners prior to formal launch.

Results

A total of 95 resident physicians across postgraduate years (PGY 1–5) representing >95% of all emergency medicine ($n=41$), psychiatry ($n=24$), ophthalmology ($n=12$), and orthopedic surgery ($n=18$) trainees at our institution participated in our curricular modules between January to March 2021. We conducted each

of the three scenarios with residents from two different specialties. In the needs assessment survey responses ($n=95$), the majority of participants responded “not at all” to “moderate” when asked about familiarity with the session content (72%), prior training (93%), and experience implementing structural changes (94%). This pattern indicated a clear need and room for growth among participants on the HSS topics covered in all three case scenarios.

Table 2 describes demographic data of our post-session survey respondents ($n=66$, 69.5% response rate). Table 3

summarizes results from our post-session survey, which consisted of mostly positive feedback. There were not major differences in responses between participants from different specialties that attended the same scenarios. Coded qualitative responses resulted in three overarching themes (see Table 4). Emotions and reactions to the session (Theme 1) were positive overall, especially with regards to the interactive role-play format allowing for immersion within a health system science context. Recommendations for improving feasibility and applicability of the module (Theme 2) included participation from

Table 2 Post-session survey respondent characteristics

	Overall	Implementation Science	Educational Leadership	Quality & Safety
Residency Specialties		Psychiatry, Emergency Medicine	Psychiatry, Ophthalmology	Psychiatry, Orthopedic Surgery
Sex				
N	66	34	16	16
Male	36	22	6	8
Female	20	7	7	6
Blank/Prefer not to say	10	5	3	2
Race/Ethnicity				
N	66	34	16	16
White	34	24	7	3
Asian	13	7	4	2
Black	5	2	1	2
Latinx/Hispanic	2	1	1	0
Blank/Prefer not to say	12	6	2	4

Table 3 Post-session survey outcomes

Scale and Measure	Overall	Implementation Science	Educational Leadership	Quality & Safety
Perceived Learning Gains				
N	66	34	16	16
Mean (SD)	3.89 (0.77)	3.68 (0.77)	4.19 (0.54)	4.06 (0.85)
% positive	95%	94%	100%	94%
Usefulness: Didactic				
N	66	34	16	16
Mean (SD)	2.85 (0.87)	2.72 (0.98)	3 (0.89)	2.94 (0.57)
% positive	71%	64%	94%	81%
Usefulness: Breakout Room (Simulation)				
N	66	34	16	16
Mean (SD)	3.86 (0.94)	3.79 (1.04)	3.88 (0.81)	4 (0.89)
% positive	92%	91%	81%	94%
Usefulness: Group Debriefing				
N	66	34	16	16
Mean (SD)	3.5 (0.9)	3.5 (0.99)	3.69 (0.95)	3.44 (0.63)
% positive	88%	88%	81%	94%

% positive refers percentage of those who rated 3, 4, 5 on a 5-point Likert scale (1: No, not at all; 2: No, not really; 3: Moderately; 4: Yes, somewhat; 5: Yes, absolutely)

Table 4 Directed content analysis of narrative text responses in post-session survey

Qualitative Themes	Domains & Concepts	Sample feedback quotes
1. Emotions & Reactions to Session	<p>Overall satisfaction and enjoyment of simulation experience despite feeling challenged due to unfamiliar material</p> <p>Role playing is uncomfortable and demanding but provides participants the opportunity to situate their learning within health system contexts</p> <p>Virtual format can be awkward due to need for turn-taking and limitations in interactivity</p>	<p>"I think it was excellent, small groups are great because it allows for active participation, even if we all felt stretched having to work through something we haven't done before." "Breakout rooms were interesting and different, appreciated how it was structured and really enjoyed it."</p> <p>"We fell into the roles as time went by, and it felt a lot more natural after that, but it did take a few minutes, I feel, to get into it. It made me realize I don't envy medical directors. I would not want that role in real life, having to please everyone but also respect the bottom line." "It was really awkward. I don't think I could have had that conversation as a real person. It was nice to have my fake character to hide behind, to have a first try at doing this stuff before having to do it in real life."</p> <p>"I felt like the Zoom format made it a bit awkward and we had a lot of silences because it impeded free-flowing conversations and really getting into our roles." "The small group session was a bit tough on Zoom format, I wonder if we can do this in person things would be smoother."</p>
2. Feasibility/Applicability of Session and Recommendations for Improvement	<p>Representation and participation from other professions/disciplines would improve fidelity/experience</p> <p>Distilling core concepts/teaching points for participants would help translation and long-term absorption of knowledge</p> <p>Tailoring of case content/environment to the specific discipline/role of trainees would make simulations more realistic</p> <p>Provide direct support/interaction with session facilitators would help the breakout simulation experience</p>	<p>"More representatives from actual nursing staff... would make the priorities/pitfalls from each stakeholder more realistic." "Use actual mix of professions. I felt like I was pretending to be a nurse and didn't really know what they would feel or be worried about."</p> <p>"Give us simple handout boiling down takeaway concepts. I'd like to refer to them again in the future." "Provide more examples of practices to change implementation and some of the case materials by email."</p> <p>"Make it more in terms for the emergency department... overall the activity helped show challenges for the outpatient setting but less for the hospital." "I would like to think more about what my role would be as a surgeon and how I would respond to a serious safety event in the operating room."</p> <p>"Would have been helpful to have a knowledgeable facilitator during the breakout with us... we were having trouble with the budget portion of the scenario." "Have facilitators in each group please so they can answer questions as we go since the timing was so tight."</p>
3. Transfer of Knowledge to Bedside	<p>Incorporating multiple stakeholder perspectives is complex and involves negotiation of competing priorities</p> <p>Successful negotiation requires attending to social/power dynamics and use of practiced techniques like "Best Alternative to a Negotiated Agreement" (BATNA)</p> <p>System change is affected by barriers at multiple levels of care delivery and can be influenced by type/nature of incentives</p>	<p>"Made me think more about my current working environment... helped me understand how challenging it is to work with a multidisciplinary team and still meet timelines, especially thinking about IT support and the budget needed to make it happen."</p> <p>"Have to be considerate of others' priorities... I work on a unit with doctors, clinical psychologists who are PhDs, APRNs, and counselors, each with their own stakes and in some cases unions." "I feel like I have a good idea of how I would organize and carry out one of these processes using these techniques now, especially with administrators and non-MDs."</p> <p>"Interesting to think about the practice of negative and positive incentives." "Consider how to improve staff buy-in with motivating practice and making sure new practices in 'workflow' don't add to work burden for our nurses."</p>

non-physician professions, distillation of core concepts with a post-session handout, tailoring of scenarios for specific disciplines/roles, and more directed support from facilitators during the breakout. Participants also described specific instances of knowledge application and transfer to the bedside (Theme 3) via incorporation of multiple stakeholder perspectives, effective negotiation by considering power/social structures, and enactment of system change using incentivization that considers downstream impacts on frontline staff.

Implications for practice

In this innovation report, we developed simulation-based case scenarios to teach core and cross-cutting domains in HSS that were feasibly applied to residents in both medical and surgical subspecialties. We found that participants reported limited knowledge and familiarity with HSS topics, despite ACGME requirements. This may be due to the fact that (1) the content is not currently being taught in a structured way, and (2) HSS skills require an experiential method like simulation to effectively grasp, similar to other non-technical skills (e.g., end-of-life discussion, leadership and communication) [13]. We also found that participants reported that they most preferred the simulation-based portion of the module. Qualitative feedback from learners remarked on the challenges and gratification of developing rapid team cohesion to solve a health system challenge within the breakout format, mimicking the skills needed to effectively coordinate disparate stakeholders in temporary or ad-hoc groups [14]. Our pilot implementation was supported by a small foundation grant which allowed for a part-time research associate to administer and organize the sessions and some dedicated effort by a simulation specialist to lead the debriefings. Attempts to pilot similar curricula at other organizations may benefit from dedicated finances to similarly provide administrative support and simulation expertise for optimal outcomes.

Important next steps for the work include expansion and testing of the modules to additional specialties. In addition, the simulation module format may serve as a template for additional modules to be developed covering more content areas in HSS. Further piloting of the entire set of modules in each specialty residency cohort will be able to assess specialty-specific needs and content applicability. Our sessions incorporated trainees across multiple years of training level within the same session, which did not appear to hinder learning. In fact, some residents remarked positively on how the assignment of roles within the breakout often subverted the usual professional hierarchy amongst participants (i.e., a more junior resident would act as medical director while a chief

resident would act as a nurse) which added humor and novelty to the experience.

The simulation modules were created using a virtual learning environment due to social distancing requirements at time of implementation and attempts at accommodating disparate trainee schedules, but participants remarked on some challenges to engaging with each other during the breakout session via the Zoom videoconferencing format. A future direction may be to use in-person tabletop sessions and actors to augment psychological realism of interpersonal interactions that occur during simulation. Additional approaches to evaluation, including incorporating assessments such as a situational judgment test and additional surveys to assess long-term impact post-residency can be developed and used to more carefully assess learner knowledge and application into clinical practice. In our next step of implementation, we aim to integrate our module within an institution-wide chief resident forum to target learners who are most likely to have jobs that include HSS in their day-to-day work after graduation and pilot our scenarios in other nearby institutions.

Conclusions

In conclusion, we found that interactive, simulation-based learning modules in HSS were feasible to develop and apply to diverse physician trainee cohorts. Our evaluation showed that residents expressed lack of baseline content knowledge on multiple topics in health systems science, and that learning about core and cross-cutting domains using simulation-based modules produced perceived learning gains related to systems-based practice and care quality and was valued by participants.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12909-022-03627-w>.

Additional file 1: Appendix 1. Case Scenarios.

Additional file 2: Appendix 2. Post-survey template items

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Authors' contributions

LL, JMR, MB, and AHW conceived and designed the study; LL, JMR, MB, WK, and AHW performed data collection, analysis, and interpretation of the data. SJH and JC performed external review and auditing of data collection and analysis. All authors drafted and contributed to critical revisions of the article. LL takes responsibility for the paper as a whole. All authors have read and approved the manuscript.

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Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

The study received ethical approval from the Yale University human investigation committee as an exempt study (HIC# 2000029226, October 20, 2020). All methods were performed in accordance with the relevant guidelines and regulations. The Yale University Institutional Review Board approved use of verbal consent for participation in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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EXHIBIT F-37



The Harris Center for Mental Health and IDD Commercial Insurance

2022 - 2023

Appendix 1



2022-2023 Property locations

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
MH-F	2525 Murworth	Houston	Harris	77054-1603	Juvenile Justice - TCOOMMI JR/Alternative Education Program (AEP)	Yes	X	\$0	\$0	
MH	7200 N. Loop E	Houston	Harris	77028	Chain link fence, auto gates, pedestrian gate	No	AE	33,140	\$0	
MH	3737 Dacoma	Houston	Harris	77092	Wrought Iron fence	No	X	13,426	\$0	
IDD	526 Applewhite	Katy	Harris	77450-2404	Wood fence with pedestrian gate	No	X	2,515	\$0	
CPEP	2627 Caroline	Houston	Harris	77004	Ornamental metal fence, two auto veh gates (one entrance - one exit), one manual, 2 pedestrian gates	No	X	37,389	\$0	
MH-F	1215 Dennis	Houston	Harris	77004	Wrought Iron fence, two pedestrian gates (one with keypad lock and one to back of property)	No	X	12,978	\$0	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
CPEP	1502 Taub Loop	Houston	Harris	77030	Sign	No	X	5,665	\$0	
CPEP	612 A-E Branard	Houston	Harris	77006	Wrought Iron fence, wooden fence, electronic lock, auto veh gate	No	X	5,325	\$0	
MH	6032 Airline Dr	Houston	Harris	77076	Wrought Iron fence, wood fence, 2 pedestrian gates, 2 auto gates	No	X	50,985	\$0	
CPEP	5518 Jackson St.	Houston	Harris	77004	Wood fence, chain link fence	No	X	2,431	\$0	
MH	5901 Long Drive	Houston	Harris	77087	Chain link fence with 2 manual veh gates, monument	No	X	26,172	\$0	
IDD	5707 Warm Springs	Houston	Harris	77035	Wood fence with pedestrian gate	No	X	2,697	\$0	
IDD	6805 Oak Village Drive	Humble	Harris	77396	Chain link fence, manual gate, wood site sign	No	X	2,436	\$0	

2022-23 Property locations



MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
IDD	6125 Hillcroft St	Houston	Harris	77081-1003	IDD Cay Treatment and Residential Programs	No	X	1,563,545	90,205	
IDD	11511 Bob White	Houston	Harris	77035	Residential	No	AE Flood Pol#CFS000402400 Excess Food Pol#AOCC05075	303,218	174,752	
IDD	526 Applewhite	Katy	Harris	77450-2404	Group Living Center / Applewhite / ICF	No	X	266,951	26,328	
CPEP	1502 Taub Loop	Houston	Harris	77019	Neuropsychiatric Center / Day Treatment / Office	Yes	X	\$0	1,981,749	
CPEP	612 A Branard St.	Houston	Harris	77006	Branard Street Crisis Respite Living	No	X	253,998	5,151	
MH-F	6032 Airline Dr	Houston	Harris	77076	CAS/Yes Waiver	No	X	1,538,112	172,951	
CPEP	2800 S. McGregor	Houston	Harris	77021	HCPC / Continuity of Care / Day Treatment	Yes	X	\$0	60,638	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
IDD	5707 Warm Springs	Houston	Harris	77035	Group Living Center / Westbury House / ICF	No	X	351,106	19,578	
MH-F	1200 Baker St.	Houston	Harris	77002	Adult Forensic/MH Court Services	Yes	AE Flood Pol# CFS000402400 Excess Flood# AOCC05075	\$0	86,596	
CPEP	2627 Caroline	Houston	Harris	77004	Bristow Bldg / PATH / CCU / CRU / COD / MCOT Crisis Care Center	No	X	5,582,021	482,515	
MH	5901 Long Drive	Houston	Harris	77087	Southeast Community Service Center / ACT / FACT / Day Treatment	No	X	7,509,754	6,683,568	
IDD	6125 Hillcroft St	Houston	Harris	77081-1003	Wrought Iron fence, 2 automatic gates, wooden fence, chain link fence	No	X	47,586	\$0	
MH-F	1200 Congress	Houston	Harris	77094	Children's Forensic / Juvenile Justice / Detention Center	No	X	\$0	\$0	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
IDD	2122-A Wichita	Pasadena	Harris	77502	Group Living Center / Pasadena Cottage "A" / Liability Only	No	X	\$0	\$0	
IDD	2122-B Wichita	Pasadena	Harris	77502	Group Living Center / Pasadena Cottage "B" / Liability Only	No	X	\$0	\$0	
HUD	2208-A Cedar Bayou Road	Baytown	Harris	77520	(HUD) (Pecan Villages) Owns the land, Supportive Apartment-4 plex	No	X	\$0	\$0	Houston Housing Management Corporation
HUD	2208-B Cedar Bayou Road	Baytown	Harris	77520	(HUD) (Pecan Villages) Owns the land, Supportive Apartment-4 plex	No	X	\$0	\$0	Houston Housing Management Corporation
HUD	2208-C Cedar Bayou Road	Baytown	Harris	77520	(HUD) (Pecan Villages) Owns the land, Supportive Apartment-4 plex	No	X	\$0	\$0	Houston Housing Management Corporation
HUD	2208-D Cedar Bayou Road	Baytown	Harris	77520	(HUD) (Pecan Villages) Owns the land, Supportive Apartment-4 plex	No	X	\$0	\$0	Houston Housing Management Corporation

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
HUD	6400 Bowling Green	Houston	Harris	77021-2202	(HUD) (Pear Grove) LRM GL Only	Yes	X	\$0	\$0	Houston Housing Management Corporation
MH-Co	170 Heights Blvd	Houston	Harris	77007-3729	Yes Waiver Intakes/Heights/Satellite Office	Yes	X	\$0	\$0	
MH-Co	7600 Synott Road	Houston	Harris	77083-5106	Yes Waiver Intakes/Heights/Satellite Office	Yes	X	\$0	\$0	
MH-Co	7037 Capitol	Houston	Harris	77011	CAS Co-Location / Magnolia Multi Service Center / Satellite Office	Yes	X	\$0	\$0	
CPEP	612 B Branard	Houston	Harris	77006	Storage	No	X	11,397	0	
CPEP	612 C Branard	Houston	Harris	77006	Storage	No	X	454,975	1,296	
CPEP	612 D Branard	Houston	Harris	77006	Laundry	No	X	14,132	\$0	
CPEP	612 E Branard .St	Houston	Harris	77006	Storage	No	X	333,289	1,296	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
CPEP	5518 Jackson St.	Houston	Harris	77004	P.E.E.R.S. for Hope House / Respite Care and Peer Support	Yes	X	485,846	36,314	
MH-F	6300 Chimney Rock	Houston	Harris	77081-4502	Juvenile Justice / TRIAD	Yes	AE	\$0	\$0	
MH	3737 Dacoma	Houston	Harris	77092	Northwest Community Service Center ACT / FACT / Day Treatment	No	X	6,605,885	6,168,650	
CPEP	805 North Dickinson Drive	Rusk	Cherokee	75785	Rusk State Hospital - EDP Location Only	No	X	\$0	\$0	
IDD	817 Southmore Ave, Suite 150	Pasadena	Harris	77502-1123	IDD - Day Treatment and Residents of ICF Programs	Yes	X	\$0	12,346	
HQ	9401 Southwest Freeway	Houston	Harris	77074	Headquarters / Southwest Community Services Center	No	X	49,245,048	12,508,041	
HQ	9401 Southwest Freeway	Houston	Harris	77074	Parking Garage	No	X	9,315,891	\$0	
HQ	9401 Southwest Freeway	Houston	Harris	77074	Pump and Mechanical Room	No	X	1,034,191	\$0	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
MH-F	2310 1/2 / 2312 Atascocita Rd	Humble	Harris	77396	Dual Diagnosis Residential Program (DDRP) / Detention Facility-GL Only	No	X	\$0	\$0	
CPEP	150 N. Chenevert St.	Houston	Harris	77002	Police Substation/Crisis Incident Response Team	No	X	\$0	\$0	
CPEP	2505 Southmore Blvd	Houston	Harris	77004-7420	Post Hospitalization Crisis Residential Unit / Offices	No	X	619,288	48,418	
CPEP	2505-A Southmore Blvd	Houston	Harris	77004-7420	Post Hospitalization Crisis Residential Unit - Apartment Units	No	X	453,759	48,418	
CPEP	2507 Southmore Blvd	Houston	Harris	77004-7420	Post Hospitalization Crisis Residential Unit - Apartment Units	No	X	1,366,798	48,418	
HUD	6719 W. Montgomery Rooms 208, 209, 211A	Houston	Harris	77091	MH / LCDC/ Supported Housing/Supported Employment/Acres Homes MSC	Yes	X	\$0	1,210	Houston Housing Management Corporation

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
CAS-Co	2100 Shadowdale Dr	Houston	Harris	77043	CAS Co-Location / Spring Branch / Satellite Office	Yes	X	\$0	18,157	
MH-Co	4949 Burke Rd	Pasadena	Harris	77504	CAS Co-Location / Pasadena / Satellite Office	Yes	X	\$0	18,157	
IDD	6603 Barbarella Ct	Houston	Harris	77088-2108	Residential / Owned / Leased to Program	No	X	326,290	26,226	
IDD	6607 Stonechase	Houston	Harris	77084-1254	Residential / Owned / Leased in-kind to ARC Respite two weekends/month	No	X	242,642	1,210	
IDD	1580 Greensmark Drive	Houston	Harris	77067	ECI - Satellite Office - LB only	Yes	X	\$0	\$0	
IDD	6805 Oak Village Drive	Humble	Harris	77396-2634	Owned, IDD Day Hab program	No	X	920,489	75,048	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
MH	7200 N. Loop E	Houston	Harris	77028-5951	Northeast Community Service Center / Day Treatment	No	AE Flood Pol#CFS000402400 Excess Flood Pol# AOCC05075	3,045,985	1,185,845	
HUD	10955 Kipp Way	Houston	Harris	77099	(HUD) (Villas at Bayou Park) - GL Only	No	X	\$0	\$0	Houston Housing Management Corporation
MH-Co	4901 Lockwood Dr	Houston	Harris	77026	CAS Co-Location / Kashmere / Satellite Office	Yes	AE	\$0	\$0	
HUD	1909 W. Little York	Houston	Harris	77091	(HUD) (Acres Home Garden)-GL Only	No	X	\$0	\$0	Houston Housing Management Corporation
HUD	10913 Cullen Blvd	Houston	Harris	77047	(HUD) (Sunny Terrance) - GL Only	No	X	\$0	\$0	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
CPEP	1313 Dennis	Houston	Harris	77004	PATH Laundry / Folding / Clothing Storage / Rest Room / General Storage	No	X	106,339	8,226	
CPEP	1215 Dennis	Houston	Harris	77004	Jail Diversion Residential Program	No	X	1,344,101	52,884	
CPEP	700 N. San Jacinto	Houston	Harris	77002	Jail Diversion Joint Processing Center	Yes	X	\$0	4,113	
MH-F	1115 Congress St	Houston	Harris	77002	Forensic Reintegration Court (RIC)	Yes	X	\$0	0	
CPEP	5320 N. Shepherd Dr	Houston	Harris	77091	Houston Emergency Communications Center/Crisis Line	Yes	X		705	
CPEP	10950 Beaumont Hwy	Houston	Harris	77078	Office - Southeast Texas Transitional Center	Yes	X	\$0	\$0	

2022-23 Property locations



Transforming Lives

MOD	Address	City	County	Zip	Occupancy	Lease	Flood Zone	Value	Contents	Property Manager
CPEP	5803 Harrisburg Blvd	Houston	Harris	77011	Treatment Facility-General Liability Only	Yes		\$0	\$0	
CPEP	6160 S. Loop E.	Houston	Harris	77087-1010	Residential Treatment Programs	No	X	7,816,384	359,340	
CPEP	6160 South Loop East	Houston	Harris	77087-1010	Chain link fencing/Wrought iron fencing/walk-in, 3 auto gates, 3 pedestrian gates with access controls, 3 double chain link manual entry gates	No	X	100,238	\$0	
CPEP	1933 Hussion St	Houston	Harris	77003	The Enrichment Center at the Villas. Residential patient services.	Yes	X	\$0	8,475	
MH-F	9111 Eastex Freeway	Houston	Harris	77093	6302 New S.T.A.R.T. INTENSIVE Parole-	Yes	X	\$0	\$0	



The Harris Center for Mental Health and IDD Commercial Insurance

2022 - 2023

Appendix 2



HUD / IDD Residential Programs

(2022-2023)

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
Villas at Bayou Park, Inc.	<p><u>General Liability #BRK0000935 02</u> Acceptance Indemnity Ins. Co. Effective 07-01-22/23</p> <p><u>Property Policy# VRN-CN-0001702-04</u> Lloyds of London Effective 05-15-22/23</p> <p><u>Umbrella Policy #00083296-2-C5432-2</u> James River Ins. Co. Effective 07-01-22/23</p> <p><u>Directors & Officers Liability & Employment Practices Liability#106951641</u> Travelers Casualty & Surety Co. Effective 07-06-22/23</p> <p><u>Cyber Liability# C-4LQT-060952-CYBER-2022</u> North American Capacity Ins. Co. Effective 05-15-22/23</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
<p>Acres Home Gardens, Inc.</p>	<p><u>General Liability# BRK0000935 02</u> Acceptance Indemnity Ins. Co. Effective 07-01-22/23</p> <p><u>Property Policy# VRN-CN-0001702-04</u> Lloyds of London Effective 05-15-22/23</p> <p><u>Umbrella Policy #00083296-2-C5432-3</u> James River Ins. Co. Effective 07-01-22/23</p> <p><u>Directors & Officers Liability & Employment Practices Liability Policy# NDO1583703</u> USLI – United States Liability Insurance Effective 07-01-22/23</p> <p><u>Cyber Liability Policy# C-4LQT-060952-CYBER-2022</u> North American Capacity Ins. Co. Effective 05-15-22/23</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
Pear Grove, Inc.	<p><u>General Liability Policy #BRK0000935 02</u> Acceptance Indemnity Ins. Co. Effective 07-01-22/23</p> <p><u>Property Policy# VRN-CN-0001702-04</u> Lloyds of London Effective 05-15-22/23</p> <p><u>Umbrella Policy #00083296-2-C5432-3</u> James River Ins. Co. Effective 07-01-22/23</p> <p><u>Directors & Officers Liability & Employment Practices Liability Policy #NDO1583706</u> USLI – United States Liability Insurance Effective 07-01-22/23</p> <p><u>Cyber Liability Policy# C-4LQT-060952-CYBER-2023</u> North American Capacity Ins. Co. Effective 05-15-22/23</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
<p>Pecan Village, Inc.</p>	<p><u>General Liability#BRK0000935 02</u> Acceptance Indemnity Ins. Co. Effective 07-01-22/23</p> <p><u>Property Policy# VRN-CN-0001702-04</u> Lloyds of London Effective 05-15-22/23</p> <p><u>Umbrella Policy #00083296-2-C5432-3</u> James River Ins. Co. Effective 07-01-22/23</p> <p><u>Directors & Officers Liability & Employment Practices Liability Policy #NDO1583697</u> USLI – United States Liability Insurance Effective 07-01-22/23</p> <p><u>Cyber Liability Policy#C-4LQT-060952-CYBER-2022</u> North American Capacity Ins. Co. Effective 05-15-22/23</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
Pecan Village, Inc.	<p><u>Flood Insurance Policy# 0002086481</u> Selective Insurance of Company of the Southeast 2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldg#1) Bldg#1 Premium:\$797.00 Effective: 12-1-21/22</p> <p><u>Flood Insurance Policy# 0002086487</u> Selective Insurance of Company of the Southeast 2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldg#2) Bldg#2 Premium:\$797.00 Effective: 12-1-21/22</p> <p><u>Flood Insurance Policy# 0002086488</u> Selective Insurance of Company of the Southeast 2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldg#3) Bldg#3 Premium:\$797.00 Effective: 12-1-21/22</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
Pecan Village, Inc.	<p><u>Flood Insurance Policy# 0002086489</u> Selective Insurance of Company of the Southeast 2208 Cedar Bayou Rd, Baytown, TX 77520 (Bldg#4) Bldg#4 Premium:\$2,549.00 Effective: 02-12-22/23</p>

HUD Residential Program (2022-2023)



Transforming Lives

Residential Program	Current Insurance
Villages of Hickory Glen	<p><u>Flood Policy #42 1151588986 04</u> Carrier: Wright National Flood Insurance Co. Effective:3-14-22/23 Premium: \$920.00 Location: 3911 Hickory Glen Court, Building 1, Kingwood, TX 77339</p> <p><u>Flood Policy#42 1151588989 04</u> Carrier: Wright National Flood Insurance Co. Effective:3-14-22/23 Premium: \$920.00 Location: 3911 Hickory Glen Court, Building 2 Kingwood, TX 77339</p>

HUD Residential Program (2022-2023)



Residential Program	Current Insurance
<p>Villages of Hickory Glen (cont'd)</p>	<p><u>Flood Policy#42 1151588992 04</u> Carrier: Wright National Flood Insurance Co. Effective: 3-14-22/23 Premium: \$920.00 Location: 3911 Hickory Glen Court, Building 3 Kingwood, TX 77339</p> <p><u>Flood Policy#42 1151588995 04</u> Carrier: Wright National Flood Insurance Co. Effective: 3-14-22/23 Premium: \$3,684.00 Location: 3911 Hickory Glen Court, Building 4 (Clubhouse) Kingwood, TX 77339</p> <p><u>Directors & Officers/ EPL Policy#NFPTXF162289772-002</u> Carrier: Ace Fire Underwriters Insurance Company Effective: 09-08-22/23 Premium: \$2,361.00</p>

IDD - Residential Program (2022-2023)



Transforming Lives

Residential Program	Current Insurance
Villages of Hickory Glen (cont'd)	<p><u>Property Policy#</u> Various (Contributing Insurance) Carrier: Various carriers (Contributing Insurance) Effective: 5-15-22/23</p> <p><u>General Liability Policy#013-135-928</u> Carrier: Lexington Insurance Effective: 05-15-22/23</p> <p><u>Umbrella Policy#00083296-4</u> Carrier: James River Insurance Effective: 05-15-22/23</p> <p><u>Hired & Non-Owned Auto Pol# 013-135-928</u> Carrier: Lexington Insurance Effective: 05-15-22/23</p>

IDD - Residential Program (2022-2023)



Transforming Lives

Residential Program

Current Insurance

Pasadena Cottages, Inc.

Property Policy# MPC0501914

Carrier: Certain Underwriters at Lloyd's London

Effective: 04-08-22/23

Premium:\$18,933.71

Package Policy# PHPK2401496

(General Liability, Professional, Abuse & Molestation)

Carrier: Philadelphia Indemnity Insurance Co.

Effective: 04-08-22/23

Premium: \$3,139.00

Directors & Officers Liability Policy#: NDO1051653Q

Carrier: United States Liability Insurance Co.

Effective: 02-08-22/23

Premium: \$1,229.00

IDD - Residential Program (2022-2023)



Transforming Lives

Residential Program	Current Insurance
Pasadena Cottages, Inc. (cont'd)	<u>Flood Policy# 42 1151414451 05</u> Carrier: Wright National Flood Insurance Co. Effective:11-04-21/22 Premium: \$896.00 Location: <u>2122 Wichita St, Pasadena, TX 77502</u>
	<u>Flood Policy# 42 1151434101 05</u> Carrier: Wright National Flood Insurance Co. Effective:01-15-22/23 Premium: \$988.00 Location: <u>2122B Wichita St, Pasadena, TX 77502</u>



The Harris Center Commercial Insurance Renewal Summary

2022 - 2023

Appendix 3



TCRMF

Non-TCRMF

**The Harris Center Foundation for
Mental Health and IDD**

(2022-2023 Programs)

2022-23 TCRMF Program



Coverage	2022-2023	Exposure Change	2021-2022
	TCRMF Estimated Premium		TCRMF Estimated Premium
Property including Boiler Machinery	<p>Annual Contribution: \$802,824.00</p> <p>Bldg./BPP TIV: \$134,015,940</p> <p>\$10,000 AOP Ded.</p> <p>Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm.</p> <p>Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.</p>	\$43,999 Value Reduction	<p>Annual Contribution: \$657,127.00</p> <p>Bldg./BPP TIV: \$134,059,939</p> <p>\$10,000 AOP Ded.</p> <p>Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm.</p> <p>Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.</p>
Commercial General Liability	<p>Annual Contribution: \$4,973.00</p> <p>Equity Credit Applied: (\$269.00)</p>	<p>Claims Experience Based</p> <p>Premium Basis: Square Footage</p>	<p>Annual Contribution: \$5,447.00</p> <p>Equity Credit Applied: (\$758.00)</p>

2022-23 TCRMF Program



Transforming Lives

Coverage	2022-2023 TCRMF Estimated Premium	Exposure Change	2021-2022 TCRMF Estimated Premium
Professional Liability	Annual Contribution: \$90,164.00 Equity Credit Applied: (\$4,871.00) Expenditures: \$291,587,078	Expenditures Increased by \$43,889,538	Annual Contribution: \$79,172.00 Equity Credit Applied: (\$11,021.00) Expenditures: \$247,697,540
Automobile Liability & Physical Damage	Annual Contributions: \$91,477.00 Auto Liability Equity Credit Applied: (\$4,942.00) \$51,298.00 Auto Physical Damage \$142,775.00 Total Contribution 125 total number of vehicles	28 additional motor vehicles	Annual Contribution: \$86,942.00 Auto Liability Equity Credit Applied: (\$5,637.00) \$44,553.00 Auto Physical Damage \$131,495.00 Total Contribution 97 total number of vehicles

2022-23 TCRMF Program



Transforming Lives

Coverage	2022-2023 TCRMF Estimated Premium	Exposure Change	2021-2022 TCRMF Expiring Premium
Workers Compensation	Annual Contribution: \$439,720.00 Estimated Cost Equity Credit Applied: (\$154,095) Retentions: \$100,000/\$1,000,000 Max Projected Retention Payroll Forecast: \$167,867,738 2,491 Employees \$100,000 per claim/\$1,000,000 aggregate deductible	Change Reported on Payroll \$25,000,001 Employee Count Increased By 133	Annual Contribution: \$461,548.00 Estimated Cost Equity Credit Applied: (\$170,229.00) Retentions: \$100,000/\$1,000,000 Max Projected Retention Payroll Forecast: \$142,867,737 2,358 Employees \$100,000 per claim/\$1,000,000 aggregate deductible

2022-23 TCRMF Program



Transforming Lives

Coverage	2022-2023 TCRMF Estimated Premium	Exposure Change	2021-2022 TCRMF Expiring Premium
Excess Liability \$4,000,000 AL, GL, E&O PL \$2,000,000	Annual Contribution: \$94,132.00		Annual Contribution: \$81,690.00
Directors & Officers Liability Including Public Officials E&O with Employment Practices Liability	Annual Contribution: \$291,081.00 Equity Credit Applied: (\$15,724.00) \$291,587,078 Expenditures	\$43,889,538 Expenditures increase	Annual Contribution: \$260,413.00 Equity Credit Applied: (\$36,250.00) \$247,697,540 Expenditures
Terrorism Coverage	Not available from TCRMF		Not available from TCRMF

2022-23 Non-TCRMF Program



Coverage	2022 - 2023 Renewal Premium	Exposure Change	2021 - 2022 Expiring Premium	% Change
Crime	Estimated Premium: \$6,000.00 Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper Currency: \$1,000,000 Funds Transfer Fraud: \$500,000 Policy Term: 09-01-22/23	Great American Ins. Co.	Estimated Premium: \$4,426.00 Employee Dishonesty: \$600,000 Forgery or Alteration: \$200,000 Inside the Premises: \$25,000 Outside the Premises: \$25,000 Computer Fraud: \$100,000 Money Orders & Counterfeit Paper Currency: \$25,000 Funds Transfer Fraud: \$100,000 Policy Term: 09-01-21/22	+35.56%
Fiduciary Liability	Annual Premium: \$7,865.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-22/23	Twin City Fire Insurance Co.	Annual Premium: \$6,724.00 \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-21/22	+16.97%

2022-23 Non-TCRMF Program



Transforming Lives

Coverage	2022- 2023 Renewal Premium	Exposure Change	2021 - 2022 Expiring Premium	% Change
Notary Bonds 3-Yr. Policy Term: Varies	Est. Notary Bond Premium: \$8,236.00 123 Notaries \$71.00 per Notary Bond Policy Terms Vary	Old Republic	Est. Notary Bond Premium: \$6,461.00 91 Notaries \$71.00 per Notary Bond Policy Terms Vary	+ 27.5%
Notary Errors & Omissions	Premium: \$1,446.00 Policy Term: 11-18-22/23	Western Surety Company Renewal Premium per Projected Total # of Notaries	Premium: \$1,446.00 Policy Term: 11-18-21/22	0.0%

2022-23 Non-TCRMF Program



Transforming Lives

Coverage	2022- 2023 Renewal Premium	Exposure Change	2021 - 2022 Expiring Premium	% Change
Cybersecurity Liability	Annual Premium: \$125,856.49	Cyber Crime not offered at \$1,000,000	Annual Premium: \$83,129.75	+51.4%
	Carrier: Palomar Insurance Co.		Carrier: Benchmark Insurance Co.	
	Limit \$5,000,000		Limit \$5,000,000	
	Extortion: \$5,000,000		Extortion: \$5,000,000	
	Business Interruption: \$5,000,000		Business Interruption: \$5,000,000	
	Regulatory: \$5,000,000		Regulatory: \$5,000,000	
	System Failure: \$5,000,000		System Failure: \$5,000,000	
	Cyber Crime \$250,000		Cyber Crime \$1,000,000	
Policy Term: 05-08-22/23	Policy Term: 05-08-21/22			

2022-23 Non-TCRMF Program



Transforming Lives

Coverage	2022- 2022 Renewal Premium	Exposure Change	2021 - 2022 Expiring Premium	% Change
Flood	<p>Premium: \$51,757.65</p> <p>Primary: \$40,641.65 Excess \$11,115.76</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-22/23</p>	Private Flood Coverage for Properties in "AE" Zone	<p>Premium: \$52,233.77</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street Carrier: Certain Underwriter at Lloyds of London</p> <p>Policy Term: 03-28-21/22</p>	-1.0%

2022-23 Harris Center Foundation for Mental Health and IDD



Transforming Lives

Coverage	2022- 2022 Renewal Premium	Exposure Change	2021 - 2022 Expiring Premium	% Change
Directors & Officers	Premium: \$1,087.00 Carrier: Philadelphia Indemnity Insurance Company Policy Term: 11-09-22/23		Premium: \$987.00 Carrier: Philadelphia Indemnity Insurance Company Policy Term: 11-09-21/22	10.1%

EXHIBIT F-38

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 2nd 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
 TCOOMI Texas Correctional Office on Offenders with Medical or Mental Impairments
 TDCJ Texas Department of Criminal Justice
 THKC Texas Health Kids
 THSteps Texas Health Steps
 TIC Trauma informed Care
 TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y