



The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Board Room# 109

Full Board Meeting
September 27, 2022
9:30am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, August 23, 2022
(*EXHIBIT F-1*)
- IV. BOARD CHAIR'S REPORT**
- 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 – August
(*EXHIBIT F-2 Steve Evans*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Program Committee Report and/or Action
(*Bonnie Hellums*)
 - D. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - E. Foundation Committee Report and/or Action
(*J. Lykes, Chair*)
- VII. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-August
(*EXHIBIT F-3 Steve Evans*)
 - B. September 2022 New Contracts Over 100K
(*EXHIBIT F-4 Silvia Tiller*)
 - C. September 2022 Contract Renewals Over 100K
(*EXHIBIT F-5 Silvia Tiller*)
 - D. September 2022 Contract Amendments Over 100K
(*EXHIBIT F-6 Silvia Tiller*)
 - E. September 2022 Interlocal Agreements
(*EXHIBIT F-7 Silvia Tiller*)
 - F. September 2022 Contract Ratifications
(*EXHIBIT F-8 Silvia Tiller*)
 - G. Texas Medical Center Surface Parking

(EXHIBIT F-9 Wayne Young)

- H. 811 Director Application-Mark Smith
(EXHIBIT F-10 Wayne Young)
- I. 811 Director Application-Robert F. Buthorn
(EXHIBIT F-11 Wayne Young)
- J. 811 Director Application Angel Ponce Representing MOPD
(EXHIBIT F-12 Evanthe Collins)
- K. Breach Notification
(EXHIBIT F-13)
- L. Charity Care
(EXHIBIT F-14)
- M. Code of Ethics
(EXHIBIT F-15)
- N. Consents and Authorizations
(EXHIBIT F-16)
- O. Content of Patient/Individual Records
(EXHIBIT F-17)
- P. Correcting Documentation and Coding Errors
(EXHIBIT F-18)
- Q. Criminal History Clearance
(EXHIBIT F-19)
- R. Employee Job Descriptions
(EXHIBIT F-20)
- S. Faxing & Emailing Patient Identifying Information
(EXHIBIT F-21)
- T. Foundation Bylaws
(EXHIBIT F-22)
- U. Incident Response
(EXHIBIT F-23)
- V. Information Security
(EXHIBIT F-24)
- W. Patient Records Administration
(EXHIBIT F-25)
- X. Patient/Individual Access to Medical Records
(EXHIBIT F-26)
- Y. Purchasing Card
(EXHIBIT F-27)
- Z. Workforce Member Network Internet Use
(EXHIBIT F-28)

VIII. CONSIDER AND TAKE ACTION

- A. Janitorial Service

(EXHIBIT F-29 Steve Evans/Nina Cook)

- B. FY23 Performance Improvement Plan
(EXHIBIT F-30 Luming Li/Trudy Leidich)

IX. REVIEW AND COMMENT

- A. HMHC County Review Meeting
(EXHIBIT F-31 Keena Pace/Jennifer Battle)
- B. Strategic Plan
(Wayne Young)
- C. Legislative Update
(Carrie Rys/Amanda Jones)
- D. Board Training Topics
(Kendra Thomas)

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 Section 551.071 of the Texas Government Code, to consult with the General Counsel on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with this chapter. Kendra Thomas, General Counsel**

• **In accordance with Section 551.074 of the Texas Government Code, to deliberate about the evaluation and duties of the Harris Center Board of Trustees. S. Zakaria, Board Chair and Dan Snare**

• **In accordance with Tex. Government Code §551.074, Discussion regarding the Performance Evaluation of the Chief Executive Officer (CEO). Board of Trustees**

XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

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

- C. September 2022 Contract Renewals Under 100K
(EXHIBIT F-34)
- D. September 2022 Affiliation Agreements, Grants, MOU's and
Revenues Information Only
(EXHIBIT F-35)
- E. Abbreviations List
(EXHIBIT F-36)

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 109
9401 Southwest Freeway
Houston, Texas 77074

TYPE OF MEETING: Regular

DATE: August 23, 2022

TRUSTEES

IN ATTENDANCE:

Mr. Shaukat Zakaria, Chair
Dr. George Santos, Vice Chairperson (videoconference)
Dr. Lois Moore, Vice Chairperson
Mr. Gerald Womack, Secretary
Mr. Jim Lykes
Robin Gearing PhD (videoconference)
Judge Bonnie Hellums
Natali Hurtado
Sheriff E. Gonzalez

TRUSTEES ABSENT:

I. Declaration of Quorum

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:30 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

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

III. Board Chair Report

Mr. Zakaria welcomed Ms. Natali Hurtado to The Harris Center Board.

IV. Approval of Minutes

MOTION BY: WOMACK SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, July 26, 2022 as presented under Exhibit F-1, are approved.

- V. Chief Executive Officer's Report was provided by CEO Wayne Young**
Mr. Young provided a Chief Executive Officer report to the Board.

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

- A. Resource Committee Report and/or Action- G. Womack, Chair
1. FY'22 Year-to-Date Budget Report- July
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on August 16, 2022.
- B. Quality Committee Report and/or Action-G. Santos, Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on August 16, 2022
- C. Governance Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on August 16, 2022
- D. Foundation Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided the Board of Trustees an update about the Foundation report.

VII. Consent Agenda

- A. Approve FY'21 Year-to-Date Budget Report-July
- B. August 2022 New Contracts Over 100K
- C. August 2022 Contract Renewals Over 100K
- D. August 2022 Contract Amendments Over 100K
- E. August 2022 Interlocal Agreements
- F. New/Substantial Changes
1. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD
 2. Charity Care Policy
 3. Sexual Harassment Policy
- G. No Changes
1. Patient/Individual Access to Medical Records
 2. Suicide/Homicide Prevention
- H. Minor Changes
1. Confidentiality and Disclosure of Patient/Individual Health

2. Disposal of Fixed Assets
 3. Drug/Alcohol Testing Pre-Employment
 4. Medication Administration
 5. Purchasing Card
 6. Retention of Patient/Individual Records
 7. Return to in-Patient Care of Furloughed
 8. Sanctions for Breach for Breach of Security and/or Privacy Violation of Health Information
 9. Security of Patient/Individual Identifying Information
 10. Standardized patient Record Form
 11. The Use of Service and Assistance Animals in The Harris Center Facilities
 12. Whistleblower
- I. Policy Changes
1. Asset Tracking and Depreciation
 2. Adding and Receiving Equipment
 3. Check Signing
 4. Least Restrictive Interventions and Management of Aggressive Behaviors
 5. Professional Review Committee
 6. Screening and Assessment for Mental health Substance Use and Intellectual and Development Disabilities (IDD) Services

MOTION: Mrs. Hellums moved to approve Consent Agenda items A through H3 and H6 though I6. Agenda items H4 and H5 were tabled and excluded from the vote.

SECOND: Mr. Lykes seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through H3 and H6-I6 were approved agenda items. Agenda Items H4 and H5 were tables in the Governance Committee meeting.

VIII. Review and Take Action

A. Health Insurance Update

MOTION BY: HURTADO SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED Health Insurance Update, presented is approved.

B. Property and Casualty Insurance Renewal 2022-23

MOTION BY: HELLUMS SECOND: HURTADO

With unanimous affirmative votes,

BE IT RESOLVED Property and Casualty Insurance Renewal 2022-23, presented is approved.

C. FY23 Proposed Operating Budget

MOTION BY: HELLUMS SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED FY23 Proposed Operating Budget presented is approved.

D. FY23 Proposed Capital Budget

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED FY23 Proposed Capital Budget presented is approved.

IX. Review and Comment

A. Legislative Update-Amanda Jones presented the Legislative Update presentation to the Full Board.

X. Executive Session -

At 10:55 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

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

- **In accordance with §551.071 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

At 11:09a.m., the Board of Trustees reconvened into open session.

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

No action was taken.

XII. ADJOURN

MOTION: HURTADO SECOND: HELLUMS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:09AM.

Respectfully submitted,

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

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report
For the Twelfth Month and Year to Date Ended August 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on September 20, 2022

The Harris Center for Mental Health & IDD

September 20, 2022

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

The monthly financial report for August 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.

Steve Evans

Steve Evans
Interim Chief Financial Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,844	\$ 22,112	\$ 732
Expenditures	<u>24,710</u>	<u>27,303</u>	<u>2,594</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (1,866)</u>	<u>\$ (5,192)</u>	<u>\$ 3,326</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 6,049</u>	<u>\$ -</u>	<u>\$ 6,049</u>

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

	Month Ended August 31, 2022				Twelve Months Ended August 31, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 5,036,651	\$ 4,644,830	\$ 391,821 c	- 8%	\$ 58,594,129	\$ 55,913,792	\$ 2,680,337	5%
PAP / Samples	954,838	1,025,914	(71,076)	-7%	9,288,299	12,310,870	(3,022,571)	-25%
Interest	91,485	4,174	87,311	2092%	276,551	50,000	226,551	453%
State General	9,645,289	9,869,461	(224,172) d	-2%	114,499,852	118,440,447	(3,940,595)	-3%
State Grants	494,380	1,298,987	(804,607) e	-62%	13,608,962	15,587,229	(1,978,267)	-13%
Federal Grants	3,578,201	2,041,424	1,536,777 f	75%	38,103,785	25,100,846	13,002,939	52%
3rd party billings	3,043,071	3,226,768	(183,697) g	-6%	26,444,660	33,385,041	(6,940,381)	-21%
Total Revenue	22,843,915	22,111,558	732,357 h	3%	260,816,238	260,788,225	28,013	0%
Total Expenses:								
Salaries and Fringe	16,400,131	17,843,853	1,443,722 i	8%	218,025,442	212,574,306	(5,451,136)	-3%
Travel	157,732	164,076	6,344	4%	1,342,931	2,175,969	833,038	38%
Contracts and Consultants	1,791,742	1,877,467	85,725	5%	21,105,329	21,946,146	840,817	4%
HGPC Contract	2,317,441	2,369,801	52,360	2%	27,851,641	28,437,524	585,883	2%
Supplies and Drugs	1,385,155	1,470,025	84,870	6%	14,121,672	16,462,524	2,340,852	14%
Equipment (Purch, Rent, Maint)	548,251	652,465	104,214	16%	5,712,635	6,495,853	783,218	12%
Building (Purch, Rent, Maint)	859,650	1,236,672	377,022 j	30%	13,546,492	7,386,074	(6,160,418)	-83%
Vehicle (Purch, Rent, Maint)	62,554	39,434	(23,120)	-59%	622,547	450,062	(172,485)	-38%
Telephone and Utilities	272,754	382,262	109,508 k	29%	3,340,301	3,120,642	(219,659)	-7%
Insurance, Legal, Audit	124,047	164,656	40,609	25%	1,759,561	1,843,732	84,171	5%
Other	599,609	865,653	266,044 l	31%	8,633,874	5,274,319	(3,359,555)	-64%
Epic-Harris Health Maintenance	185,767	185,767	-	0%	2,229,204	2,229,204	-	0%
Claims Denials	5,101	51,354	46,253	90%	91,951	602,519	510,568	85%
Total Expenses	24,709,934	27,303,485	2,593,551 m	9%	318,383,580	308,998,874	(9,384,706)	-3%
Excess of Revenues over (under)								
Expenditures before Other Sources	(1,866,019) a	(5,191,927)	3,325,908		(57,567,342)	(48,210,649)	(9,356,693)	
Funds from other sources:				n				
Use of fund balance - CapEx	651,840	-	651,840		9,573,296	-	9,573,296	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,954	432,954	-		5,291,599	5,291,599	-	
Waiver 1115 Revenues	8,470,378	3,707,977	4,762,401		47,591,343	42,919,050	4,672,293	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	1,901	-	1,901		26,575	-	26,575	
Proceeds from Sale of Assets	-	-	-		151,135	-	151,135	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 7,691,054	\$ (1,050,996)	\$ 8,742,050		\$ 6,049,106 b	\$ -	\$ 6,049,106	

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

	Ending Balance		Increase/(Decrease)	
	July 31, 2022	August 31, 2022	August	
Assets				
Cash and Cash Equivalents	\$ 53,304,980	\$ 90,903,187	\$ 37,598,207	a
Inventory - includes RX	265,702	267,743	2,041	b
Prepaid Expenses	4,106,323	6,048,197	1,941,874	c
A/R Medicaid, Medicare, 3rd Party	16,484,988	15,717,270	(767,718)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	20,171,328	21,159,879	988,551	d
A/R DSRIP	45,264,277	-	(45,264,277)	
Total Current Assets	<u>132,691,775</u>	<u>127,190,453</u>	<u>(5,501,322)</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	1,103,280	1,103,280	-	
Construction in Progress	26,351,856	27,049,746	697,890	
Total Property, Plant & Equipment	<u>87,327,552</u>	<u>88,025,442</u>	<u>697,890</u>	
TOTAL ASSETS	<u>\$ 220,019,327</u>	<u>\$ 215,215,895</u>	<u>\$ (4,803,432)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 18,703,239	\$ 6,323,571	\$ (12,379,668)	e
Accrued Payroll and Accounts Payables	17,406,118	17,681,698	275,580	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>36,109,357</u>	<u>24,005,269</u>	<u>(12,104,088)</u>	
State Escheatment Payable	52,990	45,413	(7,577)	
Total Non Current Liabilities	<u>52,990</u>	<u>45,413</u>	<u>(7,577)</u>	
TOTAL LIABILITIES	<u>36,162,347</u>	<u>24,050,682</u>	<u>(12,111,665)</u>	
General Fund Balance	17,901,285	17,903,326	2,041	g
Nonspendable				
Investment in Inventories	265,702	267,743	2,041	
Investment In Fixed Assets	87,327,551	88,025,442	697,891	
Assigned:				
Current Capital Projects	11,703,091	11,051,251	(651,840)	
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	58,815,372	58,382,418	(432,954)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>185,498,928</u>	<u>185,116,107</u>	<u>(382,821)</u>	
Year to Date Excess Revenues over (under) Expenditures	(1,641,948)	6,049,106	7,691,054	
TOTAL FUND BALANCE	<u>183,856,980</u>	<u>191,165,213</u>	<u>7,308,233</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 220,019,327</u>	<u>\$ 215,215,895</u>	<u>\$ (4,803,432)</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of August 2022, the twelfth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$1,866,019.
 - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$6,049,106 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, proceeds from sales of assets, and insurance proceeds are considered.
 - c. Harris County and Local is favorable to budget by \$391,821 due to grant funds awarded after approval of original budget.
 - d. State General is unfavorable to budget by \$224,172 due to reclassification of State General Funds to Federal after original budget was approved.
 - e. State Grants are unfavorable to budget by \$804,607 primarily due to timing of ECI insurance collections.
 - f. Federal grants are favorable to budget by \$1,536,777 due to federal grants awarded after the original budget was approved by the Board.
 - g. Third Party billings are unfavorable to budget by \$183,697.
 - h. Total Revenue is favorable to budget by \$732,357.
 - i. Salaries and Fringe are favorable to budget by \$1,443,722.
 - j. Building is favorable to budget due to timing of building repairs and items funded from Board approved CapEx funds.
 - k. Telephone and utilities are favorable to budget by \$109,508.
 - l. Other is favorable to budget by \$266,044.
 - m. Total Expenses are favorable to budget by \$2,593,551.
 - n. Funds from other sources used to fund current month expenses totaled \$9,557,073 including Waiver 1115 revenue, DSRIP reserves, insurance proceeds and use of CapEx funds. Note that final DSRIP distribution received in August resulted in \$4,752,461 additional DSRIP funds over projected funding.

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

	Ending Balance		Increase (Decrease)
	7/31/2022	8/31/2022	August
Cash-General Fund Bank of America	6,554,001	6,553,485	\$ (516)
Cash-General Fund Chase	30,235,708	25,852,447	(4,383,261)
Cash-BOA ACH Vendor	686,395	550,330	(136,065)
Cash-Pharmacy Chase	20,644	28,868	8,224
Cash-FSA-Discovery	191,191	209,531	18,340
Petty Cash	5,950	5,950	-
Investments-TexPool General Fund	1,004,824	1,006,669	1,845
Investments-TexPool Self Insurance	2,296,344	2,300,562	4,218
Investments-TexPool Prime	4,303,688	25,644,622	21,340,934
Investments-Texas Class	8,006,235	28,750,723	20,744,488
	<u>\$ 53,304,980</u>	<u>\$ 90,903,187</u>	<u>\$ 37,598,207</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)
	07/31/2022	08/31/2022	August
Inventory-Central Supplies	28,052	2,560	\$ (25,492)
Supplies Purchased	18,750	-	\$ (18,750)
Supplies Used	(46,283)	-	46,283
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 265,702</u>	<u>\$ 267,744</u>	<u>\$ 2,041</u>

- c. Prepaid Expenses increased due to DPP-BHS IGT.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in August.

	Ending Balance		Increase
	7/31/2022	8/31/2022	(Decrease) August
Villas at Bayou Park	85,824	90,334	4,510
Pear Grove	56,987	56,987	-
Pasadena Cottages	85,886	89,995	4,109
Employee			-
Pecan Village	4,401	4,401	-
Acres Homes Garden	174,280	183,795	9,515
Foundation	42	34	(8)
NAMI of Greater Houston	319	396	77
General Accounts Receivable	140,911	10,086	(130,825)
Pharmacy PBM	11,282	14,507	3,225
Harris County Projects	1,043,875	1,142,457	98,582
Harris County Juvenile Probation	677,702	596,399	(81,303)
Harris County Community Supervision	588,298	1,064,278	475,980
Harris County Sheriff's Department	3,786,109	4,753,358	967,249
ICFMR	224,398	221,860	(2,538)
TCOOMMI-Special Needs	544,109	697,501	153,392
TDCJ-Parole	61,500	82,000	20,500
TDCJ-Substance Abuse	50,001	66,667	16,666
TCOOMMI-Juvenile	87,630	135,462	47,832
Jail Diversion	1,411,204	985,498	(425,706)
ECI	445,368	41,987	(403,381)
ECI Respite	1,078	616	(462)
ECI SNAP	31,755	23,123	(8,632)
Federal CHH Navigation	299,410	145,213	(154,197)
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MH Block Grant-Coordinated Specialty Care	164,698	139,726	(24,972)
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AR State TCMHCC	37,219	24,813	(12,406)
Enhanced Community Coordinator	90,667	86,519	(4,148)
Subtotal, A/R-Other	\$ 14,374,293	\$ 15,197,943	\$ 823,650

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	7/31/2022	8/31/2022	August
DSHS Mental Heath First Aid	\$ 34,608	\$ 6,400	\$ (28,208)
HHSC ZEST-Zero Suicide	\$ 85,280	\$ 44,632	(40,648)
HCC Open Door	\$ 1,120,501	\$ 1,302,785	182,285
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Tx Home Living Waiver	\$ 263,267	\$ 315,383	52,116
DPP-BHS	\$ 1,918,727	\$ 1,792,619	(126,108)
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City of Houston-911 CCD Amended	\$ 41,845	\$ 93,465	51,620
A/R - HHSC Projects	\$ 2,179,492	\$ 2,215,466	35,974
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 20,171,328	\$ 21,159,879	\$ 988,551

- e. Unearned Income decreased due to expenditure of State GR funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance 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 122 days versus 112 days for the prior month.

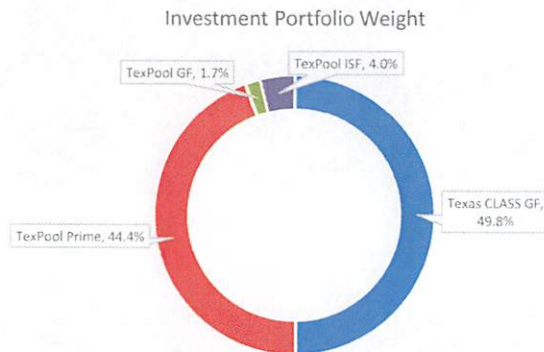
III. Investment Portfolio

- a. Total investments as of August 31, 2022 are \$57,702,577 of which 100% is in government pools. (Texas Class 50% and TexPool 50%)
- b. Investments this month yielded interest income of \$91,485.

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

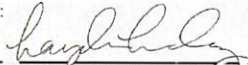
Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 8,006,235	\$ 20,700,000	\$ -	\$ 44,487	\$ 28,750,723	49.8%	2.289%
<i>TexPool</i>							
TexPool Prime	4,303,688	\$ 21,300,000	\$ -	40,934	25,644,623	44.4%	2.303%
TexPool General Fund	1,004,824			1,846	1,006,670	1.7%	2.163%
TexPool Internal Service Fund	2,296,344			4,218	2,300,562	4.0%	2.163%
<i>TexPool Sub-Total</i>	<i>7,604,856</i>	<i>21,300,000</i>	<i>-</i>	<i>46,998</i>	<i>28,951,854</i>	<i>50.2%</i>	<i>2.287%</i>
Total Investments	\$ 15,611,091	\$ 42,000,000	\$ -	\$ 91,485	\$ 57,702,577	100%	2.288%



3 Month Weighted Average Maturity (Days) **1.00**
 3 Month Weighted Average Yield of The Harris Center Investment Portfolio **1.744%**
 3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **1.675%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of August 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 August 2022

Vendor	Description	Monthly Not-To-Exceed*	Aug-22	YTD Total Through August
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,926,601	\$20,500,250
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,269,860	\$18,492,401

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

EXHIBIT F-3



The Harris Center for Mental Health and IDD

Financial Report
For the Twelfth Month and Year to Date Ended August 31, 2022

Fiscal Year 2022

Presented to the Resource Committee of the Board of Trustees on September 20, 2022

The Harris Center for Mental Health & IDD

September 20, 2022

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

The monthly financial report for August 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.

Steve Evans

Steve Evans
Interim Chief Financial Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,844	\$ 22,112	\$ 732
Expenditures	<u>24,710</u>	<u>27,303</u>	<u>2,594</u>
Excess of Revenues over (under)			
Expenditures before Other Sources	<u>\$ (1,866)</u>	<u>\$ (5,192)</u>	<u>\$ 3,326</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under)			
Expenditures after Other Sources	<u>\$ 6,049</u>	<u>\$ -</u>	<u>\$ 6,049</u>

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

	Month Ended August 31, 2022				Twelve Months Ended August 31, 2022			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 5,036,651	\$ 4,644,830	\$ 391,821	c 8%	\$ 58,594,129	\$ 55,913,792	\$ 2,680,337	5%
PAP / Samples	954,838	1,025,914	(71,076)	-7%	9,288,299	12,310,870	(3,022,571)	-25%
Interest	91,485	4,174	87,311	2092%	276,551	50,000	226,551	453%
State General	9,645,289	9,869,461	(224,172)	d -2%	114,499,852	118,440,447	(3,940,595)	-3%
State Grants	494,380	1,298,987	(804,607)	e -62%	13,608,962	15,587,229	(1,978,267)	-13%
Federal Grants	3,578,201	2,041,424	1,536,777	f 75%	38,103,785	25,100,846	13,002,939	52%
3rd party billings	3,043,071	3,226,768	(183,697)	g -6%	26,444,660	33,385,041	(6,940,381)	-21%
Total Revenue	22,843,915	22,111,558	732,357	h 3%	260,816,238	260,788,225	28,013	0%
Total Expenses:								
Salaries and Fringe	16,400,131	17,843,853	1,443,722	i 8%	218,025,442	212,574,306	(5,451,136)	-3%
Travel	157,732	164,076	6,344	4%	1,342,931	2,175,969	833,038	38%
Contracts and Consultants	1,791,742	1,877,467	85,725	5%	21,105,329	21,946,146	840,817	4%
HCPC Contract	2,317,441	2,369,801	52,360	2%	27,851,641	28,437,524	585,883	2%
Supplies and Drugs	1,385,155	1,470,025	84,870	6%	14,121,672	16,462,524	2,340,852	14%
Equipment (Purch, Rent, Maint)	548,251	652,465	104,214	16%	5,712,635	6,495,853	783,218	12%
Building (Purch, Rent, Maint)	859,650	1,236,672	377,022	j 30%	13,546,492	7,386,074	(6,160,418)	-83%
Vehicle (Purch, Rent, Maint)	62,554	39,434	(23,120)	-59%	622,547	450,062	(172,485)	-38%
Telephone and Utilities	272,754	382,262	109,508	k 29%	3,340,301	3,120,642	(219,659)	-7%
Insurance, Legal, Audit	124,047	164,656	40,609	25%	1,759,561	1,843,732	84,171	5%
Other	599,609	865,653	266,044	l 31%	8,633,874	5,274,319	(3,359,555)	-64%
Epic-Harris Health Maintenance	185,767	185,767	-	0%	2,229,204	2,229,204	-	0%
Claims Denials	5,101	51,354	46,253	90%	91,951	602,519	510,568	85%
Total Expenses	24,709,934	27,303,485	2,593,551	m 9%	318,383,580	308,998,874	(9,384,706)	-3%
Excess of Revenues over (under)								
Expenditures before Other Sources	(1,866,019) a	(5,191,927)	3,325,908		(57,567,342)	(48,210,649)	(9,356,693)	
Funds from other sources:				n				
Use of fund balance - CapEx	651,840	-	651,840		9,573,296	-	9,573,296	
Use of fund balance - COVID-19	-	-	-		982,500	-	982,500	
Fund Balance DSRIP	432,954	432,954	-		5,291,599	5,291,599	-	
Waiver 1115 Revenues	8,470,378	3,707,977	4,762,401		47,591,343	42,919,050	4,672,293	
DSRIP Transition	-	-	-		-	-	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	1,901	-	1,901		26,575	-	26,575	
Proceeds from Sale of Assets	-	-	-		151,135	-	151,135	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 7,691,054	\$ (1,050,996)	\$ 8,742,050		\$ 6,049,106	b \$ -	\$ 6,049,106	

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

	Ending Balance		Increase/(Decrease)	
	July 31, 2022	August 31, 2022	August	
Assets				
Cash and Cash Equivalents	\$ 53,304,980	\$ 90,903,187	\$ 37,598,207	a
Inventory - includes RX	265,702	267,743	2,041	b
Prepaid Expenses	4,106,323	6,048,197	1,941,874	c
A/R Medicaid, Medicare, 3rd Party	16,484,988	15,717,270	(767,718)	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	20,171,328	21,159,879	988,551	d
A/R DSRIP	45,264,277	-	(45,264,277)	
Total Current Assets	<u>132,691,775</u>	<u>127,190,453</u>	<u>(5,501,322)</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	1,103,280	1,103,280	-	
Construction in Progress	26,351,856	27,049,746	697,890	
Total Property, Plant & Equipment	<u>87,327,552</u>	<u>88,025,442</u>	<u>697,890</u>	
TOTAL ASSETS	<u>\$ 220,019,327</u>	<u>\$ 215,215,895</u>	<u>\$ (4,803,432)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 18,703,239	\$ 6,323,571	\$ (12,379,668)	e
Accrued Payroll and Accounts Payables	17,406,118	17,681,698	275,580	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>36,109,357</u>	<u>24,005,269</u>	<u>(12,104,088)</u>	
State Escheatment Payable	52,990	45,413	(7,577)	
Total Non Current Liabilities	<u>52,990</u>	<u>45,413</u>	<u>(7,577)</u>	
TOTAL LIABILITIES	<u>36,162,347</u>	<u>24,050,682</u>	<u>(12,111,665)</u>	
General Fund Balance	17,901,285	17,903,326	2,041	g
Nonspendable				
Investment in Inventories	265,702	267,743	2,041	
Investment In Fixed Assets	87,327,551	88,025,442	697,891	
Assigned:				
Current Capital Projects	11,703,091	11,051,251	(651,840)	
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	58,815,372	58,382,418	(432,954)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>185,498,928</u>	<u>185,116,107</u>	<u>(382,821)</u>	
Year to Date Excess Revenues over (under) Expenditures	(1,641,948)	6,049,106	7,691,054	
TOTAL FUND BALANCE	<u>183,856,980</u>	<u>191,165,213</u>	<u>7,308,233</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 220,019,327</u>	<u>\$ 215,215,895</u>	<u>\$ (4,803,432)</u>	

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

I. Comparison of Revenue and Expenses

- a. For the month of August 2022, the twelfth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$1,866,019.
- b. The year-to-date amount translates to Excess Revenues over Expenditures of \$6,049,106 after use of fund balance, fund balance CapEx, fund balance DSRIP, Waiver 1115 revenues, proceeds from sales of assets, and insurance proceeds are considered.
- c. Harris County and Local is favorable to budget by \$391,821 due to grant funds awarded after approval of original budget.
- d. State General is unfavorable to budget by \$224,172 due to reclassification of State General Funds to Federal after original budget was approved.
- e. State Grants are unfavorable to budget by \$804,607 primarily due to timing of ECI insurance collections.
- f. Federal grants are favorable to budget by \$1,536,777 due to federal grants awarded after the original budget was approved by the Board.
- g. Third Party billings are unfavorable to budget by \$183,697.
- h. Total Revenue is favorable to budget by \$732,357.
- i. Salaries and Fringe are favorable to budget by \$1,443,722.
- j. Building is favorable to budget due to timing of building repairs and items funded from Board approved CapEx funds.
- k. Telephone and utilities are favorable to budget by \$109,508.
- l. Other is favorable to budget by \$266,044.
- m. Total Expenses are favorable to budget by \$2,593,551.
- n. Funds from other sources used to fund current month expenses totaled \$9,557,073 including Waiver 1115 revenue, DSRIP reserves, insurance proceeds and use of CapEx funds. Note that final DSRIP distribution received in August resulted in \$4,752,461 additional DSRIP funds over projected funding.

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

	Ending Balance		Increase (Decrease)
	7/31/2022	8/31/2022	August
Cash-General Fund Bank of America	6,554,001	6,553,485	\$ (516)
Cash-General Fund Chase	30,235,708	25,852,447	(4,383,261)
Cash-BOA ACH Vendor	686,395	550,330	(136,065)
Cash-Pharmacy Chase	20,644	28,868	8,224
Cash-FSA-Discovery	191,191	209,531	18,340
Petty Cash	5,950	5,950	-
Investments-TexPool General Fund	1,004,824	1,006,669	1,845
Investments-TexPool Self Insurance	2,296,344	2,300,562	4,218
Investments-TexPool Prime	4,303,688	25,644,622	21,340,934
Investments-Texas Class	8,006,235	28,750,723	20,744,488
	<u>\$ 53,304,980</u>	<u>\$ 90,903,187</u>	<u>\$ 37,598,207</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)
	07/31/2022	08/31/2022	August
Inventory-Central Supplies	28,052	2,560	\$ (25,492)
Supplies Purchased	18,750	-	\$ (18,750)
Supplies Used	(46,283)	-	46,283
Inventory-Drugs	265,183	265,183	-
Total Inventory	<u>\$ 265,702</u>	<u>\$ 267,744</u>	<u>\$ 2,041</u>

- c. Prepaid Expenses increased due to DPP-BHS IGT.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in August.

	Ending Balance		Increase (Decrease)
	7/31/2022	8/31/2022	August
Villas at Bayou Park	85,824	90,334	4,510
Pear Grove	56,987	56,987	-
Pasadena Cottages	85,886	89,995	4,109
Employee			-
Pecan Village	4,401	4,401	-
Acres Homes Garden	174,280	183,795	9,515
Foundation	42	34	(8)
NAMI of Greater Houston	319	396	77
General Accounts Receivable	140,911	10,086	(130,825)
Pharmacy PBM	11,282	14,507	3,225
Harris County Projects	1,043,875	1,142,457	98,582
Harris County Juvenile Probation	677,702	596,399	(81,303)
Harris County Community Supervision	588,298	1,064,278	475,980
Harris County Sheriff's Department	3,786,109	4,753,358	967,249
ICFMR	224,398	221,860	(2,538)
TCOOMMI-Special Needs	544,109	697,501	153,392
TDCJ-Parole	61,500	82,000	20,500
TDCJ-Substance Abuse	50,001	66,667	16,666
TCOOMMI-Juvenile	87,630	135,462	47,832
Jail Diversion	1,411,204	985,498	(425,706)
ECI	445,368	41,987	(403,381)
ECI Respite	1,078	616	(462)
ECI SNAP	31,755	23,123	(8,632)
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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 August 31, 2022

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	7/31/2022	8/31/2022	August
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HHSC ZEST-Zero Suicide	\$ 85,280	\$ 44,632	(40,648)
HCC Open Door	\$ 1,120,501	\$ 1,302,785	182,285
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Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 20,171,328	\$ 21,159,879	\$ 988,551

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- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations.
- i. Days of Operations in Reserve for Total Agency is 122 days versus 112 days for the prior month.

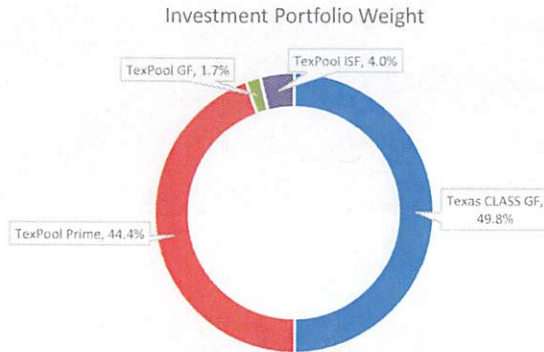
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- a. Total investments as of August 31, 2022 are \$57,702,577 of which 100% is in government pools. (Texas Class 50% and TexPool 50%)
- b. Investments this month yielded interest income of \$91,485.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 August 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	\$ 8,006,235	\$ 20,700,000	\$ -	\$ 44,487	\$ 28,750,723	49.8%	2.289%
<i>TexPool</i>							
TexPool Prime	4,303,688	\$ 21,300,000	\$ -	40,934	25,644,623	44.4%	2.303%
TexPool General Fund	1,004,824			1,846	1,006,670	1.7%	2.163%
TexPool Internal Service Fund	2,296,344			4,218	2,300,562	4.0%	2.163%
<i>TexPool Sub-Total</i>	<i>7,604,856</i>	<i>21,300,000</i>	<i>-</i>	<i>46,998</i>	<i>28,951,854</i>	<i>50.2%</i>	<i>2.287%</i>
Total Investments	\$ 15,611,091	\$ 42,000,000	\$ -	\$ 91,485	\$ 57,702,577	100%	2.288%



3 Month Weighted Average Maturity (Days) **1.00**
 3 Month Weighted Average Yield of The Harris Center Investment Portfolio **1.744%**
 3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **1.675%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of August 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 August 2022

Vendor	Description	Monthly Not-To-Exceed*	Aug-22	YTD Total Through August
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,926,601	\$20,500,250
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,269,860	\$18,492,401

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

EXHIBIT F-4

September 2022

NEW CONTRACTS OVER 100k



Executive Contract Summary

Contract Section ⬆

Contractor*

Health Management Associates

Contract ID #*

2022-0509

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

12/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 250,000.00

Funding Source*

Private 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* (?)

Provide consulting services to help The Harris Center become an FQHC Lookalike.

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 (?)

HMA_HarrisCenter_Proposal_07282022-received 07-28.docx 165.96KB

Vendor/Contractor Contact Person

Name*

Stephen Palmer, PHD

Address*

Street Address

120 North Washington Square

Address Line 2

City

Lansing

Postal / Zip Code

48933-1617

State / Province / Region

MI

Country

US

Phone Number*

(512) 473-2626 office | (512) 657-2569 mobile

Email*

spalmer@healthmanagement.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 250,000.00	542000

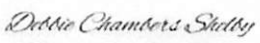
Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

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

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

Requester Name	Submission Date
Shelby, Debbie	8/15/2022

Budget Manager Approval(s) 

Approved by	Approval Date
	8/15/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
	8/20/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	8/22/2022



Executive Contract Summary

Contract Section ⬆

Contractor*

Texas Clinic Healthcare System

Contract ID #*

2022-0513

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Texas Clinic Healthcare System

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* (?)

7/1/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 135,000.00

Funding Source*

Private 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* (?)

This contract will allow Texas Clinic Healthcare System to provide Medication Assisted Treatment Alcohol and other Substance Use Disorders (MAT AUD) to Harris Center clients acquired through outreach engagement, and referral, to assist the Harris Center with linkage and retention in substance use, mental health, and medical services to Texas residents living with a Substance Use Disorder. Tx Clinic will provide item C-F pages 10-13.

Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Texas Clinic Healthcare System

Supporting Documentation Upload (?)

Be Well Texas MAT AUD & Texas Clinic Healthcare System - addtl address Texas Clinic MOU.docx	12.21KB
Harris Center Branch Rate Sheet 08-2022 (002).docx	20.42KB

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

United States

Phone Number*

7136948100

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	\$ 135,000.00	543075
Budget Manager Oshman, Jodel		Secondary Budget Manager Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

See attached documents

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/18/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

8/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMAIER

Approval Date

8/18/2022

Contracts Approval

Approve*

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

Approved by*

Shadeya Behn

Approval Date*

8/24/2022

EXHIBIT F-5

September 2022

RENEWALS OVER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0189

Contractor Name*

McKesson Corporation

Service Provided* (?)

Pharmacy Wholesaler to obtain drugs for patient prescriptions from The Harris Center Pharmacies.

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 checked="" type="checkbox"/> Other Agreement through GPO Premier |

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* (?)

\$ 2,000,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

1135

G/L Code(s)*

547001

Current Fiscal Year Purchase Order Number*

CT142169

Contract Requestor*

Angela Babin

Contract Owner*

Angela Babin

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.*
1135	\$ 2,000,000.00	547001

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,000,000.00

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

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Angela Dabin

Contracts Approval

Approve *

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

Approved by *

Shastegia Behu

Approval Date *

8/5/2022

EXHIBIT F-6

September 2022

AMENDMENTS OVER 100k

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 AMENDMENTS									
	ADMINISTRATION									
1	DataVox, Inc.	No	Lifesize 50 Virtual Meet Rooms & 300-Way Calling	\$68,000.00	\$35,338.54	\$103,338.54	09/01/22- 08/31/23	GR	TIPS Tag-On Contract#170306	This Amendment is to increase the NTE amount for Fiscal Year 2023, due to an update being submitted after renewal evaluation was approved.
2	CentreTechnologies	No	Microsoft Azure DraaS- Disaster Recovery Service	\$112,000.00	\$1,500.00	\$113,500.00	09/01/21- 08/31/22	GR	Sole Source	This Amendment is to increase funds to cover August 2022 invoices.
3	Enterprise Fleet Management	No	Vehicle Lease Agreement for Agency Wide Transportation Services	\$433,762.18	\$27,800.00	\$461,562.18	01/31/21- 12/01/25	GR	Tag-On	This Amendment is to increase funds for the GL#560500 and GL#559000 Maintenance.
4	Innovation Network Technologies Corp	No	Unitrend Cloud and Disaster Recovery-as-a-Service (DRaaS) Solutions	\$105,000.00	\$5,698.83	\$110,698.83	08/31/22- 08/30/23	GR	Tag-On to DIR-TSO-4332	This Amendment is to increase funds due to the quote was higher than renewal amount.
5	Pivot Point Consulting, A VACO Company	No	Consulting & IT Services	\$75,000.00	\$165,000.00	\$240,000.00	09/01/22- 08/31/23	GR	Sole Source	This Amendment is to increase funds for the implementation of Compass Rose Primary Care Module with EPIC.
6	Universal Protection Service, LP dba Allied Universal Security Services	No	Agency Wide Security Guard Services	\$814,390.28	\$81,494.32	\$895,884.60	09/01/22- 08/31/23	GR	RFP	This Amendment is to increase the NTE as a result of an increase in the hourly rate from \$16.90 to \$17.35 per hour for FY23. The current approved hours of coverage Agency-wide are now 993 hrs. per week times 52 weeks for a total of \$895,884.60 for the year.
	CPEPICRISIS SERVICES									
7	Master Pool Substance Abuse Jail Diversion	No	Residential Substance Abuse Treatment Services	\$108,806.00	\$33,588.00	\$142,394.00	09/01/21- 08/31/22	County	RFA	Program is requesting to increase the pooled NTE by \$33,588.00 to pay all program cost through the end of the current fiscal year as a result of a significant uptick in the census as well as the acuity of Consumers within the Jail Diversion program causing a greater need for aftercare substance abuse provision.
	FORENSICS									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									
	LEASES									
	MENTAL HEALTH SERVICES									
8	Master Pool- YES Waiver (Community Living Support Services)	No	Community Living Support Services	\$350,000.00	\$75,000.00	\$425,000.00	09/01/21- 08/31/22	State	Consumer Driven	This Amendment is a request to move \$75,000 from Respite Services to Community Living Support Services, as a result of unexpected demands for service.



Executive Contract Summary

Contract Section

Contractor*

DATAVOX-LIFESIZE

Contract ID #*

7718

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

DATAVOX
THC

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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 68,000.00

Increase Not to Exceed*

\$ 35,338.54

Revised Total Not to Exceed (NTE) *

\$ 103,338.54

Fiscal Year* (?)

2023

Amount* (?)

\$ 103,338.54

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* (?)

UPDATED CAME THROUGH AFTER ORIGINAL RENEWAL ECS WAS SUBMITTED AND APPROVED.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

CT141326

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health - 2022 Lifesize License Renewal (TIPS) - Quote Rev0 v2.pdf 910.44KB

Vendor/Contractor Contact Person

Name*

DATAVOX/CASEY BRYANT

Address *

Street Address

6650 West Sam Houston Parkway South

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77072-1527

Country

United States

Phone Number *

7138815388

Email *

caseyb@datavox.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 35,338.54	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHMENT.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

8/8/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/10/2022

Procurement Approval

File Upload (?)

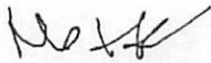
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

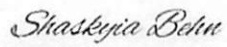
8/11/2022

Contracts Approval

Approve *

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

Approved by *



Approval Date *

8/11/2022



Executive Contract Summary

Contract Section ^

Contractor*

CENTRETECH

Contract ID #*

7709

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

CENTRETECH
THC

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 112,000.00

Increase Not to Exceed*

\$ 1,500.00

Revised Total Not to Exceed (NTE) *

\$ 113,500.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 113,500.00

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

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

TO COVER INVOICE FOR AUGUST 2022.

Contract Owner *

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor *

- Yes No Unknown

Please add previous contract dates and what services were provided *

CT141442

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name *

CENTRE TECHNOLOGIES

Address *

Street Address

16801 Greenspoint Park Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77060-2303

Country

US

Phone Number*

2815062480

Email*

mbustos@centretechnologies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,500.00	574000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

TO PAY AUG INVOICE

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

8/23/2022

Budget Manager Approval(s)

Approved by

Approval Date

8/23/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Muscafa Cechimata

Approval Date

8/24/2022

Contracts Approval

Approve*

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

Approved by*

Shakya Belu

Approval Date*

8/24/2022



Executive Contract Summary

Contract Section ⬆

Contractor*

Enterprise Fleet Management

Contract ID #*

7827

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$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* (?)

1/31/2021

Contract Term End Date* (?)

12/1/2025

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

1/31/2021-12/01/2025

Current Contract Amount*

\$ 433,762.18

Increase Not to Exceed*

\$ 27,800.00

Revised Total Not to Exceed (NTE)*

\$ 461,562.18

Fiscal Year* (?)

2022

Amount* (?)

\$ 461,562.18

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* (?)

This contract needs to be increase by \$27,800 for GL#560500 Lease and GL#559000 Maintenance.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Vendor does not meet HUB requirements.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Mark Block

Address*

Street Address

10401 Centrepark Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77043-1251

Country

US

Phone Number*

713-309-9181

Email*

james.m.blockjr@efleets.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 800.00	559000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,000.00	559000

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 250.00	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 50.00	559000

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 250.00	559000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 50.00	559000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 700.00	559000

Budget Manager	Secondary Budget Manager
Strang, Sarah	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 4,000.00	560500

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,050.00	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 400.00	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 500.00	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Downey, Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 4,200.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,300.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 400.00	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Kornmayer, Kimberly	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 12,050.00	560500
Budget Manager	Secondary Budget Manager	
Strang, Sarah	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 700.00	560500
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 100.00	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Downey, Michael	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Soto, Jessica

Submission Date

8/17/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/17/2022

Approved by

Jodel Oshtman

Approval Date

8/17/2022

Approved by

Mamie Adams

Approval Date

8/17/2022

Approved by

Priscilla M. Ramirez

Approval Date

8/18/2022

Approved by

Sarah Strang

Approval Date

8/22/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/22/2022

Contracts Approval

Approve*

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

Approved by*

Shakya Behn

Approval Date*

8/23/2022



Executive Contract Summary

Contract Section

Contractor*

INNOVATION NETWORK TECHNOLOGIES CORP

Contract ID #*

7622

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

INNOVATION NETWORK TECHNOLOGIES CORP
THC

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* (?)

8/31/2022

Contract Term End Date* (?)

8/30/2023

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

Current Contract Amount*

\$ 105,000.00

Increase Not to Exceed*

\$ 5,698.83

Revised Total Not to Exceed (NTE) *

\$ 110,698.83

Fiscal Year* (?)

2023

Amount* (?)

\$ 5,698.83

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* (?)

QUOTE WAS MORE THAN RENEWAL

Contract Owner *

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141362

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

INNOVATION NETWORK TECHNOLOGIES/GENE LOYE

Address *

Street Address

5729 Lebanon Road

Address Line 2

City

Frisco

Postal / Zip Code

75034

State / Province / Region

TX

Country

US

Phone Number*

888-80-INNET

Email*

GLOYE@INNNETWORKTECH.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 5,698.83	553001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHMENT

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

8/18/2022

Budget Manager Approval(s)

Approved by

Approval Date

8/18/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Muscafa Cochinnala

Approval Date

8/18/2022

Contracts Approval

Approve*

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

Approved by*

Shakya Belu

Approval Date*

8/19/2022



Executive Contract Summary

Contract Section

Contractor*

PIVOT POINT CONSULTING, A VACO COMPANY

Contract ID #*

2021-0145

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/20/2022

Parties* (?)

 PIVOT POINT CONSULTING
 THC

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 75,000.00

Increase Not to Exceed*

\$ 165,000.00

Revised Total Not to Exceed (NTE)*

\$ 240,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 240,000.00

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* (?)

Implementation of Compass Rose Primary Care module within EPIC.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141409

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

PIVOT POINT COSULTING/CORAL KINNETT

Address*

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027

State / Province / Region

TN

Country

US

Phone Number*

253.200.4148

Email*

CKINNETT@PIVOTPOINTCONSULTING.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 165,000.00	551002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

Implementation of Compass Rose Primary Care module within EPIC. \$165,000

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

8/22/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/22/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

8/22/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

8/22/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Universal Protection Service, LP dba Allied Universal Security Services

Contract ID #*

7798

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center and Universal Protection Service, LP dba Allied Universal Security 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 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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 814,390.28

Increase Not to Exceed*

\$ 81,494.32

Revised Total Not to Exceed (NTE)*

\$ 895,884.60

Fiscal Year* (?)

2023

Amount* (?)

\$ 895,884.60

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input 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* (?)

There is a rate increase for FY23 from \$16.90 to \$17.35 per contract The approved hours are now 993 hrs. per week times 52 weeks equals \$895,884.60. Need to update account rep, too.

Bldg. # Location Contract Hours
 1869 6160 S. Loop East 208
 1820 1215 Dennis St 168
 1849 6032 Airline Dr 50
 1809 3737 Dacoma 92
 1858 5901 Long Dr. 120
 1808 7200 N Loop East 67
 1814 2627 Caroline St 80
 1817 9401 Southwest Freeway 208
 Totals 993

Contract Owner*

Anthony Robinson

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Contract began in September 2020 wit this vendor

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Fernando Arcia

Address *

Street Address

11811 North Freeway suite 810

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77060

Country

US

Phone Number *

346.831.8149

Email *

janos.arcia@aus.com

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1808	\$ 60,447.40	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1809	\$ 83,002.40	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1814	\$ 72,176.00	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1817	\$ 187,657.60	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1820	\$ 151,569.60	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1849	\$ 45,110.00	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 108,264.00	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 187,657.60	583000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

New Rate \$17.35

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
MacKinney, Egglia	8/23/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Erica Brown</i>	8/24/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>D. Anthony Robinson</i>	8/24/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskyia Behm</i>	9/1/2022





Executive Contract Summary

Contract Section

Contractor*

P-Substance Abuse (Jail Diversion Master Pool Contract)

Contract ID #*

7277

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Pooled Vendors

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 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*

\$ 108,806.00

Increase Not to Exceed*

\$ 33,588.00

Revised Total Not to Exceed (NTE)*

\$ 142,394.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 142,394.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Program is requesting to increase the NTE and Purchase Order closer to actual expenses projected to fiscal year end (08/31/2022). At the end of July, the program had \$806 of the \$108,806 contracted amount remaining. There has been a significant uptick in the census as well as the acuity of consumers within the Jail Diversion program causing a greater need for aftercare substance abuse provision. In order to cover the outstanding July and August invoices, the program will need to increase the P.O. by \$33,588.00

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Existing FY22 P.O. CT141488 as well as FY19-FY21

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Vendor Pool

Address *

Street Address

N/A

Address Line 2

N/A

City

N/A

State / Province / Region

N/A

Postal / Zip Code

N/A

Country

USA

Phone Number *

N/A

Email *

na@notanemailaddress.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 33,588.00	543043
Budget Manager Ramirez, Priscilla		Secondary Budget Manager Oshman, Jodel

Provide Rate and Rate Descriptions if applicable* (?)

No change. As dictated by RFA.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

8/19/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

8/19/2022

Contract Owner Approval

Approved by

Kim Kopnmayer

Approval Date

8/19/2022

Contracts Approval

Approve*

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

Approved by*

Shakeya Belin

Approval Date*

8/19/2022



Executive Contract Summary

Contract Section

Contractor*

P - YES Waiver (Community Living Support Services)

Contract ID #*

6648

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Pool - YES Waiver (Community Living Support Services) 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 increase CLS contract by \$75,000

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

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*

\$ 350,000.00

Increase Not to Exceed*

\$ 75,000.00

Revised Total Not to Exceed (NTE) *

\$ 425,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 425,000.00

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* (?)

Due to unexpected demands for service, requesting movement of \$75,000 from Respite contract to CLS contract to meet August vendor payments.

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 *

09-01-2020 to 08-31-2021

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Stella Olise

Address *

Street Address

6032 Airline Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77076-4210

Country

USA

Phone Number*

713-970-4385

Email*

stella.olise@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 75,000.00	543064

Budget Manager

Shelby, Debbie

Secondary Budget Manager

Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Govan, Chekesha

Submission Date

9/12/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/12/2022

Contract Owner Approval

Approved by

Tiffany Williams-Brooks

Approval Date

9/12/2022

Contracts Approval

Approve*

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

Approved by*

Shastegia Behm

Approval Date*

9/12/2022

EXHIBIT F-7

September 2022
INTERLOCAL AGREEMENTS



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2020-0039

Contractor Name*

Harris County Office of Management and Budget

Service Provided* (?)

Community Mental Health Grant Program to provide Mental Health and IDD for residents of Harris County. Program was awarded \$2,115,000.00 in grant funds with a 1:1 match donation obligation by the Agency of \$2,115,000.00.

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 Interlocal

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* (?)

\$ 2,115,000.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

9402-\$410,663.00, 9405-\$161,930.00, 9407-\$1,542,407.00

G/L Code(s)*

403026

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

FY23 Court Item June 14 2022 0171_1_22-3597 rev.pdf

926.78KB

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.*
9402	\$ 410,663.00	403026

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 161,930.00	403026

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 1,542,407.00	403026

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,115,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

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*

Shaskya Behu

Approval Date*

8/29/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0042

Contractor Name*

Texas Workforce Commission

Service Provided* (?)

Access wage information to determine client's program eligibility. Contract Term: 2/1/2021 - 1/31/2024. Funding Term: 2/1/2022 - 1/31/2023.

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* (?)

\$ 2,000.00

Rate(s)/Rate(s) Description

2,000.00

Unit(s) Served*

2299

G/L Code(s)*

574000

Current Fiscal Year Purchase Order Number*

CT141685

Contract Requestor*

Lance Britt

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.*
2299	\$ 2,000.00	574000
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Loera, Angelica
Fiscal Year* (?) 2023	Amount* (?) \$ 2,000.00	

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
Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Brett

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

8/29/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Prevention Services

Contract ID #*

7168

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Harris County Resources for Children and Adults 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 type="checkbox"/> Tag-On |
| <input checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/1/2022

Contract Term End Date* (?)

9/30/2023

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

county fiscal year

Fiscal Year* (?)

2023

Amount* (?)

\$ 392,374.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Licensed therapists will provide mental health screenings, assessments, office and community based therapy, and other mental health and case management services to youth and families. Therapists will provide curriculum based parenting classes offered in the office and community. They will also provide individual family coaching sessions with class participants on a weekly basis. They will have training in using motivational interviewing and meet certification requirements in the evidence based curriculum chosen by Harris County Resources for Children and Adults within 6 months of employment.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

3/1/22 - 9/30/22 services and assessments with youth and families formerly known as CPS now RCA

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Harris County Resources for Children and Adults

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Harris County Resources for Children and Adults

Address*

Street Address

2525 Murworth Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-1623

State / Province / Region

TX

Country

US

Phone Number*

713-394-4064

Email*

joel.levine@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	\$ 392,374.00	540000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	8/26/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Sheenia Williams-Wesley</i>	8/26/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Monalisa Jiles</i>	8/26/2022

Contracts Approval

Approve*

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

Approved by*

Shakya Belu

Approval Date*

8/29/2022

EXHIBIT F-8

September 2022

RATIFICATIONS



Executive Contract Summary

Contract Section

Contractor*

Ultra Medical Cleaning and Environmental Services, Inc.

Contract ID #*

6697

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$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* (?)

1/1/2021

Contract Term End Date* (?)

8/31/2022

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

1/1/21-8/31/22

Current Contract Amount*

\$ 1,427,832.67

Increase Not to Exceed*

\$ 134,348.71

Revised Total Not to Exceed (NTE)*

\$ 1,562,181.38

Fiscal Year* (?)

2023

Amount* (?)

\$ 1,562,181.38

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 current janitorial service contract until a decision is made by Executive Staff to award new janitorial contract (RFP Process) for services

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2010 to Present

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Victor Gonzalez

Address*

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

United States

Phone Number*

2813250666

Email*

vgonzalez@ultrabuildingsvc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 129,348.71	569002

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 5,000.00	569002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

See current contract Rates

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Cantu-Espinoza, Lisa	8/12/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/12/2022

Approved by

Ricardo Campbell

Approval Date

8/12/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/12/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

8/12/2022

Annual Renewal Evaluation

Required Corrections

Revision Notes *

Veronica can make a change to the amount.

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID# *

0346

Contractor Name *

Allen Austin Lowe & Powers, Inc. dba Allen Austin Global Executive Search

Service Provided * (?)

Interim Leadership and Consulting Services to continue David Wykes interim role in Human Resources.

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 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 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* (?)

\$ 70,000.00

Rate(s)/Rate(s) Description

\$175.00 per hour up to a maximum of 37 hours per week

Unit(s) Served *

1101

G/L Code(s) *

592000

Current Fiscal Year Purchase Order Number *

CT141799

Contract Requestor*

Veronica Franco

Contract Owner*

Wayne Young

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

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	\$ 70,000.00	592000

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 70,000.00

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

EXHIBIT F-9



Authorization to create FY23 Open PO to pay for CPEP/HCPI/Admin/IDD/STARS Employee Surface Parking at the Texas Medical Center

The Harris Center’s Purchasing Department on behalf of NPC/MH Admin is requesting approval of an Open PO to cover staff parking fees for a Not To Exceed amount of \$357,273.

Vendor	Service Description	FY 2023 NTE \$Amount	Funding	Comments
Texas Medical Center/LAZ	NPC/PES Employee Parking Fees & MH Admin/Admin/IDD Employee Parking Fees	\$357,273	FY 2023 Budget	Funds are required to cover Employee Parking Expense for the following units: 9206, 9208, 9209, 9211, 3623, 3352, 2180, 1130, 1131, 1975

Surface and Garage Parking: Direct pay to Texas Medical Center (TMC/LAZ Parking) for staff parking at NPC. This pays for contract parking for all staff. NPC staff park at the Smithland’s Lot and Garage 4.

Projected cost includes 10% increase in costs for anticipated rate increase in January.

Submitted By:

Sharon Brauner
Digitally signed by Sharon Brauner
 Date: 2022.08.28 08:39:30 -0500
 Sharon Brauner, C.P.M., A.P.P.
 Purchasing Manager

Recommended By:

Nina Cook
Digitally signed by Nina Cook
 Date: 2022.08.29 12:14:49 -0500
 Nina M. Cook, MBA, CTPM
 Director of Purchasing

Steve Evans
Digitally signed by Steve Evans
 Date: 2022.09.08 11:12:20 -0500
 Steve Evans
 Controller

EXHIBIT F-10

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

**811 Housing Board
of
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")**

Please Print:

Name: Mark Smith

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home _____ Work 832-531-6067 Cell 716-390-1750

Fax No.: _____ E-mail Address: msmith@homelesshouston.org

Occupation: Director of Strategic Planning

Employed by: The Coalition for the Homeless of Houston/Harris County

I am seeking appointment as a Board Member of VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC.

I am being nominated by: Myself after learning about the board from Jonathan Danforth
[Yourself or person who recommended you]

Why do you want to be a member of the Housing Board?
I am interested in helping to maintain and grow healthy living environments for people with mental illness as well people who have experienced homelessness. This is both a personal and professional passion.

What special interests, talents, or experience do you feel you bring to the Board?
I have over eight years of experience in housing related nonprofit work including affordable housing development, natural disaster recovery, and homelessness. I have a diverse array of experience in serving vulnerable populations and helping them maintain or secure housing.

INDIVIDUAL APPLICATION TO 811 Housing Board


The Housing Board will meet at least annually. Are you available to attend this annual meeting on a regular basis?

Yes No If no, please explain: _____

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

I am not currently engaged in any other board, civic, or professional organizations. I have
previously been a part of young professional organizations as well as several long-term
recovery organizations that bring together nonprofit organizations, government, and concerned
citizens to organize resources and serve disaster impacted communities.

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



(SIGNATURE)

8/17/2022

(DATE)

Please email the completed application form to Amanda.jones@theharriscenter.org, Amanda Jones, Director of Government and Public Affairs, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.

- Attachments: The Harris Center Board By-Laws Regarding Advisory Councils
 Copy of The Harris Center Code of Ethics
 Certification of Compliance with Code of Ethics
 Conflict of Interest Declaration
 Voluntary Disclosure Statement

**THE HARRIS CENTER INDIVIDUAL MEMBER OF
811 HOUSING BOARD COMPLIANCE
THE HARRIS CENTER'S CODE OF ETHICS**

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



(Signature)

8/17/2022

(Date)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION
FOR INDIVIDUAL MEMBER OF THE COMPANY BOARD OF DIRECTORS**

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., nor does any member of my immediate family.*

EXCEPTION:

I am not employed by a business, company, or firm which has a contract with VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

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EXCEPTION:

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

EXCEPTION:

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., BOARD OF DIRECTORS

Print Your Name: Mark Smith

Signature: 

Date: 8/17/2022

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

**The Harris Center
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")
BOARD OF DIRECTORS**

Voluntary Disclosure Statement



(Name)

Please check one:

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

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

8/17/2022

(Date)



(Signature)

EXHIBIT F-11

THE HARRIS
CENTER
9401
Southwest
Freeway
Houston,
TX
77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

**811 Housing Board
of
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")**

Please Print:

Name: Robert F Buthorn Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer

Mailing Address:

City:

Zip Code:

Telephone: Home ___ Work ___ Cell 713 446 9141 ___

Fax No.: ___ E-mail Address: BobButhorn@gmail.com

Occupation: retired from personally owned businesses

Employed by: ___

I am seeking appointment as a Board Member of VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC.

I am being nominated by: Neal Sarahan

[Yourself or person who recommended you]

Why do you want to be a member of the Housing Board?

My intention is to help people with limited resources to live more fruitful lives of personal fulfillment wherever I find the need.

What special interests, talents, or experience do you feel you bring to the Board? I carry with me my experience of building businesses which customers and I have found to be beneficial to all stakeholders involved. Mine was a 50 + year experience.

INDIVIDUAL APPLICATION TO THE Housing Board

The Housing Board will meet at least annually. Are you available to attend this annual meeting on a regular basis?

Yes **No** If no, please explain:

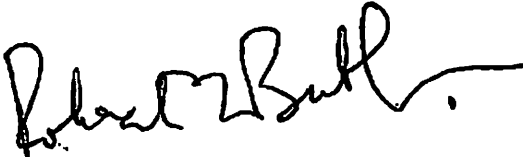
Please list your memberships in other professional and civic organizations and associations:

I am a Founder of Compassionate Houston and have recently retired from the CH Board. My experience of serving Compassionate Houston lasted 11+ years

I am a supporter of the Houston Symphony.

I am a devoted advocate for teaching young children and teenagers mindfulness, meditation, awareness and emotional intelligence tools which I did at The Jade Buddha Temple for over 5 years prior to COVID.

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

(SIGNATURE) 

Robert F. Buthorn (DATE) 6 May 2022


Please email the completed application form to Amanda.jones@thcharriscenter.org , Amanda Jones, Director of Government and Public Affairs, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.

**Attachments: The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement**

**THE HARRIS CENTER INDIVIDUAL
MEMBER OF 811 HOUSING BOARD
COMPLIANCE**

THE HARRIS CENTER'S CODE OF ETHICS

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

(Signature) 

Robert F. Buthorn (Date) 6 May 2022

**THE HARRIS CENTER CONFLICT OF INTEREST
DECLARATION
FOR INDIVIDUAL MEMBER OF THE COMPANY BOARD OF DIRECTORS**

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EXCEPTION: NO EXCEPTIONS

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EXCEPTION: NO EXCEPTIONS

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EXCEPTION: NO EXCEPTONS

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

EXCEPTION: NO EXCEPTIONS

VILLAS AT BAYOU PARK, INC., ACRES HOME GARDEN, INC., PECAN VILLAGE, INC., and PEAR GROVE, INC., BOARD OF DIRECTORS

Print Your Name: Robert F. Buthorn

Signature: 

Date: 6 May 2022

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

**The Harris Center
VILLAS AT BAYOU PARK, INC.,
ACRES HOME GARDEN, INC.,
PECAN VILLAGE, INC., and
PEAR GROVE, INC.
(Severally and together, the "Company")
BOARD OF
DIRECTORS**

**Voluntary Disclosure
Statement**

Please
check
one

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

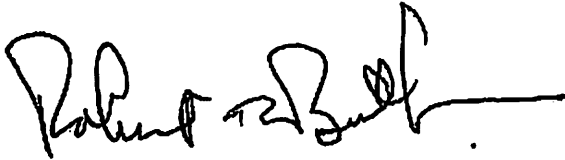
RFB

I, Robert F. Buthorn am none of the categories listed above; yet am a concerned citizen of Harris County who would hope to help others in need wherever I can.

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with mental illness

or intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of Agency.

(Date) 6 May 2022

A handwritten signature in black ink, appearing to read 'Robert F. Buthorn', with a long horizontal line extending to the right.

Robert F. Buthorn (Signature)

EXHIBIT F-12



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

MEMORANDUM

To: Wayne Young, Chief Executive Officer

From: Dr. Evanthe Collins
Vice President of Intellectual Disabilities Services Division

Date: August 3, 2022

Subject: Recommendation #432R – Mayor's Office for People with Disabilities –
Angel Ponce replacing Gabe Cazares

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends to The Harris Center the application for Angel Ponce as the organization representative for Mayor's Office for People with Disabilities.

Thank you for your consideration of this recommendation.

Attachment: Application for Organization Representative Membership

EXHIBIT F-13

Current Status: *Pending*

PolicyStat ID: 11587249



Transforming Lives

Origination: 02/2017
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

HIM2A Breach Notification

1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) will enforce a compliance program for data breach reporting and notification. The Harris Center will investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

2. POLICY

It is the policy of The Harris Center to investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within the Harris Center.

4. PROCEDURES

See procedure HIM:~~018b~~2B

5. RELATED POLICIES/FORMS:

Policy and Procedures	Reference
Incident Reporting	INC-9

[Business Associate](#)

Forms

Online Incident Report

Attachments

Breach Information Log

Risk Assessment Tool

6. REFERENCES: RULES/REGULATIONS/ STANDARDS

Notification in the Case of Breach, American Recovery & Reinvestment Act Title XIII Section 13402
 Medical Records Privacy Act, Tex. Health & Safety Code Ch. 181
 Mental Health Records, Tex. Health & Safety Code Ch. 611
 Federal Trade Commission Breach Notification Rules -16 CFR Part 318
 Confidentiality of Substance Use Disorder Patient Record, 42 CFR Part 2
 HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

Attachments

No Attachments

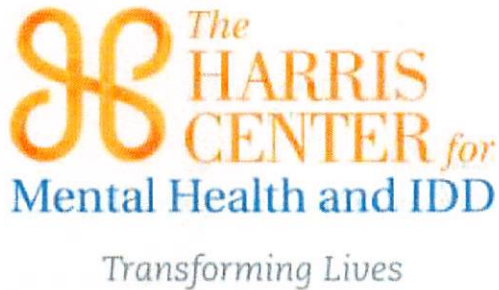
Approval Signatures

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	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-14

Current Status: *Pending*

PolicyStat ID: 12268194



Origination:	08/2022
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	09/2022
Next Review:	1 year after approval
Owner:	Steve Evans: Controller
Area:	Fiscal Management
Standards & Regulations:	
Document Type:	Agency Policy, Agency Procedure

FM25A Charity Care Policy

~~1. PURPOSE:~~

PURPOSE:

The ~~purpose of this policy~~Harris Center (the Center) is ~~to support The Harris Center's commitment~~committed to providing charity care to persons who have ~~health care~~healthcare needs and are uninsured, ~~under-insured~~underinsured, 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 ~~people~~clients who need quality healthcare services does not prevent them from seeking or receiving care.

~~2. POLICY:~~

Accordingly, this policy:

- : Includes eligibility criteria for financial assistance – free and discounted (partial charity care)
- : Describes the basis for calculating amounts charged to clients served eligible for financial assistance under this policy
- : Describes the method by which clients served may apply for financial assistance
- : Describes how the Center will widely publicize the policy to the Community
- : Limits the amounts that the Center will charge for eligible services provided to clients qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).

Clients are expected to cooperate with the Center's procedures for obtaining charity care or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay subject to the rules, regulations, and contractual requirements of the Center's various funding agencies

~~It is the policy of The Harris~~To manage its resources responsibly and to allow the 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 ability to pay~~the Board of Trustees establishes the following guidelines for the provision of client charity care.

~~3. APPLICABILITY/SCOPE:~~

~~People with healthcare needs who meet the eligibility criteria for financial assistance~~

~~4. PROCEDURES:~~

~~LD16B Charity Care Procedure~~

~~5. RELATED POLICIES/FORMS:~~

DEFINITIONS:

For this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from the Center's policy to provide healthcare services free or at a discount to clients who meet the established criteria.

Bad Debt: Healthcare services that have been or will be provided and cash inflow is anticipated for all or a portion of the charge. Includes the monthly Sliding Scale Fee Schedule charges not collected for clients above 150% of FPL. Bad Debt is not eligible for reimbursement from federal charity care programs

Family: According to the Census Bureau, a group of two (2) or more people who reside together and who are related by birth, marriage, or adoption. In addition, according to Internal Revenue Service rules, if a client claims someone as a dependent on his/her income tax return, that person may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Noncash benefits (such as food stamps and housing subsidies) do not count.
- Determined on a before-tax basis.
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).

Uninsured: A person who has no level of insurance or third-party assistance with meeting his/her payment obligations.

Underinsured: A person who has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross charges: Total charges at the Center's full established rates for the provision of client care services before deductions from revenue are applied.

Sliding Scale Fee Schedules: Client financial share calculated utilizing rules, regulations, and contractual requirements of the Center's various funding agencies. (HHSC MH/IDD; HHSC ECI; HHSC Autism; TCOOMMI, etc.)

PROCEDURES:

A. Services Eligible Under This Policy. For purposes of this policy, "charity care" or "financial assistance"

refers to healthcare services provided by the Center without charge or at a discount to qualifying clients. The following healthcare services are eligible for charity care:

1. Behavioral health services

2. Immunizations

3. Public health services

4. Other preventative services

B. Eligibility for Charity Care. Eligibility for charity care will be considered for those clients who are uninsured, underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity care is based on an individualized determination of financial need, and does not consider age, gender, race, social or immigrant status, sexual orientation, or religious affiliation.

C. Method by Which Clients May Apply or be Assessed for Charity Care.

1. Financial need is determined in accordance with procedures that involve an individual assessment of financial need; and may

a. Include an application or assessment process, in which the client or the client's Legally Authorized Representative (LAR) are required to cooperate and supply personal financial and other information and documentation relevant to making a determination of financial need.

b. Include the use of external publicly available data sources that provide information on a client's or LAR's ability to pay (such as credit scoring).

c. Include reasonable efforts by the Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist clients to apply for such programs.

d. Consider the client's available assets, and all other financial resources available to the client.

e. Include a review of the client's outstanding accounts receivable for prior services rendered and the client's payment history.

2. A request or assessment for charity care and a determination of financial need can be done at any point in the collection cycle but is preferred to be completed within the first 30 days of treatment. The need for financial assistance is re-evaluated annually and whenever a significant change has occurred which affects the client's or LAR's eligibility for charity care.

3. The Center's values of human dignity and stewardship shall be reflected in the application, financial need determination and granting of charity care. Requests for charity care shall be processed promptly with notification to the client or LAR in writing within 30 days of receipt of a completed application or assessment.

D. Presumptive Financial Assistance Eligibility. There are instances when a client may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the client served or through other sources, which provide sufficient evidence to provide the client with charity care assistance. In the event there is no evidence to support a client's eligibility for charity care, the Center can use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined based on

individual life circumstances that may include:

1. State-funded prescription programs.
2. Homeless or received care from a homeless clinic.
3. Participation in Women, Infants and Children programs (WIC).
4. Food stamp eligibility.
5. Subsidized school lunch program eligibility.
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down).
7. Low income/subsidized housing is provided as a valid address; and
8. Client is deceased with no known estate.

E. Eligibility Criteria and Amounts Charged to Clients. Services eligible under this Policy are made available to clients on Sliding Scale Fee Schedules, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts charged to clients served who qualify for financial assistance is as follows:

1. Clients whose family income is at or below 150% of the FPL are eligible to receive services at a discount of 100%.
2. Clients whose family income is above 150% but not more than 200% of the FPL are eligible to receive services at a discount (partial charity care) at rates discounted using Sliding Scale Fee Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.
3. Clients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Center; however, the discounted rates shall not be greater than the amounts generally billed to private or public insurance and discounted using Sliding Scale Fee Schedules. Uncollected fees assessed are Bad Debt and ineligible for reimbursement under federal charity care programs.

F. Communication of the Charity Care Program to Clients and Within the Community. Notification about charity care available from the Center, includes a contact number, and is disseminated by various means, which includes, but are not limited to, the publication of notices in monthly statements and by posting notices in clinics, waiting areas, intake and assessment, business offices, and financial services that are located in Center facilities, and other public places as elected. The Center widely publicizes a summary of this charity care policy on the Center website, in brochures available in client access sites and at other places within the community served by the Center. Such notices and summary information are provided in accordance with the Center's Cultural and Linguistic Competency Plan.

G. Relationship to Collection Policies. The Center develops policies and procedures for internal and external collection practices (including actions the Center may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the client qualifies for charity care, a client's good faith effort to apply for charity care from the Center, and a client's good faith effort to comply with his or her payment agreements with the Center. For clients who qualify for charity care and who are cooperating in good faith to resolve their discounted bills, the Center may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. The Center will not impose extraordinary collections actions such as wage garnishments; liens on

primary residences, or other legal actions for any client without first making reasonable efforts to determine whether that client is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the client owes the unpaid charges and that all sources of third-party payment have been identified and billed by the Center.
2. Documentation that the Center has attempted to offer the client the opportunity to apply or be assessed for charity care pursuant to this policy and that the client has not complied with the Center's financial assessment requirements.
3. Documentation that the client does not qualify for financial assistance on a presumptive basis.
4. Documentation that the client has been offered a payment plan but has not honored the terms of that plan.

H. Regulatory Requirements. Implementation of this Policy does not negate or supersede compliance with all other federal, state, and local laws, rules, and regulations applicable to the services outlined herein.

I. Staff Training Requirements. Staff will adhere to parameters outlined in TAC Rule §355.8215 and Healthcare Financial Management Association guidance found in the June, 2019 Statement 15: "Valuation and Financial Statement Presentation of Charity Care, Implicit Price Concessions and Bad Debts by Institutional Health Care Providers" in relation Charity Care.

RELATED POLICIES/FORMS:

ACC13A Financial Assessment

ACC17B Patient Charges / Fee Schedule

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

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	09/2022

Step Description	Approver	Date
Legal Review	Kendra Thomas: Counsel	09/2022
Compliance Review	Anthony Robinson: VP	09/2022
Initial Assignment	Shannon Fleming: Counsel	09/2022
Initial Assignment	Michael Dangerfield: Dir	08/2022

EXHIBIT F-15

Current Status: *Pending*

PolicyStat ID: 12194112



Transforming Lives

Origination:	09/2021
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	08/2022
Next Review:	1 year after approval
Owner:	Wayne Young: Exec
Area:	Leadership
Standards & Regulations:	
Document Type:	Agency Policy

LD12A - Code of Ethics Policy

1. PURPOSE

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

2. APPLICABILITY

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

3. POLICY

The purpose of the Code of Ethics policy (the "Policy") is to increase awareness of potential conflicts of interest and to ensure that all Board of Trustees and personnel always demonstrate and adhere to the highest standards of ethical and professional conduct. The Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families and/or representative, working with other providers, and interacting in the community we serve.

A. Conflicts of Interest

Trustee:

No trustee shall participate in a vote or decision on a matter involving a business entity or contract in which the Trustee or any related person in the first degree by consanguinity or affinity has a substantial interest or take any steps, directly or indirectly, to influence or persuade other Trustees or any employee in connection with such matter, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business entity. A person has a substantial interest in a business entity if:

- The person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
- Funds received by the person from the business entity exceeds 10% of the person's gross income for the previous year.

A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.

If a Trustee or any related person has a substantial interest in a business entity or in real property, the Trustee, before a vote or decision on any matter involving the business entity or the real property, where it is reasonably foreseeable that any action on the matter will have a special economic effect on the business entity or on the value of the property distinguishable from its effect on the public, shall file an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter. Such affidavit shall be filed with the secretary of the Board of Trustees and shall be maintained in the records of the Center.

A Trustee shall not hold another office or position where one office is accountable or subordinate to the other, or where there is an overlap of powers and duties such that the Trustee could not independently serve in both positions.

Employee:

Except in the circumstances and on the conditions provided below, no employee shall participate in any decision or take any action in his or her capacity as an employee of the Center on a matter involving a business entity or real property in which the employee or any related person has an interest where it is reasonably foreseeable that a decision or action on the matter would confer an economic benefit on the business entity, the employee or related person.

Any employee engaged in providing clinical/rehabilitative services and/or support outside of Center employment must obtain prior written approval from their department head, appropriate Vice President and the Chief Executive Officer. Providing such services and/or support may be allowed if it does not interfere with or violate the efficient operation of The HARRIS CENTER or Board of Trustees approved Code of Ethics. Employees may not use Agency facilities or Agency property to assist them in providing such outside services and/or support; nor can employees use the Center's resources, personnel, facilities, or equipment for purposes other than for Center business.

Trustee and/or Employee:

No Trustee, nor any employee, shall accept any employment, office, or other position which might be expected to impair the independence or the judgment of such person in the performance of his or her duties with the Center.

Examples of Conflict of Interest:

1. Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with The Harris Center.
2. Hiring or supervising family members or closely related persons.
3. Owning or having a substantial interest in a supplier or contractor of The Harris Center.
4. Having a personal interest, financial interest or potential gain in any Harris Center transaction.
5. Placing company business with a firm owned or controlled by a Harris Center employee or his or her family.
6. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to Harris Center employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict-of-

interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

B. Nepotism

1. A Trustee or Chief Executive Officer may not hire as a paid officer or employee of the community center a person who is related to a member of the board of trustees by affinity within the second degree or by consanguinity within the third degree.
2. An officer or employee who is related to a member of the board of trustees in a prohibited manner may continue to be employed if the person began the employment not later than the 31st day before the date on which the member was appointed.
3. The officer or employee or the member of the board of trustees shall resign if the officer or employee began the employment later than the 31st day before the date on which the member was appointed.
4. If an officer or employee is permitted to remain in employment under subsection (2), the related member of the Board of Trustees may not participate in the deliberation of or voting on an issue on an issue that is specifically applicable to the officer or employee unless the issue affects the entire class or category of employees.

The term "relative" as used in this section means any person related to the Trustee or employee (not closer than Aunt, Uncle, or Cousin).

C. Commencement of Service

Upon appointment as a Trustee and upon the employment of any employee, each Trustee and each employee shall execute an acknowledgement that he or she has read this Code of Ethics, any and all changes, revisions, or additions as amended; agrees to abide by its terms and conditions; and represents to the Center that, to the best of his or her knowledge and belief, he or she is not aware of any prior or existing violations of such Code of Ethics.

D. Exchange of Gifts, Money and Gratuities

The Harris Center is committed to competing solely on the merit of our services. We should avoid any actions that create a perception that favorable treatment of outside entities by The Harris Center was sought, received, or given in exchange for personal business courtesies.

Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom The Harris Center does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law regulation or policies of The Harris Center or customers or would cause embarrassment or reflect negatively on The Harris Center's reputation.

Employees should always ask themselves whether it is appropriate to accept something from a person who wants, or may want, or may be seen to want, an official favor within their authority. It is unethical to accept or give a gift that is meant to sway a decision in favor of the gift-giver.

No Trustee or employee shall ask for, accept or agree to accept money, loans or anything of value as consideration for a decision or other exercise of discretion by a Trustee or employee.

A Trustee or employee shall reject any benefit for his or her past official actions in favor of another person.

No Trustee or employee shall exercise his or her official position without authority, fail to perform a required duty, or take or use any property of the Agency with the intent to obtain a personal benefit.

A Trustee or employee shall not misuse information that he or she receives, in advance other public entities, because of the Trustee's or employee's official capacity. A Trustee or employee shall not engage in any business activity that might lead to the disclosure of confidential information of the Agency or any of its consumers.

A Trustee or employee shall reject any job, favor, or other benefit that might tend, or is intended, to impair or influence his or her official conduct or independence.

Trustees and employees owe a duty of loyalty to the Agency and may not engage in any action on their own personal behalf, or that of another, which conflicts with the interests of the Agency.

No Trustee or employee shall engage in any related business activity or use a previous position of the Trustee or employee to gain any personal benefit for a period of one year following his or her separation as a Trustee or employee of the Agency.

No employee shall receive or accept compensation from any source other than the Agency, for the same services to the same consumer for which they receive compensation from the Agency.

E. Personal Fundraising

It is the policy of The Harris Center to minimize disruptions in the workplace cause by the unauthorized sale of items, solicitations of contributions, or the distribution of advertising materials. Furthermore, it is counterproductive for employees to feel pressured to contribute financially to any enterprise whether it is a for-profit or non-profit.

1. Fundraising and/or solicitation by or of employees during work hours and/or on Harris Center property without authorization from their immediate supervisor or designee is strictly prohibited.
2. Solicitation means any verbal or written communication which encourages, demands, or requests a contribution of money, time, effort or personal involvement for any enterprise. This includes, but is not limited to, charitable or personal profit activities such as, selling products of any kinds, raffle tickets, admissions to events and donations to assist persons experiencing a personal crisis.
3. Employees who wish to solicit on behalf of their children's schools, scouting programs, or other not-for-profit purposes, including for the benefit of a person or co-worker involved in a personal tragedy, must submit a written request to their immediate supervisor.
4. Employees may not initiate any fundraising and/or solicitation activities until written authorization has been obtained from their immediate supervisor.
5. The Harris Center's interoffice and email systems may not be used to communicate information about non-Harris Center sponsored fundraising activities.

F. Service Delivery

1. The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective and the least restrictive treatment alternative.
2. Ensure that consumer information is kept confidential according to applicable federal, state, and local laws.

3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
4. The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
5. The Harris Center recognizes the right of consumers to make choices about their own treatment, including the right to refuse treatment.

G. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.

No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a consumer or whose family is a consumer of The HARRIS CENTER.

All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence, and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

1. Place the needs of their consumers on their caseload at the center of any treatment-related decisions that you make about them and their lives.
2. Shall not disclose personal or financial information with consumers.
3. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
4. Refrain from connecting with their consumers on social media.
5. Maintain a courteous and respectful attitude with all consumers equally.
6. Do not give or accept gifts, loans, money, or other valuables to or from the consumer.
7. Always clarify your professional role with the consumer.

H. Witnessing of legal documents

1. Harris Center employees shall not agree to be a witness or sign as a witness on any legal documents (e.g., Declaration for Mental Health Treatment, durable power of attorneys, medical power of attorney, wills) a consumer presents.
2. Employees shall inform the consumer they will need to obtain their witnesses not employed or contracted by the Harris Center for legal documents.
3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

4. Related ~~policies~~Policies/Forms:

[Agency Compliance Plan](#)

5. Procedures:

[N/A](#)

6. References: Rules/Regulations/Standards

- Community Centers, Tex. Health & Safety Code Ch. 534
- Regulation of Conflicts of Interest of Officers of Municipalities, Counties and Certain Other Local Governments, Tex. Local Government Code Chapter 171

Attachments

No Attachments

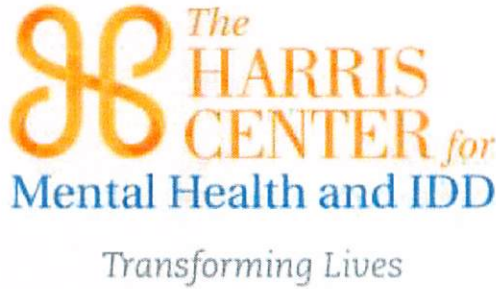
Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	09/2022
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 Next Review: 1 year after approval
 Owner: Rita Alford: Dir
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 Standards & Regulations:
 Document Type: Agency Policy

HIM7A Consents and Authorizations

1. PURPOSE

To obtain and document consent from the patient or legally authorized representative for treatment. To obtain and document authorizations to allow the exchange of patient information. This ensures information is provide to the patient allowing an informed consent to be made.

2. POLICY

It is the policy of The Harris Center to ~~obtain~~utilize and maintain written consents from patients or the legally authorized representative for patient treatment/program services, as well as, other specific purposes, such as medication, transportation, media purposes, etc. Consents shall be reviewed and explained in a manner and language a patient can understand. All consents shall be signed and dated by the patient or legally authorized representative. Consents shall be maintained in a timely fashion and copies shall be ~~filed~~scanned in the patient record.

The Harris Center shall obtain written authorizations from patients and legally authorized representatives prior to the use and/or disclosure of protected health information. Under no circumstance will The Harris Center staff use or disclose patient protected health information without permission or authorization as specified by state and federal law.

3. APPLICABILITY/SCOPE

This policy ~~and procedure~~ is applicable to all Harris Center staff, contractors, interns, volunteers and Business Associates.

4. PROCEDURES

HIM:~~11b~~7B - Consents and Authorizations

5. Related ~~policies~~ Policies/ Forms:

• Research Procedures and the Committee for the Protection of Human Subjects	MED: 9 18A
• Confidentiality and Disclosure of patient Patient/Individual Health Information	HIM: 003 6A
• Media Consent Form	HIM:015

• Authorization to Disclose Health Information	HIM:016
• Consent to Treatment with Medication	HIM:030MED1A
• Transportation Consent for Minors/ patients <u>Patient/Individuals</u> with Guardians <u>Form</u>	HIM:035
: <u>Media Consent Form</u>	

6. References: Rules/Regulations/Standards

- Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164
- Consent to Treatment of Child by Nonparent of Child, Texas Family Code Chapter 32
- Rights & Duties in Parent-Child Relationship, Texas Family Code Chapter 151
- Medical Records Privacy, Tex. Health & Safety Code Chapter 181
- Rights of patients, Texas Health & Safety Code Chapter 576
- Mental Health Records, Texas Health & Safety Code Chapter 611
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174
- Protection of Clients & Staff-Mental Health Services, Title 25 Texas Administrative Code Chapter 404, Subchapter E
- Rights & Protection of Persons Receiving Mental Health Services, Title 25 Texas Administrative Code Chapter 414, Subchapter I
- patient Rights' Handbook (MH/MR, 9/2006), Title 40 Texas Administrative Code Chapter 2, Subchapter H

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	09/2022
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Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	08/2022
Initial Assignment	Rita Alford: Dir	08/2022

EXHIBIT F-17

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PolicyStat ID: 11495185



Transforming Lives

Origination: 01/1998
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 09/2022
 Next Review: 1 year after approval
 Owner: Rita Alford: Dir
 Area: Information Management
 Standards & Regulations:
 Document Type: Agency Policy

HIM8A Content of Patient/Individual Records

1. PURPOSE

To ensure a complete and accurate record (electronic or paper-based) shall be maintained for each registered and admitted patient/individual receiving services through The Harris Center.

2. POLICY

It is the policy of The Harris Center that the content and required documentation in the patient/individual record shall be developed to comply with applicable regulatory, legal and/or accrediting standards.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

See Procedure HIM:~~006b~~8B

5. Related policies/Forms:

Policies & Procedures	References
Approved Agency Abbreviations	HIM: 002 1A
Patient Records Administration	HIM: 005 13A
Request for New, Revised, and Deleted Individual Record Paper Forms	HIM: 010 10B
Consents and Authorizations	HIM: 011 7A
Assurance of Patient Rights	CRT:4RR3A
Medication Administration in IDD Programs	CS-MR:3MED5A

6. References: Rules/Regulations/Standards

- Medical Records, 22 Tex. Admin. Code Ch. 165
- Prescribing of Psychoactive Medication - Mental Health Services, 25 Tex. Admin. Code Ch. 415, Subchapter A
- Medical Records System, 26 Tex. Admin. Code §301.329

- Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22
- Mental Health Community Service Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Mental Health Case Management, 26 Tex. Admin. Code §306.275
- Service Coordination for Individual with Intellectual Disability, 40 Texas Admin. Code Chapter 2, Subchapter L

Attachments

No Attachments

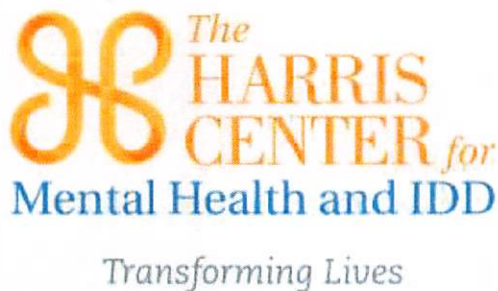
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CEO Approval	Wayne Young: Exec	09/2022
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Owner: Rita Alford: Dir
Area: Information Management
Standards & Regulations:
Document Type: Agency Policy

HIM9A Correcting Documentation and Coding Errors

1. PURPOSE

Data entry corrections may need to be made as a result of data errors such as miscoding, omission of direct service data entries/medical record documentation, or discrepancies between medical record and computer information related to date, time, location, provider name and unit number entries identified by internal or external chart reviews.

2. POLICY

It is the policy of The Harris Center that patient/individual records will be free from errors and discrepancies.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

4. DEFINITIONS

Miscoding – The use of a direct service procedure code for service activities which are not adequately supported in the content of the progress notes, or the use of the wrong procedure code but adequate documentation exist in the progress notes to support coding for another service.

Direct Service Log Data Entry Omission – Omission of direct service data such as a service code, date, start time, end time, or provider name/number, etc. entry in the computer when a direct service was provided and documented in the progress notes.

Medical Record Documentation Omission – The omission of documentation in the medical record when a direct service was provided, and the direct service data was entered into the computer.

5. PROCEDURES

See Procedure HIM:~~014b~~9B

6. Related Policies/Forms:

Policy & Procedures	References
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Patient/individual Records Administration

HIM:-00513A

7. References: Rules/Regulations/Standards

Health Insurance Portability and Accountability Act, 45 CFR Part 164
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part 2, Subpart B
 Physician-Patient Communication, Tex. Occupation Code Ch. 159
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181
 Mental Health Records, Tex. Health and Safety Code Ch. 611

Attachments

No Attachments

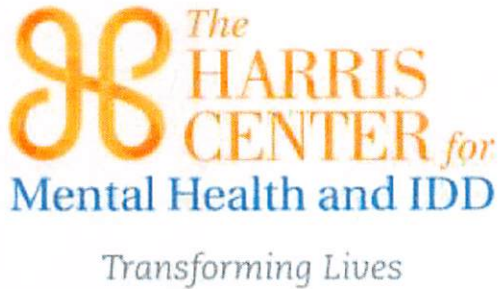
Approval Signatures

Step Description	Approver	Date
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Compliance Review	Anthony Robinson: VP	08/2022
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Last Revised: 09/2022
Next Review: 1 year after approval
Owner: Terence Freeman: Dir
Area: Human Resources
Standards & Regulations:
Document Type: Agency Policy

HR3A - Criminal History Clearances

1. PURPOSE

The purpose of this policy is to minimize the potential risk of criminal activity, evaluate the accuracy of applicants, contractors or employees' credentials, as well as increase safety and wellness of Harris Center employees,, student interns, contractors, patients, visitors and guests.

2. POLICY

It is the policy of The Harris Center to protect individuals receiving services provided by The Harris Center and contract providers of such services and the property of those individuals. In order to promote a safe environment, pursuant to law, The Harris Center conducts criminal history clearances of applicants for: 1) employment, 2) individual contractors who would provide direct care services, 3) student interns, and 4) volunteers.

The Harris Center will also conduct annual criminal history clearances on all existing employees, individual contractors, student interns, and volunteers. All background check information will be kept confidential. All information obtained as a result of a background check will be used solely for employment purposes

3. APPLICABILITY/SCOPE

Applicants for employment, all Harris Center employees, contractors providing direct care services, interns, volunteer applicants and volunteers.

4. PROCEDURES

- ~~Employment Criminal History Clearance~~
- ~~Criminal History Report~~
- ~~Annual Criminal History Clearance~~
- ~~Self-Reporting~~
- ~~Falsification of Application~~

[HR3B - Criminal History Clearances](#)

5. Related policies/Forms:

N/A

HR9A - Employment**6. References: Rules/Regulations/Standards**

- Access to Criminal History Information: Department of State Health Services & Human Services Commission; Local Authorities; Community Centers- Texas Government Code §411.115
- Nurse Aide Registry & Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities or Persons with Terminal Illness- Texas Health & Safety Code, Chapter 250
- Use of Criminal History Record Information-Texas Health & Safety Code §533.007
- Criminal History & Registry Clearance-Title 25 Texas Administrative Code, Part 1, Subchapter K, Chapter 414

Attachments

No Attachments

Approval Signatures

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CEO Approval	Wayne Young: Exec	09/2022
Legal Review	Kendra Thomas: Counsel	09/2022
Compliance Review	Anthony Robinson: VP	09/2022
Department Review	David Wykes	08/2022
Initial Assignment	Terence Freeman: Dir	08/2022

EXHIBIT F-20

Current Status: *Pending*

PolicyStat ID: 12145541



Origination:	04/1998
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Last Approved:	N/A
Last Revised:	09/2022
Next Review:	1 year after approval
Owner:	Terence Freeman: Dir
Area:	Human Resources
Standards & Regulations:	
Document Type:	Agency Policy

HR5A - Employee Job Descriptions

1. PURPOSE

To ensure that the basic and essential duties and requirements of all Harris Center job positions have a detailed and accurate, up-to-date job descriptions to successfully perform the job.

2. POLICY

In accordance with The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) Policies and Procedures, every employee shall receive, at the time of employment, reclassification and or promotion, a written job description. Also, job descriptions shall be reviewed and modified for current positions within a reasonable period of time following a material change in the essential duties of the position. Job descriptions shall be updated annually, and if necessary, at the time the position becomes vacant as responsibilities may change.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

- A. ~~Annual Review~~
- B. ~~Job Description Format~~
- C. ~~Distribution of Copies~~

[HR5B - Employee Job Descriptions](#)

5. Related policies/Forms:

Employee Performance Evaluations
Job Description Online Instructions Attachment A

6. References: Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

Attachments

No Attachments

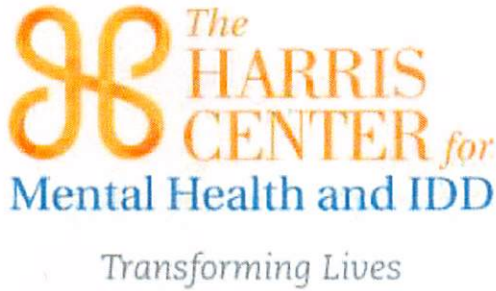
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CEO Approval	Wayne Young: Exec	09/2022
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Compliance Review	Anthony Robinson: VP	09/2022
Department Review	David Wykes	08/2022
Initial Assignment	Terence Freeman: Dir	08/2022

EXHIBIT F-21

Current Status: *Pending*

PolicyStat ID: 11463220



Origination: 10/2000
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 09/2022
 Next Review: 1 year after approval
 Owner: Rita Alford: Dir
 Area: Information Management
 Standards & Regulations:
 Document Type: Agency Policy

HIM10A Faxing & Emailing Patient Identifying Information

1. PURPOSE

The Harris Center will protect the confidentiality and privacy of patient/individual identifying information and safeguard such information against impermissible disclosure when faxing and emailing patient/individual identifying information.

2. POLICY

It is the policy of The Harris Center to ensure that staff protect all patient health information during all electronic communication.

3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

4. PROCEDURES

See Procedure HIM: 009b

5. Related policies/Forms:

Policy and Procedures	References
Confidentiality and Disclosure of Patient Identifying Information	HIM: 003
Online On-line Incident Reporting	INC-9 EM4A
Patient Information Facsimile Cover Sheet	HIM: 9009.004 1

6. References: Rules/Regulations/Standards

- Health Insurance Portability and Accountability Act, 45 CFR Part 164
- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B
- Physician-Patient Communication, Tex. Occupation Code Ch. 159
- Medical Records Privacy, Tex. Health and Safety Code Ch. 181
- Mental Health Records, Tex. Health and Safety Code Ch. 611

Attachments

No Attachments

Approval Signatures

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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	08/2022

EXHIBIT F-22

Harris Center Foundation for Mental Health and IDD Bylaws

D-R-A-F-T vers. 7.11.22

A Texas Non-Profit Corporation

ARTICLE I – OFFICE

1.1. Name. The name of this Texas non-profit corporation shall be The Harris Center Foundation for Mental Health and IDD (the "Foundation").

1.2. Not-for-Profit Corporation. The Foundation is organized and will be operated exclusively for charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1954 or the corresponding provision or provisions of any subsequent United States revenue law.

1.3. Principal Office. The principal office of the Foundation shall be located in Harris County, Texas.

ARTICLE II - PURPOSE

~~The purpose of the Foundation is to support the individuals served through the programs and services of The Harris Center for Mental Health and IDD.~~

Change to:

The purpose of the Foundation is to aid individuals with mental,- intellectual and developmental disabilities served through the programs and activities of tThe Harris Center for Mental Health & IDD-for Mental Health and IDD, in order to help ensure that they may live with dignity as fully functioning, participating and contributing members of the community. The Foundation is organized and shall be at all times, thereafter operated exclusively for the benefit of and to carry out the purposes of the Harris Center for Mental Health and IDD.

OR

~~The purpose of the Foundation is to transform the lives of people with behavioral health and intellectual, developmental and disability needs served through the programs and activities of The Harris Center for Mental Health and IDD, in order to help ensure that they may live with dignity as fully functioning, participating, and contributing members of the community.~~

ARTICLE III – MEMBERSHIP

3.1. Members of the Board of Directors shall constitute the membership of the Foundation.

3.2. The ~~President and Chief Executive Officer~~ of The Harris Center for Mental Health and IDD will serve as ex-officio, non-voting member.

3.3. The Chair~~person~~ of the Harris Center for Mental Health and IDD Board of Trustees shall~~may~~ appoint a member of the Harris Center Board of Trustees to serve as a liaison to the Foundation. ~~If appointed,~~ the liaison will~~shall~~ serve as a ~~non~~-voting member.

ARTICLE IV – BOARD OF DIRECTORS

4.1. Duties and Powers. The Board of Directors (the “Board”) shall govern, control, and oversee the affairs, funds, and property of the Foundation subject to the provisions of statute, the Articles of Incorporation, these Bylaws, and governing policies, directives, and procedures.

To fulfill its responsibilities, the Board may from time to time create and delegate certain responsibilities to committees, subcommittees, task forces, or work groups as deemed necessary, advisable, or appropriate to the Foundation; however, the ultimate authority and responsibility rests with the Board.-

4.2. -Number of Directors. The Board shall consist of no fewer than seven (7) Directors and no more than fifteen (15) Directors. The number of Directors may be increased to greater than fifteen or decreased to fewer than seven from time to time by amendment of these Bylaws, provided that at no time shall the number of Directors be less than three (3).

Section 4.3. Terms, Qualifications and Elections. Directors will be elected for three (3) year terms and may serve a maximum of two (2) consecutive terms.

Directors will be elected at the last meeting preceding the beginning of a new fiscal year.-

Board membership shall reflect diversity in a variety of areas of expertise and shall represent the diversity of Harris County, Texas. Through previous nonprofit board experience, as well as community engagement and relationships, Board members shall have demonstrated the experience, vision, and commitment needed to lead and govern the Foundation.

Section 4.4. Compensation of Directors. A Director shall receive no salary or other compensation for services as Director. A Director may receive reimbursement for reasonable expenses incurred in connection with necessary or appropriate activities on behalf of the organization, consistent with the approved annual budget and Board approved policies.

Section 4.5. Vacancies. In the event of a vacancy in the office of a Director (resulting from death, resignation, retirement, disqualification, removal from office or reason other than term fulfillment), the Board may elect by a vote of the majority of Directors then in office, a successor who shall hold the office until the expiration of the term vacated.

Section 4.6. Regular Meetings. The Board of Directors shall meet at least quarterly or to transact such business as may be necessary and appropriate. Members may attend meetings using various media, including web-based discussions and audio, video, or other electronic or virtual conferencing. A Director participating in a meeting by such means shall be considered present in person at the meeting. Attending meetings in person is encouraged.

Section 4.7. Special Meetings. Special meetings of the Board may be called for any lawful purpose by the Board Chair or by no fewer than three (3) members of the Board. A special meeting shall be conducted at such date, time, and place within the State of Texas or virtually, as is specified in the call of the meeting. The purpose of any such meeting need not be specified. The Board may conduct special meetings upon not less than four (4) days’ notice as described in these Bylaws.

Section 4.8. Place of Meetings. Meetings of the Board shall convene at a place or via virtual means as designated by the Board Chair in Harris County.

Section 4.9. Notice. Oral or written notice of the date, time, and place of each regular or special meeting of the Board shall be communicated to each member of the Board, a minimum of four (4) days prior to the meeting. Notice is to be provided to each Director at the address listed in the records of the Foundation and may be delivered electronically or digitally by email or telephone message. A notice transmitted electronically or digitally shall be effective when transmitted correctly addressed to the electronic address listed in the records of the Foundation as provided by the board member.

Section 4.10. Quorum. A majority of the Directors currently serving shall constitute a quorum for the transaction of business at any meeting. If less than a majority of the Directors then in office are present at a meeting, the Chair will adjourn the meeting without further notice. Votes by proxy are not acceptable except in the event of an emergency as declared by the Board Chair.

Section 4.11. Removal, Resignation, and Vacancies. A Director may be removed from office at any time, with or without cause, by the affirmative vote of two-thirds (2/3) of the Directors then in office. The Director to be removed must be notified, in writing, not less than five business days prior to the meeting that removal will be a subject of the meeting. A Director absent from three (3) consecutive meetings will automatically be removed and notice given within five (5) business days.

The Harris Center Board of Trustees shall have independent authority to remove at any time, with or without cause, a director from the Board when such removal is determined by the Harris Center Board of Trustees to be in the best interest of the Harris Center. The Harris Center Board of Trustees removal decision is final and irrevocable.

A Director may resign at any time by delivering a written notice to the Board Chair. Any such resignation shall take effect immediately upon receipt of the notice or at any latter time specified therein and, unless otherwise specified therein, no acceptance of such resignation shall be necessary to make it effective.

A vacancy in a Director position, whether created by removal or resignation, may be filled by the Board. The new Director shall serve until the expiration of the term vacated.

ARTICLE V – OFFICERS

Section 5.1. Officers. The Officers of the Board shall be elected from among members of the Board and shall consist of Chair, Vice Chair, Secretary, Treasurer, and such other officers as the Board may elect.

Section 5.2. Holding Two or More Offices Simultaneously. With the exception of the Board Chair and Vice Chair, a Board officer simultaneously may hold more than once office.

Section 5.3. Election and Term of Office. Officers will be elected at the last meeting preceding the beginning of a new fiscal year, for a term of one year, or such other period as prescribed by the Board at the time of such election, and until the officer's successor is elected, unless sooner

relinquishing their office through death, resignation, retirement, disqualification, or removal from office.

Section 5.4. Compensation. An officer shall receive no salary or other compensation for services as an officer. An officer may receive reimbursement for reasonable expenses incurred in conjunction with necessary or appropriate activities on behalf of the organization consistent with the approved annual budget, policies, and procedures.

Section 5.5. Vacancies and New Offices. Officer vacancies may be filled, or new offices created and filled, at any meeting of the Board of Directors. The Chair may appoint an acting Officer from among the members of the Board who shall serve until the next meeting of the Board of Directors. Any Director serving as an acting Officer shall have a full vote and full authority of the office held.

Section 5.6. Chair. The duties of the Board Chair shall include presiding as Chairperson at all meetings of the Board of Directors, of the Executive Committee, and any other Board committee when so designated by the Board, being responsible for the preparation of agendas; providing a report annually to the Board; and being an ex-officio member on all committees which the Board may from time to time establish. The Chair shall perform duties usual to such position and other duties as may be assigned by the Board of Directors.

Section 5.7. Vice Chair. The Vice Chair shall perform all the duties of the Chair in the event of the vacancy or absence of the Chair until such time as the Board shall elect a new Chair; in the absence of the Chair; or in the event of the Chair inability or refusal to act. The Vice Chair, when so acting, shall have all the powers and authority of the Chair. The Vice Chair shall perform the duties usual to such position and such other duties as prescribed from time to time by the Board of Directors, the Chair, and these Bylaws.

Section 5.8. Secretary. The Secretary or her or his designated representative shall attend meetings of the Board and provide for the production and safekeeping of the minutes of meetings; and have copies of the minutes of each meeting sent to members of the Board at least one week prior to the next Board meeting. The Secretary shall also ensure that Board notices are duly given in accordance with the provisions of the Bylaws or as required by law, maintain a copy of the Bylaws, and ensure that all records are maintained at a proper and secure location as designated by the Board. The Secretary shall perform the duties usual to such position and such other duties as the Board of Directors or Chair may prescribe.

Section 5.9. Treasurer. The Treasurer shall prepare and maintain correct and complete records of account showing accurately the financial condition of the organization. All notes, securities, and other assets coming into the possession of the organization shall be received, accounted for, and placed in safekeeping as the Treasurer may from time to time prescribe in accordance with the law, the Bylaws, directives, policies, and procedures. The Treasurer shall furnish a statement of the financial condition of the organization upon request by the Board or by the Chair and shall perform the duties usual to such position and such other duties as the Board of Directors or Chair may prescribe.

Section 5.10. Other Officers. Each other officer of the organization as may be established by the organization shall perform such duties as the Board of Directors or Chair may prescribe.

Section 5.11. Additional Powers and Duties. In addition to the foregoing especially enumerated duties, services and powers, the Officers of the organization shall perform such other duties and services and exercise such further powers as may be provided by statute, these Bylaws, or the Board of Directors may from time to time determine or as may be assigned by the Chair.

Section 5.12. Removal. Any officer elected by the Board may be removed by action of the Board as stipulated in Article IV, Section 4.112, with or without cause, whenever, in the Board's judgment, the best interest of the organization would be served thereby.

The Harris Center Board of Trustees shall have independent authority to remove at any time, with or without cause, an officer from the Board when such removal is determined by the Harris Center Board of Trustees to be in the best interest of the Harris Center. The Harris Center Board of Trustees removal decision is final and irrevocable.

ARTICLE VI – COMMITTEES AND OTHER GROUPS

Section 6.1. Executive Committee. The Board may, by resolution adopted by the Directors, designate the officers of the organization to constitute an Executive Committee which, to the extent provided in such resolution and consistent with applicable law, shall have and exercise all of the authority of the Board of Directors in the management of the organization's affairs during intervals between the meetings of the Board of Directors. The Executive Committee may serve as the nominating committee or the Board Chair may appoint a nominating committee of a minimum of three (3) Directors who will review Director nominees and make recommendations to the Board.

Section 6.2. Advisory Committee. The Board may establish an Advisory Committee of subject matter experts in a variety of areas that will provide knowledge and advice to guide the Board in decision making. The committee members will serve as ex-officio members of the Board with voice but no vote. The maximum number of committee members will be five (5). The term will be for one (1) year with no limit of terms. The Board will vote on appointment of each committee member when initially proposed and at the expiration of each term.

Section 6.3. Other Committees and Groups. The Board shall establish, oversee and, as appropriate, dissolve one or more committees, subcommittees, task forces or work groups which the Board may from time to time appoint or authorize the Chair to appoint. Groups constituted by the Chair or Executive Committee to meet specific, ad hoc needs shall be subject to Board approval or ratification. All groups shall make regular reports to the Board or as otherwise directed. Such committees shall have such responsibilities and powers as the Board of Directors shall specify. Members of such committees may, but need not, be members of the Board of Directors. A committee member appointed by the Board may be removed by the Board with or without cause, by the affirmative vote of two-thirds (2/3) of the Directors then in office.

Section 6.4. Powers and Limitations. Any committee, subcommittee, task force, or work group shall have and may exercise the powers and duties delegated or assigned by the Board, consistent with organization policies and these Bylaws.

ARTICLE VII – EXECUTIVE DIRECTOR

The Board may employ or retain an Executive Director of the organization, who may be known by such other title as the Board of Directors may determine. The Executive Director, if appointed, shall perform the duties of the chief administrative officer of the organization and shall be responsible for the day-to-day management of the organization's affairs, including, but not limited to, employing, and terminating the employment of staff members who are necessary to operate the organization's activities. The Executive Director, if appointed, shall be an ex officio, non-voting member of the Board of Directors. The Executive Director, if appointed, also shall perform such other duties as the Board or the Chair may prescribe.

ARTICLE VIII – CONFLICTS OF INTEREST

Section 8.1. General Policy. It is the policy of the organization and its Board of Directors that the organization's directors, officers, and employees carry out their respective duties in a fashion that avoids actual, potential, or perceived conflicts of interest. The organization's directors, officers, and employees shall have the continuing, affirmative duty to report any personal ownership, interest, or other relationship that might affect their ability to exercise impartial and ethical judgments in fulfilling their responsibilities to the organization. This policy shall be further subject to the following:

- A) Directors, officers, and employees of the organization shall conduct their duties with respect to potential and actual contractors, suppliers, agencies, and other persons transacting or seeking to transact business with the organization in a completely impartial manner, without favor or preference based upon any consideration other than the best interests of the organization.
- B) Directors, officers, and employees of the organization shall not seek or except for themselves or any of their relatives, from any person or business entity that transacts or seeks to transact business with the organization, any gifts, entertainment, or other favors relating to their positions with the organization that exceed common courtesies consistent with ethical and accepted business practices. Gifts, entertainment, or other favors that are of a value in excess of \$25 shall be disclosed to the Board of Directors.
- C) If a director, officer, or employee of the organization, or a relative of such individual, directly or indirectly owns a significant financial interest in, or is employed by, any business entity that transacts or seeks to transact business with the organization, the director, officer, or employee shall disclose that interest or position and shall refrain from voting on any issue pertaining to the transaction. A director, officer, or employee of the organization has a substantial interest in a business entity if the person owns 10% or more of the voting stock or shares of the business entity or owns either 10% or more or \$15,000 or more of the fair market value of the business entity; or funds received by the director, officer or employee from the business entity exceed 10% of the person's gross income for the previous year.
- D) Directors, officers, and employees of the organization shall not conduct business on behalf of the organization with a relative or a business entity in which the director, officer, employee, or her or his relative owns a significant financial interest or by which such director, officer, employee, or relative is employed, except where such dealings have been disclosed to, and specifically approved and authorized by, the Board of the organization.
- E) The Board of Directors shall require the organization's directors, officers, or employees to complete annually (or as otherwise scheduled by the Board) a disclosure statement regarding any actual or potential conflict of interest described in these Bylaws. The

disclosure statement shall be in such form as may be prescribed by the Board of Directors and shall include information regarding a person's participation as a director, officer, or employee of any other nonprofit organization. The Board of Directors shall be responsible for oversight of all disclosures or failures to disclose and for taking appropriate action in the case of any actual or potential conflict of interest transaction.

Section 8.2. Effect of Conflict Provisions. The failure of the organization, its Board, or any or all of its directors, officers, or employees to comply with the conflict-of-interest provisions of these Bylaws shall ~~not~~ invalidate, cancel, void, or make voidable any contract, relationship, action, transaction, debt, commitment, or obligation of the organization that otherwise is valid and enforceable under applicable law. Such failure shall subject the violators to the full penalties of the law and ~~s~~ shall invalidate the indemnification provisions of Article IX.

ARTICLE IX – INDEMNIFICATION

Section 9.1. Indemnification by the Organization. To the extent not inconsistent with applicable law, every person (and the heirs and personal representatives of such person) who is or was a director, officer, employee, or agent of the organization shall be indemnified by the organization against all liability and reasonable expense that may be incurred by her or him in connection with or resulting from any claim, action, suite, or proceeding (a) if such person is wholly successful with respect thereto or, (b) if not successful, then if such person is determined to have acted in good faith, in what she or he reasonably believed to be the best interests of the organization (or, in any case not involving the person's official capacity with the organization, in what she or he reasonably believed to be not opposed to the best interests of the organization) and, in addition, with respect to any criminal action or proceeding, is determined to have had reasonable cause to believe that her or his conduct was lawful (or no reasonable cause to believe that the conduct was unlawful). The termination of any claim, action, suite, or proceeding, by judgment, settlement (whether with or without court approval), or conviction, or upon a plea of guilty or of nolo contendere or its equivalent, shall not create a presumption that a person did not meet the standards of conduct set forth in this Article IX.

Section 9.2. Definitions. As used in this Article, the terms "claim, action, suite, or proceeding" shall include any threatened, pending, or completed claim, action, suit, or proceeding and all appeals thereof (whether brought by or in the right of this organization, any other corporation, or otherwise), civil, criminal, administrative, or investigative, whether formal or informal, in which a person (or her or his heirs or personal representatives) may become involved, as a party or otherwise.

- A) By reason of her or his being or having been a director, officer, employee, or agent of the organization or of any corporation where she or he served as such at the request of the organization, or
- B) By reason of her or his acting or having acted in any capacity in a corporation, partnership, joint venture, association, trust, or other organization or entity where she or he served as such at the request of the organization, or
- C) By reason of any action taken or not taken by her or him in any such capacity, whether or not she or he continues in such capacity at the time such liability or expense shall have been incurred.

As used by this Article, the terms "liability" and "expense" shall include, but shall not be limited to, counsel fees and disbursements and amounts of judgments, fines, or penalties against, and

amounts paid in settlement by or on behalf of a person. As used in this Article, the term “wholly successful” shall mean:

- A) Termination of any action, suite, or proceeding against the person in question without any finding of liability or guilt against her or him.
- B) Approved by a court, with knowledge of the indemnity herein provided, of a settlement of any action, suite, or proceeding, or
- C) The expiration of a reasonable period of time after the making of any claim or threat of any action, suit, or proceeding without the institution of the same, without any payment or promise made to induce a settlement.

Section 9.3. Entitlement to Indemnification. Every person claiming indemnification hereunder (other than one who has been wholly successful with respect to any claim, action, suit, or proceeding) shall be entitled to indemnification (a) if special independent legal counsel, which may be regular counsel of the organization or other disinterested person or persons, in either case selected by the Board of Directors, whether or not a disinterested quorum exists (such counsel or person or persons being hereinafter called the “referee”), shall deliver to the organization a written finding that such person has met the standards of conduct set forth in the preceding Section 1 of this Article and (b) if the Board of Directors acting upon such written finding, so determines. The person claiming indemnification shall, if requested, appear before the referee and answer questions which the referee deems relevant and shall be given ample opportunity to present to the referee evidence upon which she or he relies for indemnification. The organization shall, at the request of the referee, make available facts, opinions, or other evidence in any way relevant to the referee’s findings that are within the possession or control of the organization.

Section 9.4. Relationship to Other Rights. The right of indemnification provided in this Article shall be in addition to any rights to which any person may otherwise be entitled.

Section 9.5. Extent of Indemnification. Irrespective of the provisions of this Article, the Board of Directors may, at any time and from time to time, approve indemnification of directors, officers, employees, agents, or other persons to the fullest extent permitted by applicable law, or, if not permitted, then to any extent not prohibited by such law, whether on account of past or future transactions.

Section 9.6. Advancement of Expenses. Expenses incurred with respect to any claim, actions, suit, or proceeding may be advanced by the organization (by action of the Board, whether or not a disinterested quorum exists) prior to the final disposition thereof upon receipt of an undertaking by or on behalf of the recipient to repay such amount unless he or she is entitled to indemnification.

Section 9.7. Purchase of Insurance. The Board of Directors is authorized and empowered to purchase insurance covering the organization’s liabilities and obligations under this Article and insurance protecting the organization’s directors, officers, employees, agents, or other persons.

Section 9.8. No officer or Director shall be liable to the Foundation for any acts of omission or commission occurring in the discharge of any duty imposed or power conferred upon him/her by the Foundation if he/she acted in good faith and was not grossly negligent.

ARTICLE X – CONTRACTS, CHECKS, LOANS, DEPOSITS, AND GIFTS

SECTION 10.1. Contracts. The Board may authorize by vote or resolution one (1) or more officers of the organization to enter into any contract or to execute any instrument on its behalf. Such authorization may be general or confined to specific instances. Unless so authorized by the Board, no officer shall have any power to bind the organization or to render it liable for any purpose or amount.

Section 10.2. Checks. All checks, drafts, or other orders for payment of money by the organization shall be signed by such person or persons as the Board of Directors may from time to time designate by a recorded vote or resolution. Such designation may be general or confined to specific instances. Checks, drafts, or other orders for payment in excess of an amount specified by a recorded vote or resolution of the Board of Directors shall be signed by two (2) persons designated by the Board of Directors.

Section 10.3. Loans. Unless authorized by the Board, no loan shall be made or contracted for or on behalf of the organization and no evidence of indebtedness shall be issued in its name. Such authorization may be general or confined to specific instances.

Section 10.4. Deposits. All funds of the organization shall be deposited to its credit in such bank, banks, or other depositories as the Board of Directors may designate. Such designation may be general or confined to specific instances. With the exception of any account held by the organization to conduct day-to-day operations, any account held by the organization for an extended period of time exceeding nine (9) months shall be placed in an income producing account with a national bank or trust company designed to produce maximum income while assuring security of principal.

Section 10.5. Gifts. The Board may accept on behalf of the organization any gift, grant, bequest, or other contribution for the purposes of the organization on such terms and conditions as the Board of Directors shall determine.

ARTICLE XI – GENERAL

Section 11.1. Fiscal Year. The fiscal year of the organization shall begin on the first day of January and end on the last day of December next succeeding.

Section 11.2. Nondiscrimination. The organization shall not discriminate with regard to membership, services, employment, or any other facet of its operations on the basis of race, color, religion, gender, disability, age, country of origin, or sexual orientation.

Section 11.3. Policies. Organizational policies shall be subject to these Bylaws.

Section 11.4. Waiver of Notice. Whenever any notice is required to be given under any provision of law or these Bylaws, a waiver thereof in writing signed by the person or persons entitled to such notice whether before or after the time stated therein shall be equivalent thereto. Presence at any meeting without protesting, prior thereto or at its commencement, shall be deemed equivalent to a waiver of notice of that meeting.

ARTICLE XII – AMENDMENTS

The power to make, alter, amend, or repeal the Bylaws is vested in the Board of Directors of the organization.

Section 12.1. A minimum of seven (7) days prior to the meeting to each Director, as stated in Section 4.10 of these Bylaws, at which the proposed amendment(s) will be brought for adoption.

Section 12.2. Majority Needed. A two-thirds (2/3) majority of those in attendance is required to amend Bylaws when notice is given. If no notice is given, 100% of the Board can vote to amend the Bylaws with all in attendance at the meeting.

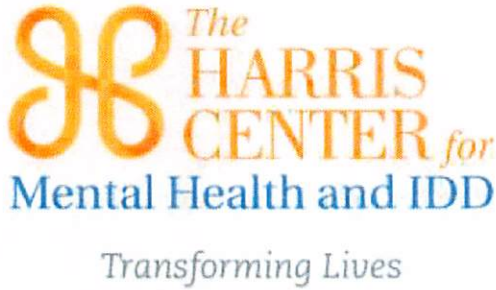
DATED and ADOPTED by the Board of Directors of The Harris Center Foundation for Mental Health and IDD as of the _____ day of _____, 20__.

This signature page may be executed in multiple counterparts which together shall constitute an original.

EXHIBIT F-23

Current Status: Pending

PolicyStat ID: 11438282



Origination: 03/2005
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 08/2022
 Next Review: 1 year after approval
 Owner: Mustafa Cochinwala, Dir
 Area: Information Management
 Standards & Regulations:
 Document Type: Agency Policy

HIM5A Incident Response Policy

1. PURPOSE

This policy establishes that The Harris Center for Mental Health and IDD will maintain incident response capabilities and procedures.

2. POLICY

The Harris Center for Mental Health and IDD will ensure that information security incidents are reported, investigated, and responded to according to regulatory requirements and to limit damages.

3. APPLICABILITY/SCOPE

All Harris Center staff, volunteers, contractors, programs, and services.

4. PROCEDURES

[HIM5B Incident Response Policy](#)

5. RELATED ~~policies~~ POLICIES/FORMS:

- ~~Incident Response Procedures~~

[HIM2A Breach Notification](#)

6. References: RULES/REGULATIONS/STANDARDS:

- NIST SP 800-53 Rev. 4 CP-2, IR-8
- HIPAA Security Rule 45 C.F.R. §§ 164.308(a)(6), 164.308(a)(7), 164.310(a)(2)(i), 164.312(a)(2)(ii)

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	Mustafa Cochinwala: Dir	08/2022

EXHIBIT F-24

Current Status: *Pending*

PolicyStat ID: 11438281



Transforming Lives

Origination: 08/2014
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 08/2022
 Next Review: 1 year after approval
 Owner: Mustafa Cochinwala:
 Dir
 Area: Information
 Management
 Standards & Regulations:
 Document Type: Agency Policy

HIM4A Information Security Policy

1. PURPOSE

The purpose of this policy is to promote effective information security practices at The Harris Center for Mental Health by defining and implementing information security standards.

2. POLICY

It is The Harris Center's policy to identify and evaluate the likelihood and consequences of threats to the security of confidential Information and implement reasonable and appropriate measures to safeguard the Confidentiality, Availability, and Integrity of that information. The Center's information policy and procedures are based on NIST SP 800-53 and the HIPAA Security Rule.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center Employees/Staff. All independent contractors who provide services that require access to the Computer Network will be required to adhere to this policy, as well to any procedures established to support this policy.

4. PROCEDURES

[HIM4B Information Security procedures](#)

5. RELATED POLICIES/FORMS:

[Information Security Procedures](#)

[HIM2A - Breach Notification](#)

[HIM3A Workforce Member Network Internet Use](#)

[HIM11A - Off-Premises Equipment Usage](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS

- HIPAA Security & Privacy-Security Standards for Protection of Electronic Protected Health Information,

45 CFR Part 164, Subpart C

- NIST SP 800-53 Rev. 4 PM-1, PS-7
- CARF: Section 1., Subsection J., Technology

Attachments

No Attachments

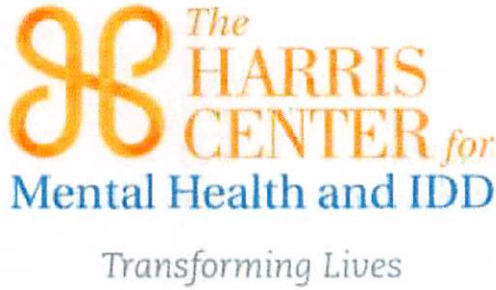
Approval Signatures

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	Mustafa Cochinwala: Dir	08/2022

EXHIBIT F-25

Current Status: Pending

PolicyStat ID: 11540641



Origination: 05/1998
 Effective: Upon Approval
 Last Approved: N/A
 Last Revised: 09/2022
 Next Review: 1 year after approval
 Owner: Rita Alford: Dir
 Area: Information Management
 Standards & Regulations:
 Document Type: Agency Policy

HIM13A Patient Records Administration

1. PURPOSE

An adequate and accurate medical record must be maintained for each patient/individual receiving service from The Harris Center. Throughout each Division, patient/individual records (electronic or paper-base) must be uniformly organize so that information can be located quickly and easily.

2. POLICY

It is the policy of The Harris Center that the medical record, as a legal document, must also be complete accurate and true, containing all information pertinent to the services received by the Patient/individual. All direct care staff will be responsible for documenting and authenticating the care rendered to Patients/ Individuals in accordance with professional standards of documentation and specifically mandated regulatory, legal and/or accrediting standards.

3. APPLICABILITY/SCOPE

This policy applies will be used by all employees, contractors, interns, and volunteers within the Harris Center.

4. PROCEDURES

See Procedure HIM:~~005b~~13B

5. RELATED POLICIES/FORMS:

Policies and Procedures	Reference
Agency Abbreviation List	List-HIM: 002 1A
Confidentiality and Disclosure of Patient Identifying Information	HIM: 003 6A
Retention of Patient/individual Records	HIM: 004 14A
Content of Patient Records	HIM: 006 8A
Correcting Documentation and Coding Errors	HIM: 014 9A
Information Security Policy	BUS-FB-26HIM4
Forms	Reference
Incident Report	INC: 9.001

Discharge Summary	HIM: 009
Consent for Services/Treatment	HIM: 014
Attachments	Reference
Key Acknowledgment/Responsibility Statement	

6. REFERENCES: Rules/Regulations/Standards

Medical Records System, 26 Tex. Admin. Code §301.329

Medical Records, 22 Tex. Admin. Code Ch.165

Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	09/2022
Legal Review	Kendra Thomas: Counsel	09/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	07/2022
Initial Assignment	Rita Alford: Dir	04/2022

EXHIBIT F-26

Current Status: *Pending*

PolicyStat ID: 11662682



Transforming Lives

Origination: 05/1993
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 Last Approved: N/A
 Last Revised: 08/2022
 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's/individual's medical records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of ~~an a patient's/~~ 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~~patient's/individual's medical record shall be made available to the ~~Patient~~individual/ patient upon written request.

3. APPLICABILITY/SCOPE

This policy applies to all employees of The Harris Center.

4. PROCEDURES

~~Patient Access to Medical Records~~

HIM12B

5. RELATED POLICIES/FORMS

• <u>Confidentiality and Disclosure of Patient/ Individual Identifying Information</u>	<u>HIM6</u>
• <u>Patient/Individual Records Administration</u>	<u>HIM005</u>
• <u>Notice of Privacy Practices</u>	<u>HIM003</u>
• <u>ROI Processing Fee</u>	<u>HIM6B</u>
• Consumer Request to for Review (Appeal) of a Center Decision <u>form</u>	

• Request to Correct/Amend Consumer Health Information form	1
• Request to Restrict the Use/Disclosure of Consumer Health Information form	
• Consumer Request for Confidential Communications form	
• Notice of Privacy Practices Acknowledgement <u>form</u>	
• Request for an Accounting of Disclosures of Health Information	

6. REFERENCES: RULES/REGULATIONS/STANDARDS

- Physician-Patient Communication, Texas Occupations Code, Chapter 159
- Medical Records Privacy, 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
- The 21st Century Cures Act, Pub. L. No. 114-255 (2016); 29 U.S.C. § 1185a; 26 U.S.C. § 9812

Attachments

No Attachments

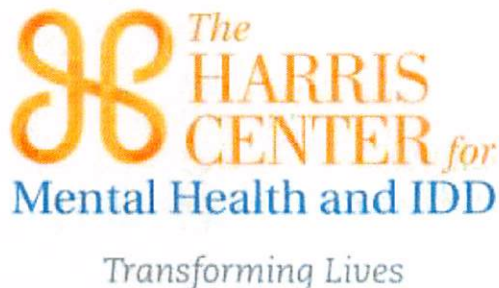
Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	09/2022
Legal Review	Kendra Thomas: Counsel	09/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	08/2022
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EXHIBIT F-27

Current Status: *Pending*

PolicyStat ID: 12031836



Origination:	08/2013
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Last Approved:	N/A
Last Revised:	09/2022
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~~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.

Small Dollar Purchases:

- A. Any transaction that does not exceed \$3,000 per Transaction, the Cardholder's Monthly Transaction limit, purchases over authorized amount and/or whichever is lesser. (Special approval is required for exceptions).
- B. Over-the-counter type retail purchases normally made using a charge account or small dollar purchases which includes purchases over the internet etc. (Ex: books, publications).
- C. Any other business related purchase as long as the vendor accepts credit cards, and the goods purchased are not covered under a Center Supply Contract.

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-CARD ADMINISTRATOR CONTACT INFORMATION
- Attachment D - PURCHASING 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

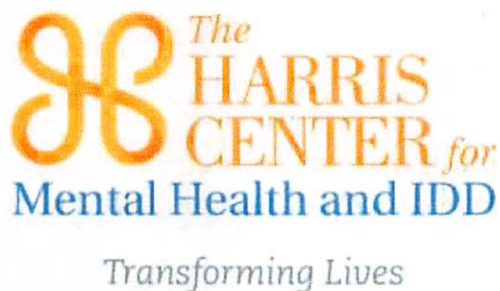
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Management of Board Approval	Christopher Webb: Audit	pending
CEO Approval	Wayne Young: Exec	09/2022
Legal Review	Kendra Thomas: Counsel	09/2022
Compliance Review	Anthony Robinson: VP	09/2022
Department Review	Steve Evans: Controller	09/2022
Initial Assignment	Daniel Paick: Dir	09/2022
Initial Assignment	Nina Cook: Dir	09/2022

EXHIBIT F-28

Current Status: *Pending*

PolicyStat ID: 11438283



Origination:	03/2005
Effective:	Upon Approval
Last Approved:	N/A
Last Revised:	08/2022
Next Review:	1 year after approval
Owner:	Mustafa Cochinwala: Dir
Area:	Information Management
Standards & Regulations:	
Document Type:	Agency Policy

HIM3A Workforce Member Network Internet Use Policy

1. PURPOSE

The Harris Center recognizes that use of the agency's network, Internet, and email has many benefits and can make conducting Harris Center business and workplace communication more efficient and effective. Therefore, workforce members are encouraged to use the Internet and email systems for job-related purposes, in accordance with Workforce Member Network and Internet Use Procedures. Unacceptable use of the Internet and e-mail can place The Harris Center and others at risk and is prohibited. The Harris Center complies with all applicable federal, state, and local laws as they concern the employer/employee relationship, and nothing contained herein should be construed to violate any of the rights or responsibilities contained in such laws.

2. POLICY

It is the Harris Center's policy to provide employees with access to The Harris Center's computers, network communication system and other IT resources for business purposes only, which includes access to the Internet, email, intranet services, and internal & external web services. All communication, data and information created, transmitted by, received from, stored, or processed on the Harris Center network and computing devices is Harris Center property and, as such, are intended to be used for job-related purposes. Therefore, employees shall have no expectation of privacy whatsoever in any message, file, data, document, facsimile, or any kind or form of information or communication transmitted to, received, printed from, stored, or recorded on the Harris Center's electronic information and communication systems.

3. APPLICABILITY/SCOPE

This policy must be followed in conjunction with other The Harris Center's policies governing appropriate workplace conduct and behavior. This policy applies to all Harris Center employees, interns, contractors, volunteers, and partners who access our network and computers. This policy governs all IT resources and communications systems owned by or available at The Harris Center, and all use of such resources and systems when accessed using personally owned resources, including but not limited to:

- Email systems and accounts
- Internet and Intranet access
- Telephones, cell phones, voicemail systems

- Printers, photocopiers, and scanners
- Face machines, e-fax machines
- All other associated computer, network, and communication systems, hardware, and software

~~4. INAPPROPRIATE USE OF HARRIS CENTER IT RESOURCES AND COMMUNICATIONS SYSTEMS~~

4.1. INAPPROPRIATE USE OF HARRIS CENTER IT RESOURCES AND COMMUNICATIONS SYSTEMS

The Harris Center management and its employees, interns, contractors volunteers and partners with access to the Harris Center IT system will cooperate fully with Human Resources, the Harris Center Information Security team and local, state, or federal officials in any investigation concerning to or relating to any illegal activities allegedly conducted through the Harris Center's IT system.

~~5. DISCIPLINE~~

5.2. DISCIPLINE

In the event there is an allegation that an employee has violated The Harris Center Network and Internet Use Policy, the employee will be provided with a written notice of the alleged violation and an opportunity to present an explanation to Harris Center management. Employee violations of this policy will be handled in accordance with currently established disciplinary procedures. Violations of this policy can lead to disciplinary action, up to and including, revocation of access and/or termination.

6. PROCEDURE

[HIM3B Workforce Member Network Internet Use Policy](#)

7. RELATED POLICIES/FORMS:

Workforce Member Network and Internet Use
Procedure Workforce Member Network and
Internet Use Agreement

8. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- HIPAA-SecurityStandardsforthe Protection of Electronic Protected Health Information, 45 CFR Part 164, Subpart C
- NIST SP 800-53 Rev. 4 AT-2, PM-13
- CARF: Section 1., Subsection J., Technology

Attachments

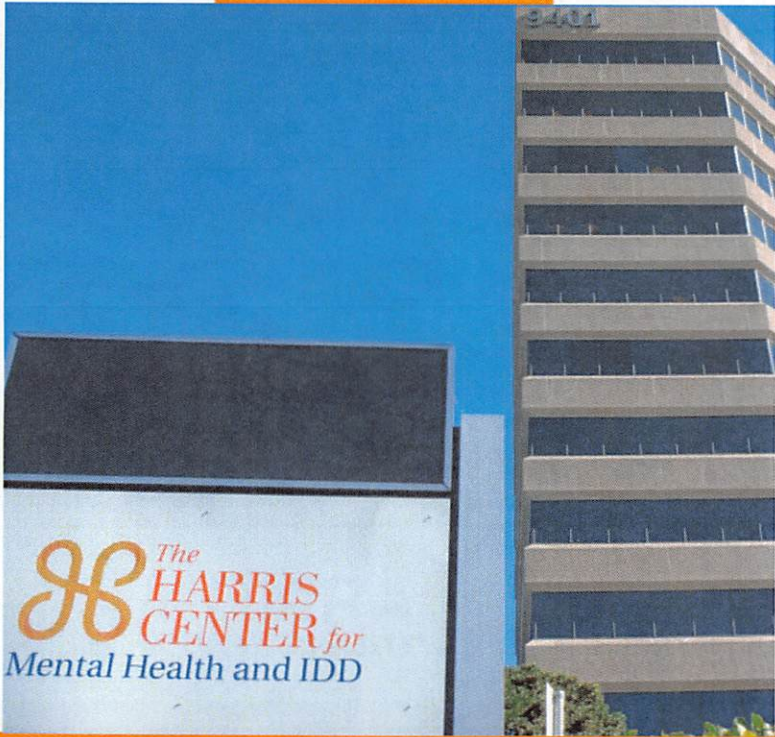
No Attachments

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	Mustafa Cochinwala: Dir	08/2022

EXHIBIT F-29

Transforming Lives



Agency Wide Janitorial Services

September 2022

Presented By:

Steve Evans - Controller

Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	25%
Understanding	20%
Financial Condition	15%
History and Description of Firm	10%
Credentials of Staff	10%
References	10%
Cost	10%
Total	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	4.80	3.25	4.35	1.95	1.00
Evaluator 2	4.10	3.80	4.55	3.20	2.70
Evaluator 3	2.80	2.05	1.65	2.00	1.35
Evaluator 4	3.00	3.00	2.85	3.00	2.80
Evaluator 5	4.50	2.80	4.55	4.80	1.80
Evaluator 6	4.30	4.00	4.25	2.90	2.55
Evaluator 7	3.35	3.05	2.80	3.50	1.40
Average Evaluation Score	3.84	3.14	3.57	3.05	1.94

Request for Proposal – Proposal Evaluation Scores – Cont'd.

Evaluation Team	Vendor F	Vendor G	Vendor H	Vendor I	Vendor J
Evaluator 1	3.95	3.95	2.05	4.35	3.50
Evaluator 2	3.70	3.80	3.30	4.00	3.50
Evaluator 3	1.95	1.75	1.20	2.40	2.50
Evaluator 4	3.00	3.40	3.00	3.45	3.25
Evaluator 5	4.55	4.35	1.20	4.80	3.50
Evaluator 6	3.85	4.05	1.85	4.15	2.85
Evaluator 7	2.40	3.80	3.50	4.35	3.50
Average Evaluation Score	3.34	3.59	2.30	3.93	3.23

RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Pricing Proposal*	\$4,379,795.09	\$6,808,113.46	\$4,765,533.00	\$6,568,549.62	\$15,349,960.00

*Original RFP pricing, does not include 10% contingency.

RFP – Pricing – Cont'd

	Vendor F	Vendor G	Vendor H	Vendor I	Vendor J
Pricing Proposal*	\$6,043,356.00	\$7,680,500.38	\$7,632,954.00	\$6,322,789.83	\$5,549,554.90

*Original RFP pricing, does not include 10% contingency.

Best and Final Offer (BAFO) – Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	5.00	2.00	4.00	1.00	0.00
Evaluator 2	5.00	4.00	5.00	3.00	1.00
Evaluator 3	4.00	0.00	4.00	3.00	1.00
Evaluator 4	3.00	3.00	3.00	3.00	2.00
Evaluator 5	5.00	4.00	5.00	4.00	1.00
Evaluator 6	5.00	3.00	4.00	3.00	1.00
Evaluator 7	5.00	4.00	5.00	4.00	0.00
Average Evaluation Score	4.40	2.80	4.20	3.40	1.00

Best and Final Offer (BAFO) – Evaluation Scores – Cont'd

Evaluation Team	Vendor F	Vendor G	Vendor H	Vendor I	Vendor J
Evaluator 1	1.00	0.00	0.00	1.00	3.00
Evaluator 2	4.00	2.00	2.00	4.00	4.00
Evaluator 3	3.00	2.00	2.00	3.00	3.00
Evaluator 4	3.00	3.00	3.00	4.00	3.00
Evaluator 5	4.00	3.00	3.00	4.00	5.00
Evaluator 6	3.00	2.00	2.00	3.00	4.00
Evaluator 7	4.00	1.00	1.00	4.00	5.00
Average Evaluation Score	3.40	2.20	2.20	3.60	4.00

Best and Final Offer (BAFO) – Pricing –Cont'd

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
BAFO Pricing *	\$4,348,522.66	\$6,195,367.47	\$4,629,123.09	\$6,570,177.22	\$12,796,360.00

Note: Due to BAFO process year one award will be for 10 months (November 1, 2022, to August 31, 2023).

Best and Final Offer (BAFO) - Pricing

	Vendor F	Vendor G	Vendor H	Vendor I	Vendor J
BAFO Pricing*	\$5,922,096.00	\$7,251,878.48	\$7,352,494.00	\$6,243,569.60	\$4,638,507.25



**Award Recommendation
Agency Wide Janitorial Services RFP
Project# FY22-0120**

The Request for Proposal opened for Agency Wide Janitorial Services on Wednesday, June 8, 2022, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Todd McCorquodale, Director Facilities Services, Lisa Cantu-Espinosa, Facility Services Coordinator, and Karen Hurst, Project Manager II.

Eighty-nine (89) vendors were contacted. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC) and Houston Business Journal.

A Pre-Proposal Conference was held at 9401 Southwest Freeway, Houston, Texas 77074 on Monday, May 16, 2022, at 9:00 A.M. The attendees consisted of staff from The Harris Center, and potential contractors. A site visit was held at various Agency locations throughout the day on Monday, May 16, and Tuesday, May 17, 2022.

Received eleven (11) responses and two (2) not to participate. Ten (10) responses were deemed responsive and evaluated by the project team. One (1) response was disqualified because they failed to sign the signature sheet.

After review of the Proposals, a Best and Final Offer (BAFO) was requested of the ten (10) responsive vendors. All ten vendors submitted a BAFO.

Recommended Vendor:

Ultra Medical Cleaning & Environmental Services

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended Ultra Medical Cleaning & Environmental Services be selected based on best value to the Agency.

The contract shall commence with a tentative award date for a two (2) years base period with three (3) years one-year renewal options at the sole discretion of The HARRIS CENTER based upon satisfactory performance, which will be reviewed on an annual basis. Due to BAFO request year one will only be for ten months (November 1, 2022 to August 31, 2023).

The total NTE (Not to Exceed) for the five (5) year contract is \$4,207,452.76. A ten (10) percent Contingency will be added for a sum of \$420,745.28 for a NTE total amount of \$4,628,198.04. Funding source is 1899-569002 for services and contingency.

FY23 - \$705,349.49 - \$70,534.95 (Contingency) = \$775,884.44*
 FY24 - \$846,419.39 - \$84,641.94 (Contingency) = \$931,061.33
 FY25 - \$867,559.67 - \$86,755.97 (Contingency) = \$954,315.64
 FY26 - \$884,838.42 - \$88,483.84 (Contingency) = \$973,322.26
 FY27 - \$903,285.79 - \$90,328.58 (Contingency) = \$993,614.37

Note: Due to BAFO request year one will only be for ten months (November 1, 2022, to August 31, 2023).

Submitted By:

Digitally signed by James
Blunt
Date: 2022.09.13
14:42:29 -0500
James Blunt, C.P.M.
Buyer II

Recommended By:

Digitally signed by Nina
Cook
Date: 2022.09.13
14:59:02 -0500
Nina Cook, MBA, CTPM
Director of Purchasing
Digitally signed by Steve
Evans
Date: 2022.09.13
15:04:44 -0500
Steve Evans,
Controller

EXHIBIT F-30

The Harris Center Performance Improvement Plan (Quality, Safety and Experience) FY 2023

Introduction

The 2023 Quality, Safety, and Experience Plan (previously named The Harris Center's Annual PI Plan) is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.

Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

Mission

We aim to improve quality, efficiency, and equitable access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

FY 2023 Goals

1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes.
 - Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.)
 - Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).
2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care
 - Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.

- Create a transparent and accurate process for public reporting (e.g., MIPS)
- 3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout The Harris Center organization, including all entities.
 - Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee)
 - Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites.
 - Develop and strengthen two internal learning collaboratives in alignment with the Harris Center strategic plan for care pathways.
 - Zero Suicide Implementation Team
 - Substance Use Disorders Utilize internal learning collaboratives to synthesize evidence-based practices as applicable to The Harris Center practice setting and to build clinical care pathways to hardwire these practices, targeting implementation and dissemination two care pathways by end of fiscal year 2023

3-Year Long Term Goals (FY 2025)

- Zero preventable serious safety events
- Top quartiles for staff and provider engagement
- Top quartiles for patient satisfaction
- Increased access (numbers served)
- Improved outcomes
- [Increased continuous quality improvement and related projects](#)
- Equitable care delivery
- Exemplar in Quality and Safety for Behavioral Health with national recognition

Governance Structure

Governing Body

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

Leadership

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives.

Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

Executive Session

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

Professional Review Committee (PRC)

The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:

Oversight:

- Medical Peer Review
- Pharmacy Peer Review
- Nursing Peer Review
- Licensed Professional Review
- Closed Record Review

Membership:

- Chief Executive Officer (Ex-Officio)
- Chief Medical Officer (Chair)
- Chief Operating Officer
- Chief Nursing Officer
- Chief Administrative Officer
- Legal Counsel
- Divisional VPs and (CPEP, MH)
- VP, Clinical Transformation and Quality
- VP, Enterprise Risk Management
- Director of Pharmacy Programs

System Quality, Safety and Experience Committee

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff.

The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental health and IDD services, and thus are privileged and confidential. All performance improvement projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees and/or processes: (Appendix A)

Oversight:

- Pharmacy and Therapeutics Committee
- Infection Prevention
- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Approval of Care Pathways
- Patient Experience / Satisfaction

Membership:

- Chief Executive Officer (Ex-Officio)
- VP, Clinical Transformation and Quality (Co-Chair)
- Chief Nursing Officer (Co-Chair)
- Chief Medical Officer
- Chief Operating Officer
- Legal Counsel
- Division Medical VPs and Medical Directors
- Chief Administrative Officer
- Director Risk Management / Audit
- Director of Compliance
- Chief Financial Officer
- Director Health Analytics
- Director, Clinical Transformation, and Innovation
- Director of Quality Assurance
- Director of Pharmacy Programs
- Director of Integrated Care
- Nursing Directors
- Infection Control Director

Organization of Quality Improvement:

Priority Setting

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced Based or “Best Practice”
- Required by regulatory agency or contract requirements
- Identified as an area of opportunity to support equitable care delivery

Methodologies

- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinel events
- Failure Mode and Effects Analysis (FMEA) is a proactive tool performed for analysis of a high-risk process/procedure performed on an as needed basis (at least annually)

Data Management Approach and Analysis

Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

Reporting

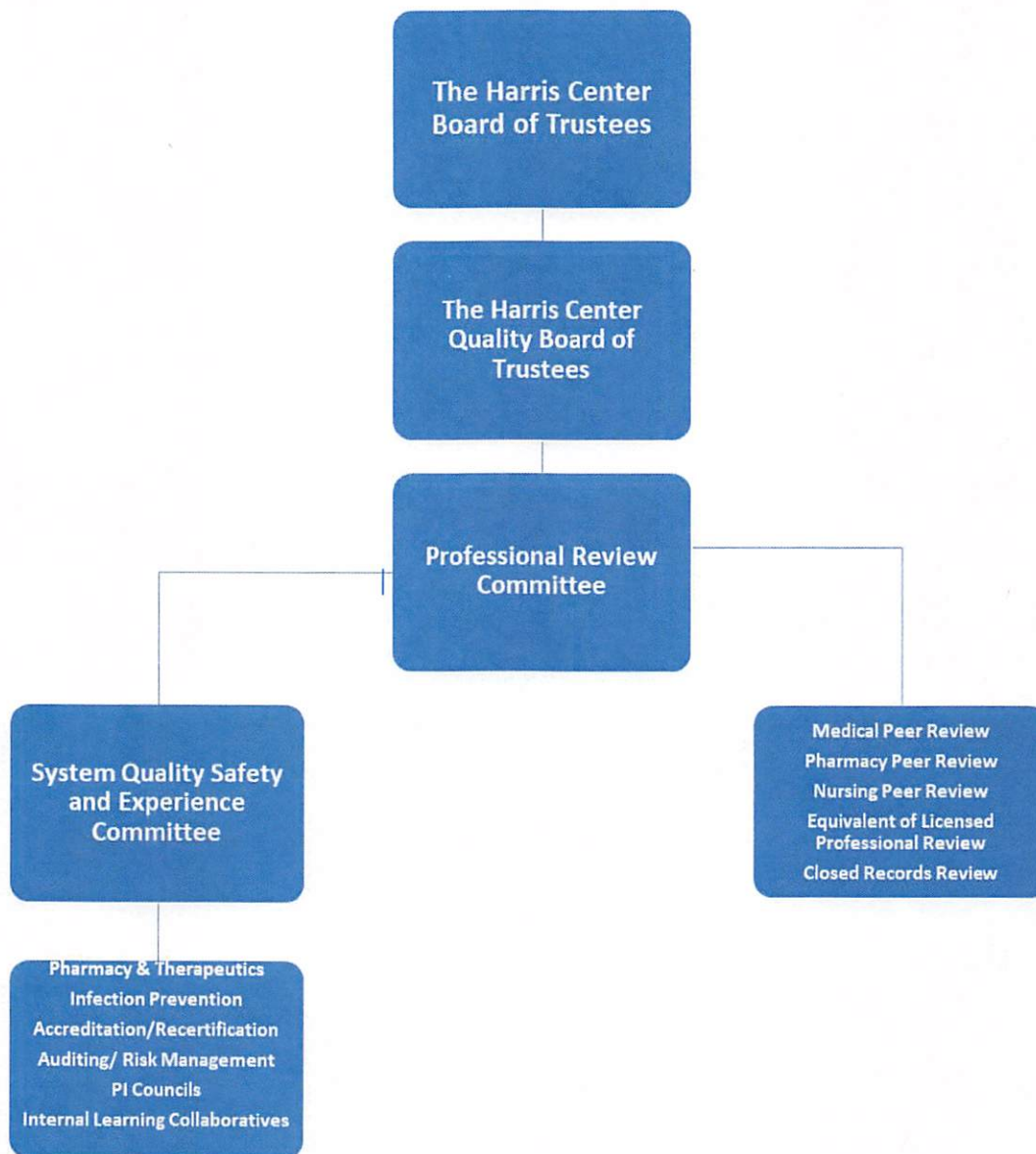
Quality, Safety and Experience metrics are routinely reported to the Quality, Safety and Experience Committee. Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.

Evaluation and Review

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan that need to be expanded, revised, or deleted shall be identified to ensure that the objectives are met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

(Appendix A)

Committee Oversight



New: System Quality, Safety and Experience (prior Safety Committee) has oversight and reporting of the following committees or functions:

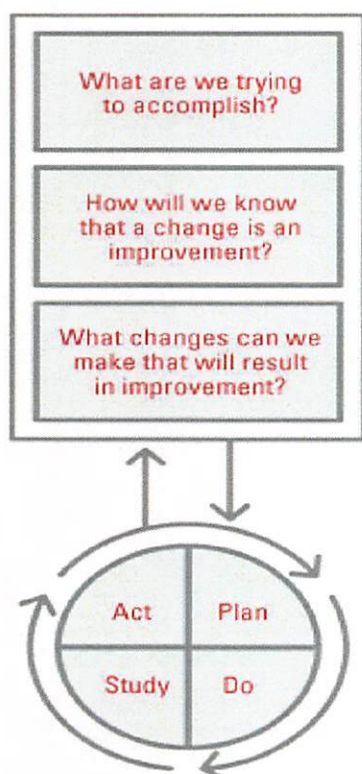
- Pharmacy and Therapeutics
- Infection Prevention
- Accreditation
- Risk and Audit
- Learning Collaboratives

(Appendix B)

The Model for Improvement

Forming the Team

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.

**Setting Aims**

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes

All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

Testing Changes

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Implementing Changes After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

Spreading Changes After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance](#).

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. [The New Economics for Industry, Government, and Education](#). Cambridge, MA: The MIT Press; 2000.]

(Appendix C)

Root Cause Analysis (RCA):

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom.

One way to identify the root cause of a problem is to ask “Why?” five times. When a problem presents itself, ask “Why did this happen?” Then, don’t stop at the answer to this first question. Ask “Why?” again and again until you reach the root cause.

Failure Modes and Effects Analysis (FMEA):

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures — especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

- Steps in the process
- Failure modes (What could go wrong?)
- Failure causes (Why would the failure happen?)
- Failure effects (What would be the consequences of each failure?)

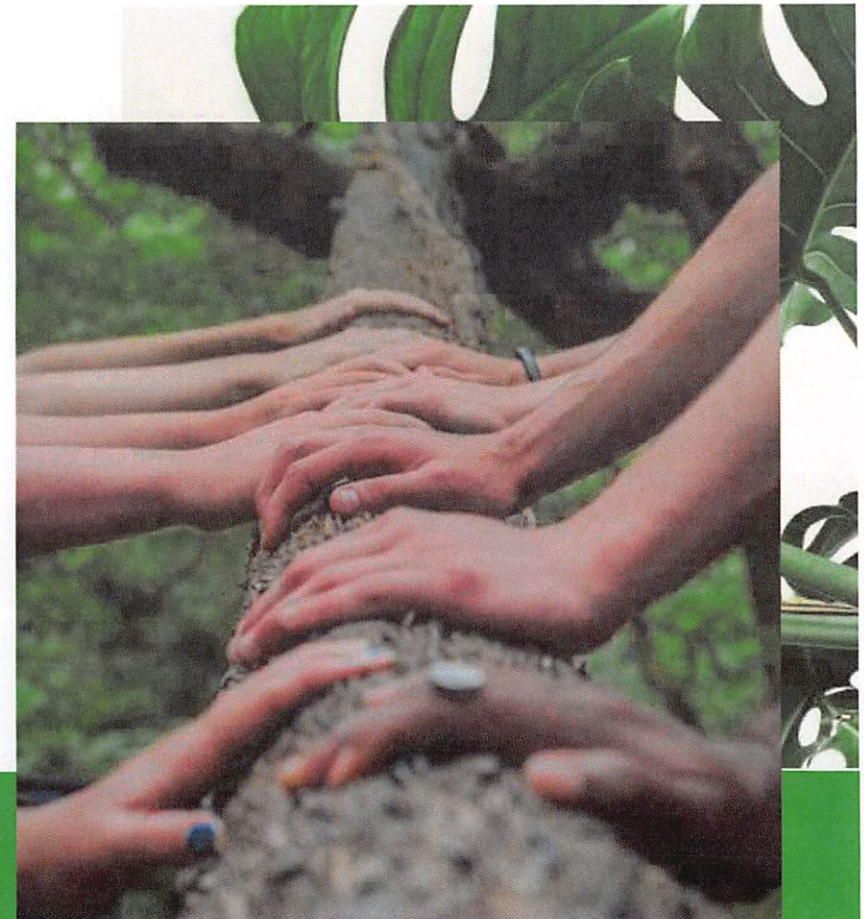
Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis on prevention may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

EXHIBIT F-31



Harris County ARPA

HMHC Overview





HMHC Project Goals 2022-2024

2022

Engage

- Engage with diverse community residents
- Offer services where people are
- Begin changing attitudes & beliefs related to mental health
- Listen & learn about what communities want
- Create new interventions in response to community needs

2023

Build

- Build bridges to access qualified mental health professionals
- Equip communities with skills to intervene on issues of mental health
- Deepen relationships with community leaders
- Engage other community collaborators
- Adjust services based on evaluation

2024

Sustain

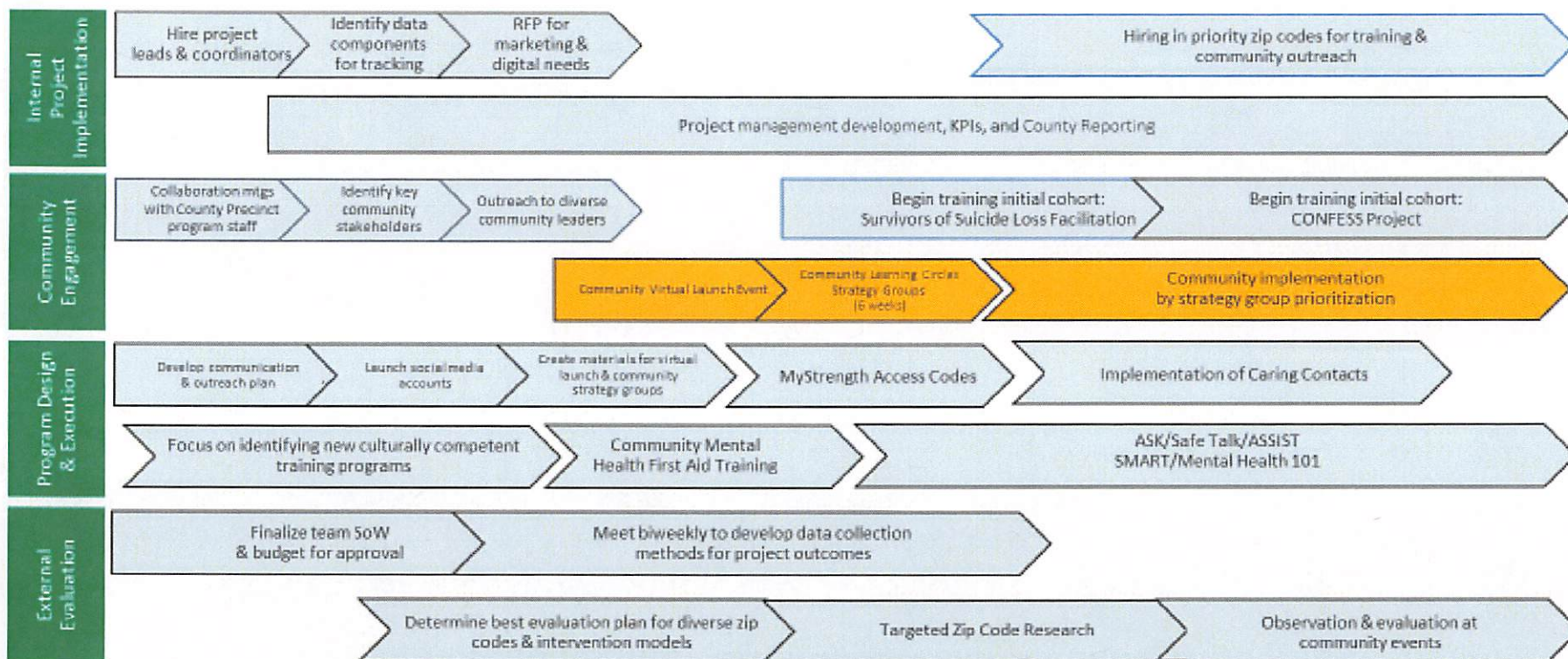
- Work with engaged community members to promote and grow community support groups
- Collaborate to secure sustainable models of continued support in each neighborhood
- Support innovative interventions that reflect communities' needs/beliefs
- Develop together additional media campaigns to build community knowledge

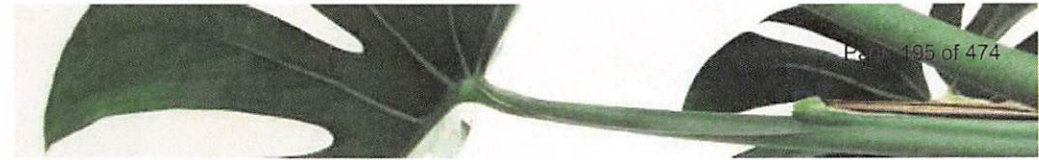




HMHC Project Timeline Year 1: 2022

Internal Harris Center
Launch
11/18/2021





Overall Progress

Program Early Key Milestones

- Community learning circle intervention and assessment completed in 10 communities
 - Additional community learning circle added at neighborhood request
- 32 Adult & Youth Mental Health First Aid trainings conducted with participants from all 10 communities
- 1384 participants across 10 zip codes as of July 31
- 7946 unique digital engagements as of July 31
- Significant relationships developed with governmental and community leadership in all 10 communities





Overall Progress

Project Implementation Milestones

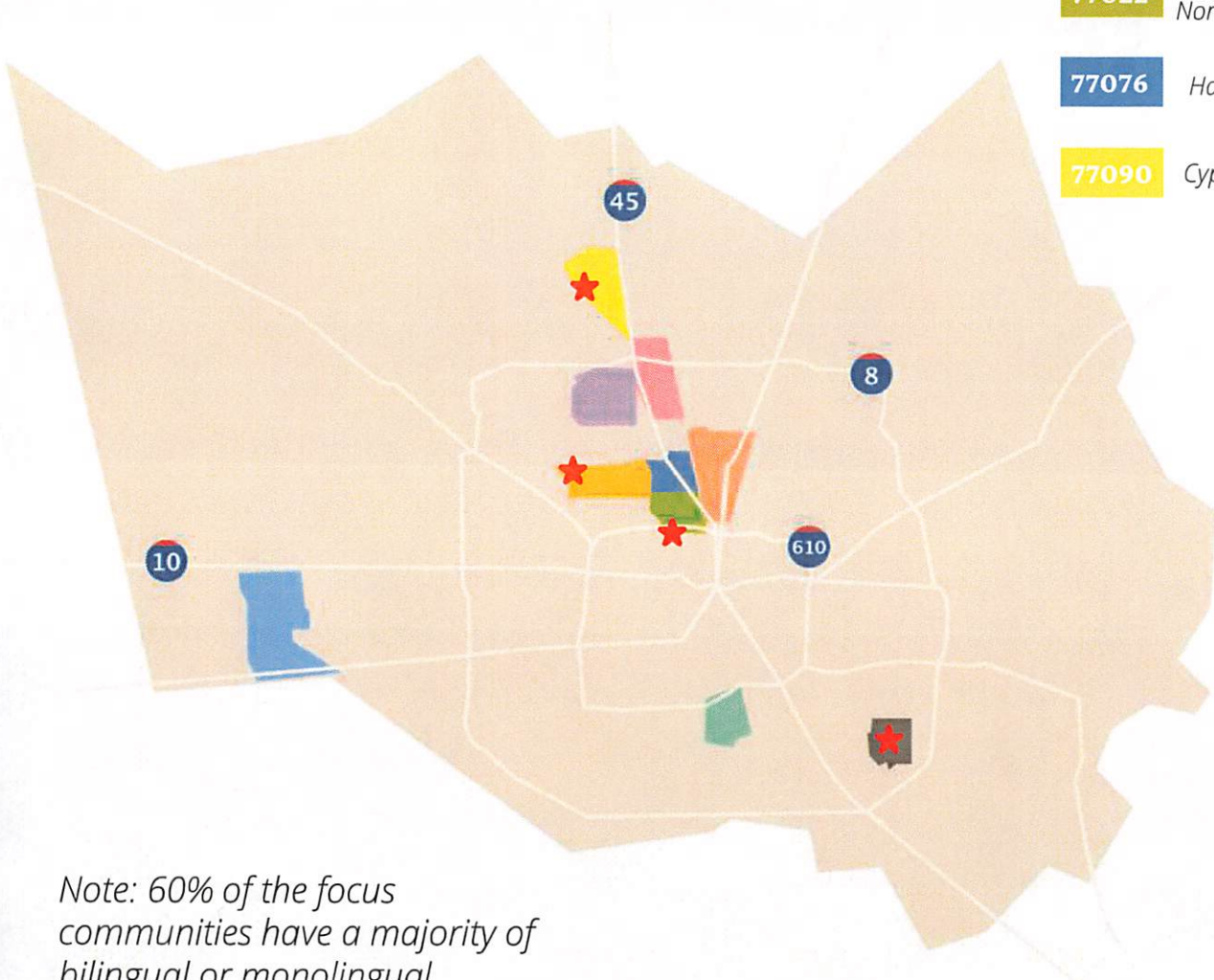
- Key team staffing completed
- Marketing firm & website design firm completed RFP process, selected, and contracted
- External evaluation team ILA executed & IRB approvals granted
- IT system needs evaluated and approved at The Harris Center





Focus Communities

- | | |
|---|---------------------------------|
| 77093 Eastex-Jensen/
East Aldine | 77060 Aldine |
| 77504 Pasadena | 77033 Southpark/
OST |
| 77022 Independence Heights/
Northside | 77091 Acres Homes |
| 77076 Hardy/Melrose | 77038 Fallbrook/West Rd. |
| 77090 Cypress Station | 77450 Katy |



Note: 60% of the focus communities have a majority of bilingual or monolingual Spanish speakers in the community

Understanding neighborhood concerns are critical to the project's success and engagement of community residents.



Community Learning Circles: Reminder



Fosters open discussion around meaningful topics



Builds community among diverse participants



High quantity of responses & perspectives can be obtained



Draws participants into information-sharing & problem-solving



Each participant brings their own knowledge & engagement



Participation builds ownership in program success

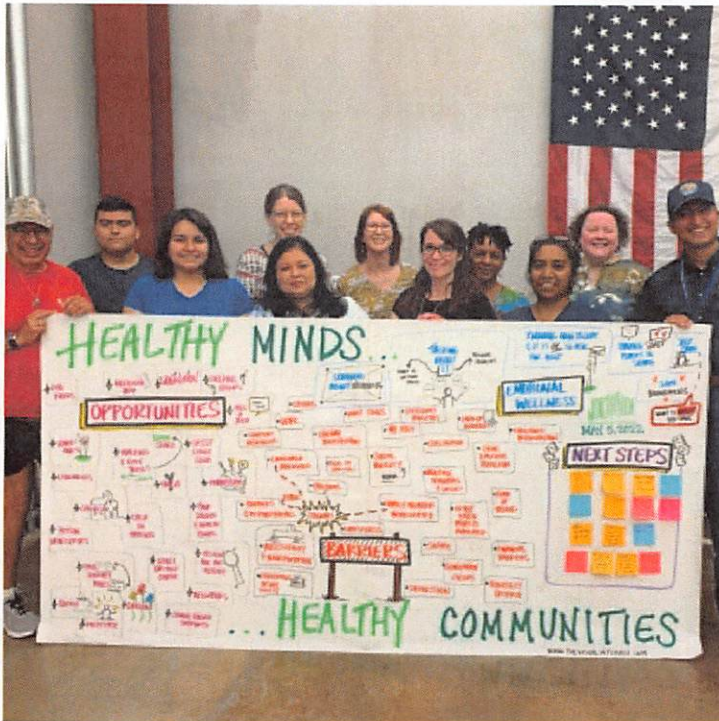


The HARRIS CENTER for Mental Health and IDD

77033: South Park



77022: Northside



77038: Fallbrook





The HARRIS CENTER for Mental Health and IDD

77076: Hardy-Melrose



77060: Aldine



77090: Cypress Station



The HARRIS CENTER for Mental Health and IDD

77504: Pasadena

77091: Acres Homes



77093: East Aldine





The HARRIS CENTER for Mental Health and IDD

77450: Katy





CLC SWOT Analysis

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> • Free Food • Meg – Adapting, flow, timing • Registrants – Broad topics/questions • Positive Feedback – Transparency • Participation – World Café Environment • Audience Inside Profile – Core Team • Prep, Logistics – Leaders at Community Centers • Support from PCT 1 & 2 – Community Centers • Social Media – Covid Support Groups • Team Flexibility & Team Member Implementation 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> • Time of event • Youth opportunities • Katy – Insular • Our lack of relationships or/and communication • 77038- Vietnamese • Language– Staffing: teams w/ limited language ability – cultural similarities • Priority clashes: CLC too soon due to funding pressure • 10 Zip Codes -> Scope Creep • Start-up: undefined roles/overwhelm • Evidence-based practices – can take long time to train
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> • Summer Scheduling Opportunities -Awareness Around Self Care • Staffing – Outreach Engagement, Dana Sobers – Historical Context • Summer camps • High School Community Learning Circle? • Collaborations w/ non-profit and orgs • Initial email in summer or early August; Follow up in September/October (Planning) • ENG/SPAN virtual events – Learn more by being in the community • Build Trust Slowly – Community Collaborators • <u>Check-in</u> *Name, Acknowledge & See – Is a healthy practice* 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> • Summer scheduling at community centers • Coordination/ constant contact • Burnout • External expectations • Trying to get out of our lane • Community distrust of “initiatives” in their neighborhoods • Non-unified messaging to collaboration partners • Check privilege • Community distrust of organizations not created locally



Key Themes & Targeted Approaches

ALL COMMUNITIES EXPRESSED:

- Priority need for COVID grief and loss support groups
- Immediate need for adults to be able to recognize mental health concerns in children
- Feeling that their communities were “left out” or “forgotten” by everyone: government at all levels, educational systems, private businesses
- Individual concerns, worries, and fears around other significant factors:
 - Safety and Security: Gun Violence in Neighborhoods, Schools, Etc.
 - Environmental Impacts & Natural Disasters in Harris County related to both climate change and industrial pollution
 - Political and Social Unrest: Local, National, and International

SPECIFIC COMMUNITY CONCERNS:

77060: Difficulty in accessing limited mental health services in Spanish

77076: Stigma & lack of education around mental health needs

77038: Difficulty accessing mental health services in Spanish & Vietnamese

77450: HIGH RISK, DENIAL

77093: Connection with advanced mental health & IDD services

77022: Kid and senior friendly events essential. Independence Heights is a separate community.

77090: High fear of death by violence or suicide expressed by adults for youth

77033: Emotional & physical impact of generational racial trauma

77091: Environmental & racial trauma

77504: Impact of COVID on services available



Community Collaborations

Evolving Organizational Collaborations:

- Harris County Public Health
- Harris Health System
- City of Houston Complete Communities
- Houston Food Bank
- Be Well Acres Homes (33 community organizations)
- Partnership for a Healthy Pasadena (Mental Health working group)
- Health Equity Collective (140 organizations, Mental Health working group)
- HISD Wraparound Services
- Aldine ISD Community Youth Services
- The Tejano Center for Community Concerns
- The Black Man Project
- Collective for Youth Action
- Northwest Assistance Ministries
- Mental Health America-Houston
- Catholic Charities





Training Progress

Internal Training:

New onboarding materials for community engagement specialist training have been designed to cover culturally specific approaches to talking about mental health

Three additional members of the HMHC team have been certified to train community members in the AS+K? Ask About Suicide to Save a Life gatekeeper skills. They are in addition to the Community Training Department led by Carroll Prasad.

Two additional members of the HMHC team will be certified to train Adult Mental Health First Aid in communities by the end of the first year.

HMHC team members are regularly attending diverse webinars, local trainings, and national conferences to increase knowledge on best practices for low acuity mental health community education as they relate to the specific concerns expressed in the ten Community Learning Circles.

External Training:

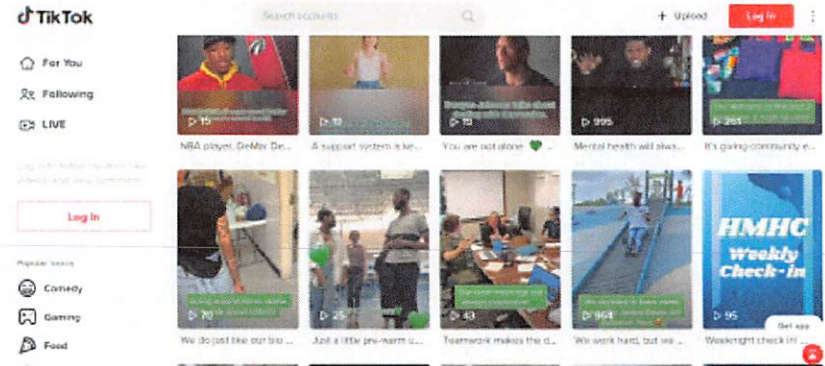
The Community Training Department has conducted 32 Adult & Youth Mental Health First Aid trainings with participants from all 10 communities, including special drop-in trainings for interested community members.



Digital Engagement

Key goals for end of Year 1 & start of Year 2:

- *Grow youth engagement with Social Media Influencers program being developed in collaboration with Worthing & Sam Houston Math, Science & Technology High Schools
- *Launch coordinated HMHC campaign across all media (print, tv, radio, social media platforms) designed by Langrand and ATIME4Marketing



The image shows a Facebook post and an advertisement for Healthy Minds, Healthy Communities. The Facebook post is from @HarrisCityHMHC, dated August 5, and discusses going back to school. It includes a graphic with four tips for parents: 'Encourage your child to share their fears about returning to school.', 'For parents, project confidence into your kids.', 'Help them think positive.', and 'Start preparing children for the upcoming transition by resuming school-year routines.' Below the post is an advertisement for Chris Cortez, founder of Houston Healthy Hip-Hop, featuring a photo of him with a boombox. To the right is a large advertisement for 'MEETING COMMUNITIES WHERE THEY ARE', described as a community-driven initiative, with a 'Contact us' button and the handle @HarrisCityHMHC.



Healthy Minds, Healthy Communities
@HarrisCityHMHC - Nonprofit organization

Contact us

lnktr.ee



The HARRIS CENTER for
Mental Health and IDD

External Evaluation Progress

Initial Intervention: Community Learning Circles

Multiple members of the External Evaluation Team (EET) attended 1 or more CLCs to evaluate the methodology, process, and participation of both community members and the HMHC team.

The EET prepared a short reflection survey for each member of the HMHC team to complete after each CLC. This served both as a starting point for SWOT analysis of the process by the HMHC team and a qualitative record of the perceived impact of the CLCs in real time.



External Evaluation Team Process

The EET worked closely with the HMHC team in the first two quarters of this year to discuss best practices for evaluating this complex, multi-intervention, multi-community initiative.

Throughout the first year, the teams are meeting bi-weekly to share information, clarify understanding of evolving needs, and determine appropriate next steps.

The EET will be launching a Qualtrics driven survey of the ten focus communities to assess knowledge, opinions, and stigma around mental health and suicide in late September. It will be promoted through focused social media buys, mailers, and HMHC fliers in the zip codes.



Early Celebrations



Positive, strong, collaborative relationships with Precinct 1 & Precinct 2 staff members who are providing:

- Introductions to community leaders
- Invitations to community events
- Support and participation at Community Learning Circles



Growing interest from community leaders and organizations across Harris County



Daily emails & calls regarding possibilities for HMHC to present mental health information



Recognition of the Healthy Minds, Healthy Communities Initiative when mentioned



Team expanding to include vibrant Community Engagement Specialists to meet people where they are!

EXHIBIT F-32

September 2022
NEW CONTRACTS UNDER 100k

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000.00

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23 NEW CONTRACTS								
ADMINISTRATION								
1	FUTURECOM	No	Kaspersky Services	\$10,440.06	09/25/22- 09/26/23	GR	Tag-On	Previous Vendor (SHI GOV'T SOLUTIONS) no longer offers Kaspersky. Vendor is being changed to FUTURECOM DIR-TSO-4288.
2	Justice System Partners	No	External Evaluation of the Jail Diversion Program	\$49,999.00	08/22/22- 08/31/22	GR	N/A	This new agreement is for External Evaluation of the Jail Diversion Program.
3	Charity Logic Corporation	No	Subscription Services	\$11,881.69	09/01/22- 10/23/23	State	Service Agreement	This new Agreement will add additional IT Services to services that are currently obtaining through a Subscription with iCarol. Specifically, the Agreement will add HIPAA compliance/Security competent. Some add-on costs are prorated as a result of the Agency already having a subscription. Costs: \$303.03 + \$2,000.00 (prorated fee + one-time setup fee) + \$2,988.00 (annual fee for add-on) + \$6,590.66 (current renewal amount) for a total NTE of \$11,881.69 for FY23.
CPEP/CRISIS SERVICES								
4	Caring for the Caregiver	No	A Peer to Peer Responder Program	\$24,500.00	08/01/22- 08/31/23	GR	Sole Source	The Caring for the Caregiver, Resilience in Stressful Events (RISE) training program is a peer to peer responder program developed at Johns Hopkins hospital to support a team member involved in an unanticipated patient event, stressful situation, or patient-related injury.
FORENSICS								
5	Gateway Foundation	No	Core Correctional Practices Training	\$5,000.00	09/01/22- 08/31/23	GR	N/A	This Agreement is to establish common contracting conditions within the framework of Core Correctional Practices Training for Trainers, essential for the implementation of training requirements, which are stated in the approved contracts and standards provided between Harris County and contracted treatment providers.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
6	CentralReach-Behaviorsoft	No	Applied Behavior Analysis Software	\$5,400.00	09/30/22- 08/31/23	Private Grant	Consumer Driven/Service Agreement	This new Software agreement is to utilize the CentralReach-Behaviorsoft Applied Behavior Analysis Software in the STARS Feeding Clinic and Positive Behavior Supports (PBS) programs to assist Providers in quickly reviewing client data sheets
7	Huan B Bui	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$6,000.00	09/01/22- 08/31/23	Federal Grant	Consumer Driven	This new Consumer driven agreement is to provide Respite and CFC services to the consumer.
8	Juanita Dembo Batista	No	Respite Services	\$8,417.50	09/01/22- 08/31/23	State Grant	Consumer Driven	This is a contract replacement to provide CFC services for the individual.
9	Lisa Ann Middlebrook	No	Training and Relief to Provider	\$10,000.00	08/11/22- 08/31/23	State Grant	Consumer Driven	This new agreement is to provide training and Respite relief to Provider.

	CONTRACTORS	HUB/MWBE	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
10	Annie Vu	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$28,080.00	09/01/22- 08/31/23	State Grant	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
11	Brandon D. Smith	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$10,000.00	09/01/22- 08/31/23	State	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
12	Elsa Almanza	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$18,000.00	09/01/22- 08/31/23	State	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
13	Elsa Lozana-Tello	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$17,230.00	09/01/22- 08/31/23	State	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
14	Haneef Abduliah	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$10,500.00	09/01/22- 08/31/23	State	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
15	Jordan Barden	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$12,000.00	09/01/22- 08/31/23	State	Consumer Driven	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
16	Armando Cabral	No	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$19,000.00	09/01/22- 08/31/23	Federal Grant	N/A	New Contract Replacement due to no renewal options to current contract agreement. This agreement is for the Provider to provide Respite and/or Community First Choice Personal Assistance/Habilitation Services.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
	LEASES							
	MENTAL HEALTH SERVICES							



Executive Contract Summary

Contract Section ^

Contractor*

FUTURECOM

Contract ID #*

2022-0486

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

FUTURECOM
THC

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* (?)

9/25/2022

Contract Term End Date* (?)

9/26/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 10,440.06

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 checked="" 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 * (?)

PREVIOUS VENDOR (SHI GOV'T SOLUTIONS) NO LONGER OFFERS KASPERSKY. VENDOR IS BEING CHANGED TO FUTURECOM DIR-TSO-4288

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT142183

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The_Harris_Center_072722_Kaspersky.pdf	98.72KB
--	---------

Vendor/Contractor Contact Person

Name*

FUTURECOM/BOB GOMEZ

Address*

Street Address

2975 Regent Boulevard

Address Line 2

City

Irving

State / Province / Region

TX

Postal / Zip Code

75063-3140

Country

US

Phone Number*

405-826-4829

Email*

BOB.GOMEZ@EPLUS.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 10,440.06	553002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
SEE QUOTE ATTACHED

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Boswell, Shawnti	8/15/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Ricardo Campbell</i>	8/15/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	8/15/2022

Contract Owner Approval 

Approved by	Approval Date
<i>Mustafa Cochinnala</i>	8/16/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskyia Belin</i>	8/16/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Justice System Partners

Contract ID #*

2022-0485

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center
Justice System Partners

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 checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Proposal prepared at our request |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/22/2022

Contract Term End Date* (?)

8/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 49,999.00

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* (?)

External Evaluation of the Jail Diversion Program

Contract Owner*

Dr. Scott Hickey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

12/13/19-12/31/20

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

Yes No Unknown

Please provide an explanation*

Consultants to provide unique expertise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

JSP Harris Center Phase 2 Proposal 20220606.pdf

223.43KB

Vendor/Contractor Contact Person

Name*

Kate Florio

Address*

Street Address

P.O. Box 970

Address Line 2

City

South Easton

Postal / Zip Code

02375

State / Province / Region

MA

Country

United States

Phone Number*

7745012286

Email*

kate@justicesystempartners.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 49,999.00	542000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Completed product work

Project WBS (Work Breakdown Structure)* (?)

June 15, 2022 JSP receives data from Harris Center
 June 16, 2022 – July 15, 2022 JSP data processing and coding
 July 16, 2022 – August 1, 2022 JSP analysis and report writing
 August 15, 2022 JSP produces report in draft form for review/feedback
 August 22, 2022 Harris Center feedback due for JSP to incorporate into report
 August 31, 2022 JSP to submit final version of report

Requester Name	Submission Date
Montgomery, Mercedes	8/15/2022

Budget Manager Approval(s) ^

Approved by	Approval Date
<i>Erica Brown</i>	8/16/2022

Procurement Approval ^

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval ^

Approved by	Approval Date
<i>Scott Hickey</i>	8/16/2022

Contracts Approval

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

Approved by*

Shadeyia Behm

Approval Date*

8/16/2022



Executive Contract Summary

Contract Section

Contractor*

Charity Logic Corporation

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health and IDD, and Charity Logic Corporation

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 checked="" type="checkbox"/> Other We currently use this service and are just adding an additional component |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

10/23/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 11,881.69

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* (?)

We currently use the subscription service iCarol from this vendor. We are wanting to add the HIPPA compliance/Security component to this subscription service and it requires a signature to accept the quote. The amount charged to the unit would be the prorated amount of \$303.03 + \$2000.00 (one-time setup fee) + \$2988.00 (annual fee for add-on) + \$6590.66 (current renewal amount)

*I have attached quote for additional services being requested to add to current subscription service as well as renewal notice for current subscription (new renewal with taxes removed will be sent)

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

This is a subscription service we use and I am not sure there is a contract, only a service agreement.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

QT_The Harris Center - SSO (1).pdf	73.53KB
MHM2080 - ICMN0000003337.PDF	72.54KB

Vendor/Contractor Contact Person ^

Name*

Andrew Auger

Address*

Street Address

1 Antares Drive

Address Line 2

Suite 400

City

Ottawa

Postal / Zip Code

K2E 8C4

State / Province / Region

ON

Country

CA

Phone Number*

1-365-651-6814

Email*

aauger@icarol.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 11,881.69	574000
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$303.00 (prorated amount of add-on service for use from execution to end of current subscription period [Oct. 22, 2022])

\$2000.00 (one-time setup fee)

\$2988.00 (annual fee for add-on)

\$6590.66 (current renewal amount)

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Smith, Janai

Submission Date

8/25/2022

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

8/25/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

8/25/2022

Contracts Approval

Approve*

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

Approved by*

Shadeyia Belin

Approval Date*

8/29/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Caring for the Caregiver

Contract ID #*

2022-0508

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

8/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 24,500.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Caring for the Caregiver, Resilience in Stressful Events (RISE) training program is a peer to peer responder program developed at Johns Hopkins hospital to support a team member involved in an unanticipated patient event, stressful situation, or patient-related injury.

The program although developed at Johns Hopkins Hospital, is overseen in its administrative responsibilities by the Maryland Patient Safety Center. We chose the Caring for the Caregiver Resilience in Stressful Events (RISE) training program for the following reasons:

- The training program was developed at Johns Hopkins Hospital; a hospital leading the way in health care and established 130 years ago.
- In addition to the program being developed by a reputable healthcare institution, the training program is delivered by peer-support experts from Johns Hopkins
 - o It is a 2 day training program, that includes all of the training materials that are needed to continue to train additional peer-responders (beyond the initial training).
- The RISE program has had never publications to demonstrate its impact, to include its cost benefit when implemented

Contract Owner*

Ninfa Escobar

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***

Anna Koerbel

Address*

Street Address

PO BOX 412874

Address Line 2

City

Boston

Postal / Zip Code

02241-2874

State / Province / Region

MA

Country

US

Phone Number*

410-540-9210

Email*

akoerbel@marylandpatientsafety.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 24,500.00	595000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

\$24,500 for the purchase of the complete program materials, training, and support.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

8/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/19/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

8/22/2022

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

8/22/2022

Contracts Approval

Approve *

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

Approved by *

Shaskya Behu

Approval Date *

8/22/2022

8/23/2022

Contracts Approval Proxy

Executive Contract Summary

Contract Section

Contractor*

Gateway Foundation

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/21/2022

Parties* (?)

Gateway Foundation Inc., The Harris Center for MH and IDD and Harris County Community Supervision and Corrections Department (CSCD)

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 cost sharing |

8/23/2022

Contracts Approval Proxy

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 * (?)

\$ 5,000.00

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

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

To establish common contracting conditions within the framework of Core Correctional Practices Training for Trainers, essential for the implementation of training requirements, which are stated in the approved contracts and standards provided between Harris County and contracted treatment providers.

Contract Owner *

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

8/23/2022

Contracts Approval Proxy

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Dr. Duane Cummins

Address*

Street Address

2310 1/2 Atascocita Road

Address Line 2

Gateway Foundation Corrections

City

Humble

State / Province / Region

TX

Postal / Zip Code

77396

Country

US

Phone Number*

417-554-0496

Email*

dpcummins@gatewayfoundation.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 5,000.00	549005

Budget Manager

Williams-Wesley, Sheenia

Secondary Budget Manager

Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

n/a

8/23/2022

Contracts Approval Proxy

Project WBS (Work Breakdown Structure) * (?)

Harris County CSCD - 6,666.67

The Harris Center for MH and IDD - 5,000

Gateway Foundation - 8,333.33

:

Requester Name

Williams-Wesley, Sheenia

Submission Date

6/3/2022

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

6/3/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Monalisa Files

Approval Date

6/6/2022

Contracts Approval

Approve *

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

8/23/2022

Contracts Approval Proxy

Approved by *

Belinda Stude

Approval Date *

6/9/2022



Executive Contract Summary

Contract Section

Contractor*

CentralReach- Behaviorsoft

Contract ID #*

2022-0519

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health and IDD and CentralReach - Behaviorsoft

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 Services Agreement |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/30/2022

Contract Term End Date* (?)

8/31/2023

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

NA

Fiscal Year* (?)

2023

Amount* (?)

\$ 5,400.00

Funding Source*

Private 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* (?)

for the purpose of utilizing the CentralReach-Behaviorsoft Applied Behavior Analysis Software in the STARS Feeding Clinic and Positive Behavior Supports (PBS) programs to quickly review client data sheets to complete online and offline data collection, take interval percent correct, duration, tasks analysis, graph and report data in real time to provide best practice care and outcomes for the clinic. See attachments and rate description for details of the CentralReach-Behaviorsoft services subscription.

Contract Owner*

Dr. Evanthe Collins

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*

CentralReach-Behaviorsoft

Supporting Documentation Upload (?)

CentralReach (Behaviorsoft) 2 Year Agreement.pdf	42.93KB
ECS for Behaviorsoft for STARS HC Foundation grant.msg	221KB

Vendor/Contractor Contact Person

Name*

Shomarr Malone, CentralReach-Behaviorsoft Representative

Address*

Street Address

6451 North Federal Highway

Address Line 2

City

Fort Lauderdale

State / Province / Region

FL

Postal / Zip Code

33308-1402

Country

US

Phone Number*

800-939-5414

Email*

shomarr.malone@behaviorsoft.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3613	\$ 5,400.00	551002
Budget Manager		Secondary Budget Manager
Adams-Austin, Mamie		Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Per CentralReach-Behaviorsoft Representative, the contract is for a two (2) year period, due upon receipt and the billing frequency (total contract upfront cost of \$5,400.00). See rate and services description below:

Five (5) Behaviorsoft Practice Management & Clinical Solutions Users of the Behaviorsoft @ \$45.00 per unit/users x 5 = \$225.00 x 24 = \$5,400.00 (total payment due)

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Childs, Margo	8/30/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Mamie Adams</i>	8/30/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Evanthe Collins</i>	8/30/2022

Contracts Approval

Approve*

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

Approved by*

Shadeya Belin

Approval Date*

8/30/2022



Executive Contract Summary

Contract Section

Contractor*

Huan B Bui

Contract ID #*

2022-0518

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Huan B Bui, 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 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 |

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*

Federal 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* (?)

Provide Respite and CFC services to client.

Contract Owner*

Dr. Evanthe Collins

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*

Huan B Bui

Address*

Street Address

13750 Bonilla Lane

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77083-3430

Country

US

Phone Number*

7134599419

Email*

haunbui77067@gmail.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,000.00	543009

Budget Manager	Secondary Budget Manager
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,000.00	543005

Budget Manager	Secondary Budget Manager
Adams-Austin, Mamie	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	8/26/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Mamie Adams</i>	8/26/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>Lily Pan</i>	8/30/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskyia Behu</i>	8/30/2022





Executive Contract Summary

Contract Section ^

Contractor*

Juanita Dembo Batiste

Contract ID #*

2022-0440

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Juanita Dembo Batiste, 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 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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 8,417.50

Funding Source*

State 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 |

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

To provide CFC training for individual.

Contract Owner*

Mike Downey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2021-8/31/2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Juanita Dembo Batiste

Address*

Street Address

13007 Bassford Drive

Address Line 2

City

Houston

Postal / Zip Code

77099-2207

State / Province / Region

TX

Country

USA

Phone Number*

8322676052

Email*

raydbo5@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,417.50	543009

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

Provide Rate and Rate Descriptions if applicable* (?)
\$10.00 per hour

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Anthony, Patrina	8/9/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Mamie Adams</i>	8/9/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Lily Pan</i>	8/11/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskeyia Behu</i>	8/12/2022



Executive Contract Summary

Contract Section

Contractor*

Lisa Ann Middlebrook

Contract ID #*

2022-0517

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Lisa Ann Middlebrook, 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 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* (?)

8/11/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 10,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

To provide training and relief to provider

Contract Owner*

Dr. Evanthe Collins

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*

Lisa Ann Middlebrook

Address*

Street Address

12403 Settle Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77071-2800

Country

US

Phone Number*

8323386387

Email*

lmiddlebrook07@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543009

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

Provide Rate and Rate Descriptions if applicable* (?)

10 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	8/11/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Mamie Adams</i>	8/11/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>Lily Pau</i>	8/30/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskyia Betu</i>	8/30/2022





Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6935

Contractor Name *

Annie Vu

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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

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

\$21,258.00

Contract NTE* (?)

\$ 28,080.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3585

G/L Code(s)*

534005 \$7,960.00, 534009 \$20,120.00

Current Fiscal Year Purchase Order Number*

CT141413

Contract Requestor*

Patrina Anthony

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	\$ 11,000.00	543005

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 17,080.00	543009

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

Fiscal Year * (?)	Amount * (?)
2023	\$ 28,080.00

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

Please Explain *

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shoskyia Belu

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7125

Contractor Name *

Brandon D. Smith

Service Provided* (?)

CFC/Respite

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

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

\$9,270.00

Contract NTE* (?)

\$ 17,540.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$6,980.00, 543009 \$10,560.00

Current Fiscal Year Purchase Order Number*

CT141414

Contract Requestor*

Patrina Anthony

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	\$ 5,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,000.00	543009

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

Fiscal Year* (?) 2023	Amount* (?) \$ 10,000.00
---------------------------------	------------------------------------

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

Please Explain *

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Michael D Denney

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6945

Contractor Name*

Elsa Almanza

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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

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

\$15,507.00

Contract NTE * (?)

\$ 22,690.00

Rate(s)/Rate(s) Description

Unit(s) Served *

3585

G/L Code(s) *

543005 \$8,390.00, 543009 \$14,300.00

Current Fiscal Year Purchase Order Number *

CT141474

Contract Requestor *

Patrina Anthony

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	\$ 9,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 9,000.00	543009

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 18,000.00

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

Please Explain*
 Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *
 Yes No

Is the payment deadline different than net (45)? *
 Yes No

Are there any changes in the Performance Targets? *
 Yes No

Are there any changes to the Submission deadlines for notes or supporting documentation? *
 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)
 Please Select Contract Owner
 Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D. Donney

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6964

Contractor Name *

Elsa Lozana - Tello

Service Provided * (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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

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

\$15,507

Contract NTE * (?)

\$ 17,230.00

Rate(s)/Rate(s) Description

Unit(s) Served *

3585

G/L Code(s) *

543005 \$8,390.00, 543009 \$8,840.00

Current Fiscal Year Purchase Order Number *

CT141429

Contract Requestor *

Patrina Anthony

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	\$ 8,615.00	543005

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 8,615.00	543009

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 17,230.00

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

Please Explain *

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *

 Yes No

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

 Yes No

Are there any changes in the Performance Targets? *

 Yes No

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

 Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval

Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shoskyia Belu

Approval Date *

5/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

6960

Contractor Name*

Haneef Abdullah

Service Provided* (?)

Community First Choice & Respite

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

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

\$6,379.00

Contract NTE* (?)

\$ 10,635.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005 \$3875.00, 543009 \$6760.00

Current Fiscal Year Purchase Order Number*

CT141431

Contract Requestor*

Patrina Anthony

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	\$ 4,500.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543009

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 10,500.00

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

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s) 

Approved by

Mamie Adams-Austin

Contract Owner Approval 

Approved by

Michael D Downey

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belu

Approval Date *

5/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6981

Contractor Name *

Jordan Barden

Service Provided * (?)

Respite and Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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

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

\$14,400.00

Contract NTE* (?)

\$ 18,440.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005: \$7,000.00, 543009: \$11,440.00

Current Fiscal Year Purchase Order Number*

CT141433

Contract Requestor*

Patrina Anthony

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	\$ 6,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 6,000.00	543009

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 12,000.00

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

Please Explain*

Rate increase: \$10.00 per hour for Respite and CFC.

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mike Downey

Budget Manager Approval(s)



Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

Lily Pau

Contracts Approval

Approve*

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

Approved by*

Shoskyia Behm

Approval Date*

5/31/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

6923

Contractor Name*

Armando Cabral

Service Provided* (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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 checked="" 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 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* (?)

\$ 18,240.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3585

G/L Code(s)*

543005; 543009

Current Fiscal Year Purchase Order Number*

CT140467

Contract Requestor*

Patrina Anthony

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	\$ 12,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,000.00

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

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams

Contract Owner Approval



Approved by

Lily Pau

Contracts Approval

Approve*

- Yes
- No, reject entire submission
Return for correction

Approved by*

Shasthya Behu

Approval Date*

8/30/2022

EXHIBIT F-33

September 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	CDW-G	No	DUO Authentication Software	\$70,000.00	\$1,940.00	\$71,940.00	09/16/22- 09/15/23	GR	Tag-On	This Amendment is due to user account numbers increasing which caused the increase of license increase, including costs.
2	Pinnacle Business Solutions	No	Agency Wide Mail Courier, Pharmaceutical and Medical Records Delivery Services	\$79,920.91	\$1,000.00	\$80,920.91	09/01/21- 08/31/22	GR	RFP	This Amendment is to increase NTE amount to cover full payments for all FY22 invoices.
3	Pinnacle Business Solutions	No	Agency Wide Mail Courier, Pharmaceutical and Medical Records Delivery Services	\$79,920.91	\$3,996.05	\$83,916.96	09/01/22- 08/31/23	GR	RFP	This Amendment is to increase NTE amount to ensure coverage for all FY23 invoices.
4	Skillsoft Corporation	No	Skillsoft Percipio Software	\$14,330.00	\$859.80	\$15,189.80	09/06/22- 09/06/23	GR	Tag-On	This Amendment is to increase funds due to receiving a higher than anticipated FY23 quote.
5	The McLean Hospital Corporation	No	Software License Agreement (Perceptions of Care Webscore)	\$2,900.00	\$2,900.00	\$5,800.00	09/01/21- 08/24/22	Private Pay Source	Sole Source	This agreement is off cycle and will be renewed prior to Dec 31, 2022. However, the annual invoice is for FY23 services has to be paid in advance from FY22 budget. This Amendment is to increase FY22 budget to pay the invoice before the end of August.
6	The McLean Hospital Corporation	No	Software License Agreement (Basis 24)	\$4,580.00	\$4,580.00	\$9,160.00	09/01/21- 08/31/22	Private Pay Source	Sole Source	This agreement is off cycle and will be renewed prior to Dec 31, 2022. However, the annual invoice is for FY23 services has to be paid in advance from FY22 budget. This Amendment is to increase FY22 budget to pay the invoice before the end of August.
7	VP Imaging, Inc. dba DocuNav Solutions	No	Laserfische licenses, Maintenance & Support	\$45,000.00	\$38,324.71	\$83,324.71	09/21/22- 09/21/23	GR	Tag-On to DIR-CPO-4449	This Amendment is to increase funds due to receiving a higher than anticipated FY23 quote.
	CPEPICRISIS SERVICES									
8	Master Pool Temporary Housing for Jail Diversion	No	Temporary Housing for Jail Diversion	\$22,901.00	\$8,100.00	\$31,001.00	09/01/21- 08/31/22	County	RFA	Program is requesting to increase the NTE closer to actual expenses projected to fiscal year end (08/31/22). At the end of June, the program had \$477 of the \$22,901 contracted amount remaining. There has been a significant uptick in the census within the Jail Diversion program leading to a higher case load within the Aftercare department. More than 80% of the consumers served need ongoing residential supports, thus program is requesting to add \$8,100 to the master pool contract.
9	Crothall Facilities Management Inc.	No	Preventative Maintenance Services for medical equipment at NPC.	\$1,026.67	\$3,858.91	\$4,885.58	09/01/22- 08/31/23	GR	Service Agreement	This Amendment is to increase NTE amount to pay full coverage for maintenance of medical equipment located at the NPC for FY23. Coverage includes: labor, repairs, travel, parts, planned maintenance and electrical safety.



Executive Contract Summary

Contract Section

Contractor*

CDW-G

Contract ID #*

7533

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)
CDW-G
THC
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* (?)

9/16/2022

Contract Term End Date* (?)

9/15/2023

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

Current Contract Amount*

\$ 70,000.00

Increase Not to Exceed*

\$ 1,940.00

Revised Total Not to Exceed (NTE) *

\$ 71,940.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 71,940.00

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* (?)

Our user account numbers are increasing which caused qty of lic increase including costs.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141266

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

CDWG - ID 7533 - FY23 Renewal Quote.pdf 74.85KB

Vendor/Contractor Contact Person

Name*

CDW/KEVIN NISSEN

Address*

Street Address

75 REMITTANCE DR

Address Line 2

SUITE 1515

City

CHICAGO

Postal / Zip Code

60675

State / Province / Region

IL

Country

USA

Phone Number*

(877) 325-2419

Email*

kevinis@cdw.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 1,940.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHMENT

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Boswell, Shawnti

Submission Date

8/10/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/10/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechimata

Approval Date

8/11/2022

Contracts Approval

Approve*

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

Approved by*

Shadeya Belu

Approval Date*

8/17/2022



Executive Contract Summary

Contract Section


Contractor *

Pinnacle Business Solutions

Contract ID # *

2021-0183

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/20/2022

Parties * (?)

The Harris Center for Mental Health and IDD
Pinnacle Business Solutions, LLC

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 checked="" 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 *

\$ 79,920.91

Increase Not to Exceed *

\$ 1,000.00

Revised Total Not to Exceed (NTE) *

\$ 80,920.91

Fiscal Year* (?)

2022

Amount* (?)

\$ 80,920.91

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 ensure full payment of all FY22 invoices.

Contract Owner*

Nicole Lievsay

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 *

Woodrow Clayton

Address *

Street Address

P.O. Box 2546

Address Line 2

City

Houston

Postal / Zip Code

77252-2546

State / Province / Region

Texas

Country

USA

Phone Number *

281.731.7971

Email*
wclayton@pinnacledelivery.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 1,000.00	577000

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

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

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

Requester Name Lievsey, Nicole	Submission Date 8/8/2022
--	------------------------------------

Budget Manager Approval(s)

Approved by <i>Ricardo Campbell</i>	Approval Date 8/8/2022
---	----------------------------------

Procurement Approval

File Upload (?)

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

Contract Owner Approval

Approved by <i>Nicole Lievsey</i>	Approval Date 8/8/2022
---	----------------------------------

Contracts Approval

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

Approved by*

Shadegia Belin

Approval Date*

8/8/2022



Executive Contract Summary

Contract Section



Contractor*

Pinnacle Business Solutions

Contract ID #*

2022-0183

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/16/2022

Parties* (?)

The Harris Center for Mental Health and IDD
Pinnacle Business Solutions LLC

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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 79,920.91

Increase Not to Exceed*

\$ 3,996.05

Phone Number*

2817317971

Email*

wclayton@pinnacledelivery.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 3,996.05	577000

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

8/8/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/8/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Nicole Lievsay

Approval Date

8/8/2022

Contracts Approval

Approve*

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

Approved by*

Shadeyia Belin

Approval Date*

8/10/2022



Executive Contract Summary

Contract Section ▲

Contractor*

SKILLSOFT CORPORATION

Contract ID #*

7534

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

SKILLSOFT
THC

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* (?)

9/6/2022

Contract Term End Date* (?)

9/6/2023

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

Current Contract Amount*

\$ 14,330.00

Increase Not to Exceed*

\$ 859.80

Revised Total Not to Exceed (NTE)*

\$ 15,189.80

Fiscal Year* (?)

2023

Amount* (?)

\$ 15,189.80

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* (?)

RENEWAL QUOTE CAME BACK HIGHER THAN EXPECTED.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141390

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Skillssoft Corporation - ID 7534 - FY23 Renewal Quote.pdf

220.07KB

Vendor/Contractor Contact Person

Name*

SKILLSOFT/mike cieslak

Address*

Street Address

300 Innovative Way

Address Line 2

City

Nashua

Postal / Zip Code

03062-5746

State / Province / Region

NH

Country

US

Phone Number*

4808753895

Email*

michael.cieslak@skillssoft.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 859.80	553002

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
see attachment

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

Requester Name
Boswell, Shawnti

Submission Date
8/10/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
8/10/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date
8/18/2022

Contracts Approval

Approve*

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

Approved by*

Shakeya Behm

Approval Date*

8/18/2022



Executive Contract Summary

Contract Section ^

Contractor*

The McLean Hospital Corporation

Contract ID #*

6791

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center and The McLean Hospital Corporation

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* (?)

9/1/2021

Contract Term End Date* (?)

8/24/2022

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

Current Contract Amount*

\$ 2,900.00

Increase Not to Exceed*

\$ 2,900.00

Revised Total Not to Exceed (NTE)*

\$ 5,800.00

Fiscal Year* (?) 2022 **Amount*** (?) \$ 5,800.00

Funding Source*
Private Pay Source

Contract Description / Type* (?)

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

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

The agreement is off cycle and will be renewed prior to Dec 31, 2022. However, the annual invoice is for FY23 services has to be paid in advance from FY22 budget. This Amendment is to increase FY 22 budget to pay the invoice before the end of August.

Contract Owner*
Frederic Edgar

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

Please add previous contract dates and what services were provided*
FY2021 Perceptions of Care (POC) Webscore

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)
5990-3921.TheHarrisCenter.POC-IP.QR.AUG.2023.pdf 232.06KB

Vendor/Contractor Contact Person 

Name*
Cynthia Taylor

Address*
Street Address
115 Mill Street
Address Line 2

City Belmont State / Province / Region MA
Postal / Zip Code 02478-1064 Country US

Phone Number*
6178552190

Email *

ctaylor@mclean.harvard.edu

Budget Section

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
Campbell, Ricardo

Secondary Budget Manager
Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

POC - IP/RP License: \$0
POC- IP/ RP Web: \$0
POC-IP/ RP PMS Quarterly Report: \$2,9000

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name
Muro, Evette

Submission Date
8/12/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
8/12/2022

Contract Owner Approval

Approved by

Frederic W. Edgar Sr

Approval Date
8/12/2022

Contracts Approval

Approve *

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

Approved by *

Shaslyja Behn

Approval Date *
8/12/2022



Executive Contract Summary

Contract Section

Contractor*

The McLean Hospital Corporation

Contract ID #*

6759

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Funding Information*

New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 4,580.00

Increase Not to Exceed*

\$ 4,580.00

Revised Total Not to Exceed (NTE)*

\$ 9,160.00

Fiscal Year* (?)
 2022

Amount* (?)
 \$ 9,160.00

Funding Source*
 Private Pay Source

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* (?)

The agreement is off cycle and will be renewed prior to Dec 31, 2022. However, the annual invoice is for FY 23 services has to be paid in advance from FY22 budget. This Amendment is to increase FY 22 budget to pay that invoice can be paid before end of August.

Contract Owner*
 Frederic Edgar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21 Basis-24 End-User License

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

5990-3920.TheHarrisCenter.BASIS24.QR.AUG.2023.pdf 232.98KB

Vendor/Contractor Contact Person

Name*

Cynthia Taylor

Address*

Street Address

115 Mill Street

Address Line 2

City

Belmont

Postal / Zip Code

02478-1064

State / Province / Region

MA

Country

United States

Phone Number*

16178552190

Email*

ctaylor@mclean.harvard.edu

Budget Section

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

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

\$95.00 per license B24 - License \$680.00
 (\$395.00 + 3 more sites X \$95) B24 - Web \$0 B24
 -PMS Quarterly Report \$3,900.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Muro, Evette

Submission Date

8/11/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/11/2022

Contract Owner Approval

Approved by

Frederic W. Edgar II

Approval Date

8/11/2022

Contracts Approval

Approve*

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

Approved by*

Shashyia Behu

Approval Date*

8/12/2022



Executive Contract Summary

Contract Section

Contractor*

VP IMAGING, INC. DBA DOCUNAV SOLUTIONS

Contract ID #*

7765

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

VP IMAGING, INC. DBA DOCUNAV SOLUTIONS
THC

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* (?)

9/21/2022

Contract Term End Date* (?)

9/21/2023

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

Current Contract Amount*

\$ 45,000.00

Increase Not to Exceed*

\$ 38,324.71

Revised Total Not to Exceed (NTE)*

\$ 83,324.71

Fiscal Year* (?)

2023

Amount* (?)

\$ 83,324.71

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* (?)

FY23 QUOTE CAME BACK HIGHER THAN ANTICIPATED

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141274

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

DocuNav - ID 7765 - FY23 Renewal Quote DSA9420.pdf 395.42KB

Vendor/Contractor Contact Person

Name*

DOCUNAV SOLUTIONS/TAMMY PRESTON

Address*

Street Address

8501 Wade Blvd suite 1440

Address Line 2

City

Frisco

Postal / Zip Code

75034

State / Province / Region

TX

Country

US

Phone Number*

800.353.2320 X142

Email*

TPRESTON@DOCUNAV.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 38,324.71	553003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

see attachment

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Boswell, Shawnti

Submission Date

8/17/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/17/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cechinwala

Approval Date

8/18/2022

Contracts Approval

Approve*

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

Approved by*

Shadkyia Belm

Approval Date*

8/18/2022



Executive Contract Summary

Contract Section ▲

Contractor*

P-Residential (Jail Diversion Master Pool)

Contract ID #*

7256

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Pooled Vendors

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 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*

\$ 22,901.00

Increase Not to Exceed*

\$ 8,100.00

Revised Total Not to Exceed (NTE)*

\$ 31,001.00

Fiscal Year* (?)

Amount* (?)

2022

\$ 31,001.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Program is requesting to increase the NTE closer to actual expenses projected to fiscal year end (08/31/22). At the end of June, the program had \$477 of the \$22,901 contracted amount remaining. There has been a significant uptick in the census within the Jail Diversion program leading to a higher case load within the Aftercare department. More than 80% of the consumers served need ongoing residential supports, thus program is requesting to add \$8,100 to the master pool contract.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Existing FY22 P.O. CT141333 as well as FY19-FY21

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Pooled Vendors

Address *

Street Address

N/A

Address Line 2

N/A

City

State / Province / Region

N/A

N/A

Postal / Zip Code

Country

N/A

USA

Phone Number *

N/A

Email *

na@notanemailaddress.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 8,100.00	543004
Budget Manager Ramirez, Priscilla		Secondary Budget Manager Oshman, Jodel

Provide Rate and Rate Descriptions if applicable * (?)

No change; as dictated by RFA.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Submission Date

Ramirez, Priscilla

8/19/2022

Budget Manager Approval(s)

Approved by

Approval Date

Priscilla M. Ramirez

8/19/2022

Contract Owner Approval

Approved by

Approval Date

Kim Kornmayer

8/19/2022

Contracts Approval

Approve*

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

Approved by*

Shadeyia Belin

Approval Date*

8/19/2022



Executive Contract Summary

Contract Section

Contractor *

Crothall Facilities Management, Inc

Contract ID # *

6678

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/20/2022

Parties * (?)

Crothall Facilities Management, Inc 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 Service Agreement |

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 *

\$ 1,026.67

Increase Not to Exceed *

\$ 3,858.91

Revised Total Not to Exceed (NTE) *

\$ 4,885.58

Fiscal Year* (?) 2023 Amount* (?) \$ 4,885.58

Funding Source* General Revenue (GR)

Contract Description / Type* (?)

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

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

Full Coverage for maintenance of medical equipment located at the NPC. Coverage includes: labor, repairs, travel, parts, Planned Maintenance and electrical safety

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*

Kenneth James

Address*

Street Address

1500 Liberty Ridge Dr.

Address Line 2

Suite 210

City

Wayne

State / Province / Region

PA

Postal / Zip Code

19087

Country

United States

Phone Number*

6319725245

Email*
Kenneth.James@Crothall.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 1,929.46	553000

Budget Manager Oshman, Jodel	Secondary Budget Manager Kornmayer, Kimberly
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Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 1,929.45	553000

Budget Manager Oshman, Jodel	Secondary Budget Manager Kornmayer, Kimberly
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Provide Rate and Rate Descriptions if applicable* (?)
na

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

Requester Name Singh, Patricia	Submission Date 8/24/2022
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Budget Manager Approval(s)

Approved by <i>Jodel Oshman</i>	Approval Date 8/24/2022
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Contract Owner Approval

Approved by <i>Kim Kornmayer</i>	Approval Date 8/26/2022
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Contracts Approval

Approve*
 Yes
 No, reject entire submission
 Return for correction

Approved by* <i>Shasthya Bhatu</i>	Approval Date* 8/29/2022
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Executive Contract Summary

Contract Section

Contractor*

P - YES Waiver (Respite Services)

Contract ID #*

6650

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

Pool - YES Waiver (Respite Services) 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 decrease Respite contract by \$75,000 to increase CLS contract

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 Ratification, Amendment |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 100,000.00

Increase Not to Exceed*

\$ -75,000.00

Revised Total Not to Exceed (NTE)*

\$ 25,000.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 25,000.00

Funding Source*

State

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 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* (?)

Due to unexpected demand for Paraprofessional Community Living Support Services, FY22 allocated funding for PO CT141489 is nearly depleted. Please decrease Respite contract by \$75,000.00 to increase CLS contract.

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*

09-01-2020 to 08-31-2021

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Stella Olise

Address*

Street Address

6032 Airline Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77076-4210

Country

USA

Phone Number*

713-970-4385

Email*

stella.olise@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ -75,000.00	543064
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

9/6/2022

Budget Manager Approval(s)

Approved by

Angelica Loera

Approval Date

9/12/2022

Contract Owner Approval

Approved by

Tiffanie Williams-Beeks

Approval Date

9/12/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

9/12/2022

EXHIBIT F-34

September 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	BAS Resources, Inc. dba BAS Healthcare	No	Contingency Recruitment Search Services	\$35,000.00	\$35,000.00	09/01/22- 08/31/23	GR	N/A	Annual renewal of Contingency Fee Agreement for the Recruitment of Psychiatrists, APRN's and PA's.
2	Aflay Counseling, Training and Supervision Services, PLLC	No	Counseling Services for Crisis Line Employees	\$4,000.00	\$16,200.00	09/01/22- 08/31/23	State	RFQuote	Renewal agreement for additional services to include debriefing groups for new hire classes and 3 additional one time trainings for entire crisis line staff.
3	Asset Systems, Inc.	No	Cloud Based Fixed Asset Tracking Software	\$8,659.00	\$11,936.32	02/01/23- 01/31/24	GR	RFQuote	Renewal of Ingenium-A Cloud based fixed asset tracking software Agreement. Also, upgrading existing software platform to cloud-based solution with mobile direct application.
4	BoardBookit, Inc. dba Govenda	No	Board Portal	\$10,700.00	\$10,700.00	01/15/23- 01/15/24	GR	RFQuote	Annual renewal of the software Agreement to provide electronic access to Board documents for Board members.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
5	Armando Cabral	No	Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)	\$16,416.00	\$19,000.00	9/1/2022-8/31/2023	Federal Grant	N/A	Annual renewal of Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB).
6	Carole Ward	No	Community First Choice Day Habilitation/Community Support/In-Home Respite Services	\$22,500.00	\$16,000.00	09/01/22- 08/31/23	Federal Grant	N/A	Annual renewal of Community First Choice Day Habilitation/Community Support/In-Home Respite Services
7	Health Street, LLC	No	CPR Training Services to CFC/Respite Providers	\$1,500.00	\$1,500.00	09/01/22- 08/31/23	Federal Grant	Consumer Driven	Annual renewal of CPR Training Services for CFC/Respite Providers.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7592

Contractor Name*

BAS Resources, Inc. dba BAS Healthcare

Service Provided* (?)

Contingency Fee Agreement for the recruitment of Psychiatrists, APRN's and PA's

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 Unknown

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* (?)

\$ 35,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

592000

Current Fiscal Year Purchase Order Number*

CT141407

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	\$ 35,000.00	592000

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 35,000.00

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*

Shaskyia Behm

Approval Date*

8/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

2022-0421

Contractor Name *

Allay Counseling, Training and Supervision Services, PLLC

Service Provided * (?)

Counseling Services for Crisis Line Employees.

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 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* (?)

\$ 4,000.00

Rate(s)/Rate(s) Description

\$200.00 per sixty minute session

Unit(s) Served*

7001

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

CT142057

Contract Requestor*

Janai Smith

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 16,200.00	549005

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 16,600.00

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

Please Explain*

Additional services will be added to include additional debriefing groups for new hire classes and 3 additional one time trainings for entire crisis line staff.

Rate information will include:

-Up to 5 - sixty minute debriefing sessions per month at a rate of \$200 per session.

- 6 - sixty minute debriefing sessions for new hire training classes throughout year at a rate of \$200 per session.

- 2 - three hour general crisis response training sessions at rate of \$2,400 per session.

- 1 - two hour Considerations for Leadership Response Training In Aftermath of Caller Death at rate of \$1,000 per session.

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 (?)

Training Quote- Harris Center for Mental Health and IDD (June 2022).pdf

8.78KB

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJoy

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/11/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2022-0297

Contractor Name*

Asset Systems, Inc.

Service Provided* (?)

Ingenium - a cloud based fixed asset tracking software. Upgrade to previously existing software platform to cloud-based solution with mobile direct application.

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 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 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* (?)

\$ 8,659.00

Rate(s)/Rate(s) Description

As Quoted

Unit(s) Served*

1108, 1122

G/L Code(s)*

574000, 551022

Current Fiscal Year Purchase Order Number*

CT141789

Contract Requestor*

Danny Paick

Contract Owner*

Steve Evans

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.*
1122	\$ 11,936.32	551002

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 11,936.32

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

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 (?)

Asset Systems FE 2.1.2022.pdf 1.86MB

Contract Owner

Contract Owner* (?)


Please Select Contract Owner

Steve Evans

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval 

Approved by

Steve Evans

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belin

Approval Date *

8/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0047

Contractor Name*

BoardBookIt, Inc. dba Govenda

Service Provided* (?)

Board Portal to make Board process easier and materials easily accessible.

Renewal Term Start Date*

1/15/2023

Renewal Term End Date*

1/15/2024

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

- 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* (?)

\$ 10,700.00

Rate(s)/Rate(s) Description

Annual increase shall not exceed 7%; unless prior term included discounts or promotional rates.

Unit(s) Served*

1130

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

CT141736

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.*
1130	\$ 10,700.00	551003

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 10,700.00

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

Wayne Young

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Contracts Approval

Approve *

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

Approved by *

Shaskyia Belin

Approval Date *

8/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6923

Contractor Name *

Armando Cabral

Service Provided * (?)

Respite & Community First Choice (CFC)- Personal Assistance Services/Habilitation (PAS/HAB)

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 checked="" 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 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* (?)

\$ 18,240.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3585

G/L Code(s)*

543005; 543009

Current Fiscal Year Purchase Order Number*

CT140467

Contract Requestor*

Patrina Anthony

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	\$ 12,000.00	543005

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 7,000.00	543009

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,000.00

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

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams

Contract Owner Approval



Approved by

Lily Pau

Contracts Approval

Approve*

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

Approved by*


Shaskyia Belu

Approval Date*

8/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information 

Current Fiscal Year

2023

Contract ID# *

2021-0241

Contractor Name *

Carole Ward

Service Provided* (?)

CFC and Respite 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 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) (?)

Contract NTE* (?)

\$ 22,500.00

Rate(s)/Rate(s) Description

Unit(s) Served*

3585

G/L Code(s)*

543005, 543009

Current Fiscal Year Purchase Order Number*

CT141550

Contract Requestor*

Patrina Anthony

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	\$ 8,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,000.00	543009

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 16,000.00

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

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams

Contract Owner Approval



Approved by

Lily Pau

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

8/17/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7576

Contractor Name*

Health Street, LLC

Service Provided* (?)

CPR Training Services to CFC/Respite Providers

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* (?)

\$ 1,500.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

3585

G/L Code(s)*

543006

Current Fiscal Year Purchase Order Number*

CT141472

Contract Requestor*

Patrina Anthony

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	\$ 1,500.00	543006

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,500.00

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

Mike Downey

Budget Manager Approval(s)

Approved by

Mamie Adams

Contract Owner Approval



Approved by

Lily Pan

Contracts Approval

Approve*

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

Approved by*

Shaskya Betu

Approval Date*

8/30/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

5308

Contractor Name*

P-Audiological and Vision Services

Service Provided* (?)

Audiological & Vision Services (1 vendor-Houston Eye Associates)

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* (?)

\$ 1,905.00

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

3360

G/L Code(s)*

543011

Current Fiscal Year Purchase Order Number*

CT141345

Contract Requestor*

Tiffanie Williams-Brooks

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	\$ 1,905.00	543011

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,905.00

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

Mamie Adams

Contract Owner Approval



Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behu

Approval Date*

8/15/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0243

Contractor Name*

University of Texas Health Science Center at Houston on behalf of its Harris County Psychiatric Center

Service Provided* (?)

Outcomes research and program evaluation services for the Agency's Coordinated Specialty Care (Early Onset First Psychosis (HR-133 COVID-19) 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 HHCS 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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 40,087.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

2424

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT141961

Contract Requestor*

Lance Britt

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. *
2424	\$ 40,087.00	542000

Budget Manager *

Shelby, Debbie

Secondary Budget Manager *

Loera, Angelica

Fiscal Year * (?)

2023

Amount * (?)

\$ 40,087.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Stelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

8/29/2022

EXHIBIT F-35

September 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	
FY23 CONTRACTS							
AFFILIATION AGREEMENTS							
1	Rocky Mountain University (School of Nursing)	No	Clinical Field Placements	New	08/01/22- 08/31/25	GR	This agreement will allow students enrolled at the University (School of Nursing) to complete clinical field placements as part of their degree requirements.
2	Capella University	No	School of Social Work or Psychology Program	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract will allow students enrolled in the School of Social Work or Psychology Program for Practicum Experience.
3	Capella University	No	School of Counseling and Human Services (Masters or Doctoral Program)	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract will allow students internship/rotation in the School of Counseling and Human Services Program.
4	Maryville University	No	Clinical Rotation/Internship	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract will allow students clinical rotation/internship to complete their preceptorship for APRN.
5	Our Lady of the Lake University	No	Clinical and Educational Experiences	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract will provide clinical and educational experiences for graduate and undergraduate students enrolled in the Worden School of Social Service.
6	University of Houston Department of Psychology	No	Direct and Indirect Clinical Services	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract is to host and train doctoral school psychology students within the IDD division at The Harris Center to provide direct and indirect clinical services.
7	University of Houston Graduate School of Social Work	No	Social Work and Human Services Educational Experience	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract is to provide social work and human services educational experiences for an agreed upon number of students enrolled in programs of the Graduate College of Social Work at the University.
8	University of Texas Rio Grand Valley (UTRGV)	No	Preceptorship (Clinical Rotation)	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract is to provide students enrolled in its Physician Assistant Program.
9	Walden University	No	Practicum and Educational Experience	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New contract is to allow students enrolled in the Counseling Master's or Doctoral Program to gain an educational experience and complete practicum hours at The Harris Center.
MOU							
10	Star of Hope Mission	No	Substance Use Disorder Services	New	08/01/22- 08/31/23	GR	This new agreement will allow Star of Hope Mission to collaborate with SUDOP, PATH, HOT and The Harris Center to provide substance use disorder (SUD), Mental Health and Homelessness services of the clients acquired from outreach, engagement, and referrals and linkage the opportunity for retention in substance use, mental health, homelessness and medical services to Texas residents living with a these disorders.
11	Xferall, LLC	No	Patient Transfer Service	New	08/12/22- 12/31/22	GR	This is a new Agreement to utilize a patient transfer app to match patients with facilities and treatment.
12	Texas Clinic Fulton	No	Information Sharing/Exchange	New	08/01/22- 08/31/23	GR	New MOU Agreement for information sharing/exchanging basic demographic information and substance use history for the purposes of completing a Medication Assisted Treatment (MAT) Assessment.

	CONTRACTORS	HUBs/MWBE	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
13	Houston Recovery Center LGC-Sobering Center	No	Collaboration to provide referrals for substance abuse services.	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is to provide referrals for substance abuse services.
14	Career and Recovery Resources, Inc.	No	Substance Abuse Treatment and Other Related Social and Mental Health Services.	New Contract Replacement	09/01/22- 08/31/23	Private Pay Source	Current contract does not have any remaining renewal options. New MOU Agreement is to ensure that persons receive needed substance abuse treatment and other related social and mental health services.
15	Harris County Housing Authority	No	Housing Vouchers and Support Services for the Jail Diversion Program	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is for Partners seeking to end chronic homelessness in Harris County by combining housing services with case management funded through The Ed Emmett Mental Health Division Program. Harris County will provide housing vouchers to Consumers.
16	America CAN dba Houston CAN Academies	No	Continuity of Care System	New Contract Replacement	09/01/22- 08/31/23	State	Current contract does not have any remaining renewal options. New MOU Agreement relates to the project between The Harris Center and Houston CAN collaborating to establish a continuity of care system for identified students in need of mental health services whereby Houston CAN will refer to The Harris Center.
17	Santa Maria Hostel, Inc.	No	Referral Services for Substance Abuse Treatment and Mental Health Services	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is referral services of patients for substance abuse treatment and mental health services.
18	Beacon Law	No	Supplemental Security Income/Social Security Disability Income, Outreach and Recovery (SOAR) Services	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is a collaboration to facilitate the administration of SOAR ("Supplemental Security Income/Social Security Disability Income, Outreach and Recovery").
19	Ibn Sina Foundation	No	Collaborative Mental Health Outpatient Services	New Contract Replacement	09/01/22- 08/31/23	State	Current contract does not have any remaining renewal options. New MOU Agreement is a collaborative mental health outpatient and referrals for preventive and primary care services.
20	Gulf Coast Center	No	Continuum of Care	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is for the Outreach, Screening, Assessment & Referral (OSAR) Program for coordinating a full continuum of care and comprehensive services to adolescents, adults, and their families.
21	Houston Area Women's Center	No	Crisis Intervention Services	New Contract Replacement	10/18/22- 10/18/23	GR	Current contract does not have any remaining renewal options. New MOU Agreement is for the Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services to consumers in the community experiencing a mental health crisis.
22	Houston Habitat for Humanity	No	Care Coordination Services	New Contract Replacement	09/01/22- 08/31/23	GR	Current contract does not have any remaining renewal options. New MOU Care Coordination Agreement services are to refer those individuals who receive community based mental health and/or substance abuse use disorder services from the The Harris Center.
23	reVision Houston	No	Collaboration of Services to ensure Access to Social and Mental Health Services	New Contract Replacement	09/01/22- 08/31/23	State	Current contract does not have any remaining renewal options. New MOU Agreement is to leverage the power of community by connecting youth (many involved with juvenile justice system and child welfare system) with mentors, positive peers and life changing resources through referral services.



Executive Contract Summary

Contract Section

Contractor*

Rocky Mountain University (School of Nursing)

Contract ID #*

2022-0474

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health & IDD & Rocky Mountain University (School of Nursing)

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* (?)

8/1/2022

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled at the university of Rocky Mountain University (School of Nursing) to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to 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

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Collette Renstrom

Address*

Street Address

122 East 1700 South

Address Line 2

City

Provo

Postal / Zip Code

84606-7379

State / Province / Region

UT

Country

US

Phone Number*

801.375.5125

Email*

pattig3fl@yahoo.com

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	8/2/2022


Budget Manager Approval(s) 

Approved by	Approval Date
<i>Ricardo Campbell</i>	8/3/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>Florence Freeman</i>	8/3/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shaskyia Behu</i>	8/3/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7453

Contractor Name*

Capella University

Service Provided* (?)

Will allow students enrolled in the School of Social Work or Psychology Program practicum experience

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

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

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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	\$ 0.00	0.00

Budget Manager*

Brown, Erica

Secondary Budget Manager*

Campbell, Ricardo

Fiscal Year* (?)

2023

Amount* (?)

\$ 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

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 *

Shaskyia Behu

Approval Date *

8/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7552

Contractor Name*

Capella University

Service Provided* (?)

The School of Counseling and Human Services
Masters or Doctoral 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 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 checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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	\$ 0.00	0.00

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

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
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 *

Shakyia Behu

Approval Date *

8/16/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7483

Contractor Name *

Maryville University

Service Provided * (?)

Clinical rotation/internship to complete their preceptorship for APRN

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

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

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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	\$ 0.00	0.00

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

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
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 *

Shaskyia Behu

Approval Date *

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6829

Contractor Name *

Our Lady of the Lake University

Service Provided* (?)

To provide clinical and educational experiences for graduate and undergraduate students ("Students") enrolled in the Worden School of Social Service ("the Program") at UNIVERSITY

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

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

0

Unit(s) Served*

0

G/L Code(s)*

0

Current Fiscal Year Purchase Order Number*

0

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	\$ 0.00	0.00

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

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
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 *

Shaskyia Belu

Approval Date *

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7003

Contractor Name *

University of Houston (Department of Psychology)

Service Provided* (?)

Affiliation Agreement to host and train doctoral school psychology students within the IDD division of The HARRIS CENTER to provide direct and indirect clinical 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 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 checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input 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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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	\$ 0.00	0.00

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

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

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 *

Shaskyia Behu

Approval Date *

7/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

6837

Contractor Name *

University of Houston (Graduate School of Social Work)

Service Provided* (?)

Internship / Clinical Rotation

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 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 checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input 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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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

Contract Owner Approval



Approved by

Terence Freeman

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7569

Contractor Name *

University of Texas Rio Grand Valley (UTRGV)

Service Provided * (?)

Preceptorship (Clinical Rotation)

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 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 checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input 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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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	\$ 0.00	0.00

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

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

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 *

Approval Date *

7/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7266

Contractor Name*

Walden University

Service Provided* (?)

Allow students enrolled in the counseling master's or doctoral program at Walden University to gain an educational experience and complete practicum hours 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

- | | |
|---|--|
| <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 |

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 checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input 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* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

0000

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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	\$ 0.00	0.00
Budget Manager * Brown, Erica		Secondary Budget Manager * Campbell, Ricardo

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

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*

Shaskyia Behu

Approval Date*

7/25/2022



Executive Contract Summary

Contract Section

Contractor*

Star of Hope Mission

Contract ID #*

2022-0484

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Star of Hope Mission 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* (?)

8/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

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 Star of Hope Mission to collaborate with SUDOP, PATH, HOT and The Harris Center to provide substance use disorder (SUD), Mental Health and Homelessness services of the clients acquired from outreach, engagement, and referrals and linkage the opportunity for retention in substance use, mental health, homelessness and medical services to Texas residents living with a these disorders.

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*

Star of Hope Mission

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Michelle Alexander

Address*

Street Address

4848 Loop Central Suite 500

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77081

Country

US

Phone Number*

713-748-0700

Email*

malexander@sohmission.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 Oshman, Jodel		Secondary Budget Manager Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Singh, Patricia	8/11/2022

Budget Manager Approval(s)

Approved by	Approval Date
<i>Jodel Oshman</i>	8/11/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
<i>Kim Kornmayer</i>	8/11/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shasthya Behn</i>	8/12/2022



Executive Contract Summary

Contract Section

Contractor*

Xferall LLC

Contract ID #*

2022-0483

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

The Harris Center for Mental Health and IDD and Xferall LLC

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* (?)

8/12/2022

Contract Term End Date* (?)

12/31/2022

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

Fiscal Year* (?)

2022

Amount* (?)

\$ 0.00

Funding Source*

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* (?)

Patient transfer service project using patient transfer app to match patients with facilities and treatment.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

May 2019 to present

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Chris Mountzouris

Address*

Street Address

111 Congress Avenue

Address Line 2

Suite 400

City

Austin

Postal / Zip Code

78701

State / Province / Region

TX

Country

US

Phone Number*

855-933-7255

Email*

support@xferall.com

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)* (?)
N/A

Requester Name	Submission Date
Britt, Lance	8/12/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Debbie Chambers Shelby</i>	8/18/2022

Procurement Approval 

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval 

Approved by	Approval Date
<i>Lance Britt</i>	8/18/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Shashyia Behu</i>	8/19/2022



Executive Contract Summary

Contract Section ^

Contractor*

Texas Clinic Fulton

Contract ID #*

2022-0514

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

8/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

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 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 |

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

Information sharing / exchange

Exchanging basic demographic information and substance use history for the purposes of completing a Medication Assisted Treatment (MAT) Assessment.

Program Director: Amber Honsinger

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract for SUDOP.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

Texas Clinic

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Crystal Vega

Address*

Street Address

6311 Fulton St.

Address Line 2

City

Houston

Postal / Zip Code

77022

State / Province / Region

Texas

Country

United States

Phone Number*

713 825 9837

Email*
crystal@texasclinic.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9504	\$ 0.00	0
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Oshman, Jodel

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

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

Requester Name	Submission Date
Singh, Patricia	8/19/2022

Budget Manager Approval(s)

Approved by	Approval Date
	8/19/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
Sign	

Contract Owner Approval

Approved by	Approval Date
	8/19/2022

Contracts Approval

Approve*

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

Approved by*

Shadeya Belm

Approval Date*

8/25/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7350

Contractor Name *

Houston Recovery Center LGC - Sobering Center

Service Provided* (?)

Collaboration to provide referrals for substance abuse 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 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 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 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* (?)

\$ 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.*
9263	\$ 0.00	0

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Macleod, Ann

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kornmayer

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# *

7014

Contractor Name *

Career and Recovery Resources, Inc.

Service Provided* (?)

MOU to ensure that persons receive needed substance abuse treatment and other related social and mental health 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 MOU |

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 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* (?)

\$ 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*

Sandra Brock

Contract Owner*

Sandra Brock

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. *
2200	\$ 0.00	NA

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

Contract Funding Source *
Private Pay Source

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
Sandra Brock

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Sandra Brock

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

7/5/2022



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 Kommayer

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 *

Shaskyia Belin

Approval Date *

7/12/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7650

Contractor Name*

America CAN DBA Houston CAN Academies

Service Provided* (?)

Agreement relates to the project between The Harris Center and Houston CAN collaborating to establish a continuity of care system for identified students in need of mental health services whereby Houston CAN will refer to 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

- | | |
|--|--|
| <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 MOU |

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 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* (?)

\$ 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*

Tiffanie Williams-Brooks

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. *
2200	\$ 0.00	543064

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

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 Shetty

Contract Owner Approval 

Approved by

Tiffany Williams-Brooks

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behm

Approval Date *

7/18/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7099

Contractor Name*

Santa Maria Hostel, Inc.

Service Provided* (?)

Referral of patients between The Harris Center and Santa Maria Hostel, Inc.

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 MOU |

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 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* (?)

\$ 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*

Lance Britt

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.*
2200	\$ 0.00	n/a

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

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

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

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# *

7108

Contractor Name *

Beacon Law

Service Provided* (?)

A collaboration to facilitate the administration of SOAR ("Supplemental Security Income/Social Security Disability Income, Outreach and Recovery").

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 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 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 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* (?)

\$ 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.*
2250	\$ 0.00	0

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

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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kopnmayer

Contracts Approval

Approve *

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

Approved by*

Shaskya Behu

Approval Date *

7/11/2022

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7502

Contractor Name *

Ibn Sina Foundation

Service Provided* (?)

Mental Health Outpatient Services and referrals for preventive and primary care.

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 type="checkbox"/> Other MOU |

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* (?)

\$ 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*

Lance Britt

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. *
2200	\$ 0.00	n/a

Budget Manager *

Shelby, Debbie

Secondary Budget Manager *

Loera, Angelica

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

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

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Shakeya Behn

Approval Date *

7/11/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID#*

7575

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Outreach, Screening, Assessment & Referral (OSAR) Program for coordinating a full continuum of care and comprehensive services to adolescents, adults, and their families.

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 MOU |

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 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* (?)

\$ 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*

Lance Britt

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.*
2200	\$ 0.00	n/a

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

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

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

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# *

6916

Contractor Name *

Houston Area Women's Center

Service Provided* (?)

Mobile Crisis Outreach Team (MCOT) to provide field-based crisis intervention services to consumers in the community experiencing a mental health crisis.

Renewal Term Start Date *

10/18/2022

Renewal Term End Date *

10/18/2023

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* (?)

\$ 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 Kommayer

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.*
9208	\$ 0.00	0

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Kornmayer, Kimberly

Fiscal Year* (?)

2023

Amount* (?)

\$ 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

Jodel Oshman

Contract Owner Approval



Approved by

Kim Kopnmayer

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# *

7609

Contractor Name *

Houston Habitat for Humanity

Service Provided* (?)

Care Coordination services to refer those individuals who receive community based mental health and/or substance abuse use disorder services from 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

- | | |
|---|--|
| <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 |

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 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* (?)

\$ 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

Contract Owner Approval



Approved by

Kim Kopnmayer

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#*

7519

Contractor Name*

reVision Houston

Service Provided* (?)

MOU to leverage the power of community by connecting youth (many involved with juvenile justice system and child welfare system) with mentors, positive peers and life changing resources through referral 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 MOU |

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 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* (?)

\$ 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*

Lance Britt

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. *
2200	\$ 0.00	n/a
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

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

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shetty

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# *

7393

Contractor Name *

Bloom Community

Service Provided* (?)

Provides Fitness Exercise Equipment to 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 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 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 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) (?)

N/A

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

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

Please Explain *

Payment reimbursement are not required for services rendered under this MOU

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. *
3350	\$ 0.00	n/a
Budget Manager * Adams-Austin, Mamie		Secondary Budget Manager * 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 (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner
Janice Baines

Budget Manager Approval(s)

Approved by

Wanda Adams-Austin

Contract Owner Approval



Approved by

Janice Baines

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/9/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7187

Contractor Name*

Galena Park Independent School District

Service Provided* (?)

Screening, clinical assessment, and treatment plans for identified children and their families requiring assistance with mental health 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 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 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 |

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*

2200

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

Contract Requestor*

Tiffanie Williams-Brooks

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. *
2200	\$ 0.00	543064

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

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-Becks

Contracts Approval

Approve *

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

Approved by*

Shaskyia Behu

Approval Date*

8/26/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

5751

Contractor Name *

Gulf Coast Community Services Association

Service Provided* (?)

ECI Head Start Services

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

- | | |
|---|--|
| <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 |

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 |

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

- Yes
- No
- Unknown

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

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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	\$ 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 (?)

Contract Owner

Contract Owner * (?)
Please Select Contract Owner
Tiffany 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 *

Shaskyia Belu

Approval Date *

5/26/2022



Annual Renewal Evaluation

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

2022

Contract ID# *

7367

Contractor Name *

Houston Center for Independent Living (HCIL)

Service Provided* (?)

Providing a more complete continuum of care for participants

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

- | | |
|---|--|
| <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 |

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 |

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

- Yes
- No
- * Unknown

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

00

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

00

Unit(s) Served*

00

G/L Code(s)*

000000

Current Fiscal Year Purchase Order Number*

NA

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.*
3350	\$ 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

Please Explain*

MH will not utilize the MOU.

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 (?)

HCIL MOU Amendment and Renewal Document ID 7367 (Fully Executed).pdf	466.24KB
--	----------

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 Behu

Approval Date *

6/16/2022



Executive Contract Summary

Contract Section



Contractor*

Harris County Commissioners Court Precinct One

Contract ID #*

2022-0531

Presented To*

- Resource Committee
- Full Board

Date Presented*

9/20/2022

Parties* (?)

Harris County Commissioners Court Precinct One 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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2023

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* (?)

Description of Partnership

Precinct One would like to enter into an agreement with The Harris Center to provide mental health support groups at Precinct One community centers. The Harris Center is an expert in the field of behavioral health, with a vision to Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery oriented system of care. Support groups would target include topics such as: Wellness & Recovery, Substance Abuse & Recovery, and Youth & Family.

Each parties' obligations

The Harris Center

- Provide agreed upon number of support groups at Precinct One Community Centers throughout the year
- Provide support group facilitator
- Provide all printed educational materials in appropriate language for sessions
- Work with Precinct One on appropriate marketing materials to promote support group sessions
- Provide count of attendees to Precinct One for each session to monitor attendance and engagement

Precinct One

- Work with The Harris Center to identify dates and times to host support groups throughout the year
- Help with distribution of marketing materials and recruitment of participants
- Help with registration of participants for sessions through Community Portal.

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*

Sarah Whitman

Address *

Street Address

1001 Preston Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

346-286-1932

Email *

Sarah.Whitman@cp1.hctx.net

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	n/a

Budget Manager

Shelby, Debbie

Secondary Budget Manager

Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Britt, Lance

Submission Date

8/23/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/25/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/26/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behm

Approval Date*

8/30/2022

EXHIBIT F-36

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

<u>D</u>	
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

<u>E</u>	
ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

<u>F</u>	
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

<u>G</u>	
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**N**

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

O

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

P

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

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

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

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

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

T
TAC Texas Administrative code
TANF Temporary Assistance for Needy Families
TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ Texas Department of Criminal Justice
THKC Texas Health Kids
THSteps Texas Health Steps
TIC Trauma informed Care
TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y