

Full Board Meeting
October 25, 2022
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, September 27, 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*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Program Committee Report and/or Action
(*B. Hellums, Chair*)
 - D. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - E. Audit Committee Report and/or Action
(*L. Moore, Chair*)
 - F. Foundation Committee Report and/or Action
(*J. Lykes, Chair*)
- VII. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-September
(*EXHIBIT F-2 Steve Evans*)
 - B. October 2022 New Contracts Over 100K
(*EXHIBIT F-3 Silvia Tiller*)
 - C. October 2022 Contract Amendments Over 100K
(*EXHIBIT F-4 Silvia Tiller*)
 - D. October 2022 Contract Interlocal Agreements
(*EXHIBIT F-5 Silvia Tiller*)
 - E. Northeast Clinic Project
(*EXHIBIT F-6 Anthony Robinson/Todd McCorquodale*)
 - F. FY23 Audit Charter
(*EXHIBIT F-7 David Fojtik*)
 - G. FY23 Audit Projects

(EXHIBIT F-8 David Fojtik)

- H. Quality Assurance Review of Internal Audit Dept.
(EXHIBIT F-9 David Fojtik)

VIII. REVIEW AND COMMENT

- A. IDD Program and Access
(EXHIBIT F-10 Evanthe Collins)
- B. Human Resources Update
(EXHIBIT F-11 Carrie Rys)

IX. EXECUTIVE SESSION

• **As authorized by §551.071 of the Texas Government Code, consultation with attorney on a matter related to financing of property and lines of credit 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 the Open Meetings Act. Kendra Thomas, General Counsel, Steve Evans, Controller and Vanessa McKeown, Chief Financial Officer**

• **As authorized by §551.071 of the Texas Government Code, consultation with attorney 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 the Open Meetings Act. Kendra Thomas, General Counsel, Carrie Rys, Chief Administrative Officer**

• **Pursuant to Tex. Government Code §551.071. Consultation with General Counsel regarding litigation, Cause No. 2019-3950 Deborah McLeod v. The Harris Center for Mental Health and IDD. Kendra Thomas, General Counsel**

• **Pursuant to Tex. Government Code §551.074, Discussion regarding the Performance Evaluation of the Chief Executive Officer. S. Zakaria, Board Chair**

• **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.**

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

- A. October 2022 New Contracts Under 100K
(EXHIBIT F-12)
- B. October 2022 Contract Renewals Under 100K
(EXHIBIT F-13)
- C. October 2022 Contract Amendments Under 100K
(EXHIBIT F-14)
- D. October 2022 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT F-15)
- E. CIT International Conference 2022 Presentation
(EXHIBIT F-16)
- F. Open Minds Executive Leadership Retreat Presentation
(EXHIBIT F-17)
- G. Abbreviations List
(EXHIBIT F-18)

XIII. ADJOURN

Veronica Franco

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



EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, 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: September 27, 2022

**TRUSTEES
IN ATTENDANCE:** Mr. Shaukat Zakaria, Chair
Dr. George Santos, Vice Chairperson
Dr. Lois Moore, Vice Chairperson
Mr. Gerald Womack, Secretary
Mr. Jim Lykes
Dr. Robin Gearing PhD
Judge Bonnie Hellums
Mrs. Natali Hurtado
Dr. Max Miller

TRUSTEES ABSENT: Sheriff Ed Gonzalez

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. Approval of Minutes

MOTION BY: HURTADO SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, September 27, 2022 as presented under Exhibit F-1, are approved.

IV. Board Chair's Report

Mr. Zakaria provided a Board Chair's Report. Mr. Zakaria welcomed new board member Dr. Max Miller. Mr. Zakaria appointed Mrs. N. Hurtado to the Quality and Program Committees.

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
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on September 20, 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 September 20, 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 September 20, 2022.
- D. Foundation Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided the Board of Trustees an update about the Foundation.

VII. Consent Agenda

- A. Approve FY'21 Year-to-Date Budget Report-August
- B. September 2022 New Contracts Over 100K
- C. September 2022 Contract Renewals Over 100K
- D. September 2022 Contract Amendments Over 100K
- E. September 2022 Interlocal Agreements
- F. September 2022 Contract Ratifications
- G. Texas Medical Center Surface Parking
- H. 811 Director Application-Mark Smith
- I. 811 Director Application-Robert F. Buthorn
- J. 811 Director Application Angel Ponce Representing MOPD
- K. Breach Notification

- L. Charity Care
- M. Code of Ethics
- N. Consents and Authorizations
- O. Content of patient/Individual Records
- P. Correcting Documentation and Coding Errors
- Q. Criminal History Clearance
- R. Employee Job Descriptions
- S. Faxing & Emailing Patient Identifying Information
- T. Foundation Bylaws
- U. Incident Response
- V. Information Security
- W. Patient Records Administration
- X. Patient/Individual Access to Medical Records
- Y. Purchasing Card
- Z. Workforce Member Network Internet Use



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

SECOND: Mrs. Hurtado seconded the motion

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

VIII. Consider and Take Action

- A. Janitorial Service

MOTION BY: SANTOS

SECOND: LYKES

VOTE: Yes-8

No- 1

BE IT RESOLVED The recommendation to award the contract for Janitorial Service to Ultra Medical Cleaning and Environmental Services is approved.

B. FY23 Performance Improvement Plan

MOTION BY: SANTOS SECOND: WOMACK

With unanimous affirmative votes,

BE IT RESOLVED FY23 Performance Improvement Plan is approved.

IX. Review and Comment

- A. **HMHC County Review Meeting**-This presentation and discussion occurred at the September Program Committee.
- B. **Strategic Plan**-Wayne Young provided an update to the Full Board on the Harris Center’s progress towards the goals outlined in the Strategic Plan.
- C. **Legislative Update**-Amanda Jones presented a Legislative Update to the Full Board.
- D. **Board Training Topics**-Kendra Thomas reviewed with the Full Board the Board Training Topics discussed during the Governance Committee meeting.

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 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

At 12:25 p.m., the Board of Trustees reconvened into open session.

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

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

XII. ADJOURN

MOTION: HURTADO SECOND: SANTOS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:27 PM.

Respectfully submitted,

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

DRAFT

EXHIBIT F-2



The Harris Center for Mental Health and IDD

Financial Report
For the First Month and Year to Date Ended September 30, 2022

Fiscal Year 2023

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

The Harris Center for Mental Health & IDD

October 18, 2022

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

The monthly financial report for September 30, 2022 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

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

Steve Evans

Steve Evans
Controller

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,450	\$ 22,774	\$ (324)
Expenditures	<u>25,505</u>	<u>27,191</u>	<u>1,686</u>
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (3,055)</u>	<u>\$ (4,416)</u>	<u>\$ 1,361</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 1,632</u>	<u>\$ 251</u>	<u>\$ 1,381</u>

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

	Month Ended September 30, 2022				One Month Ended September 30, 2022			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 5,191,251	\$ 5,017,863	\$ 173,388	c 3%	\$ 5,191,251	\$ 5,017,863	\$ 173,388	3%
PAP / Samples	868,630	650,000	218,630	34%	868,630	650,000	218,630	34%
Interest	110,601	129,939	(19,338)	-15%	110,601	129,939	(19,338)	-15%
State General	9,498,037	9,506,994	(8,957)	0%	9,498,037	9,506,994	(8,957)	0%
State Grants	1,192,687	1,260,589	(67,902)	-5%	1,192,687	1,260,589	(67,902)	-5%
Federal Grants	3,032,562	3,710,594	(678,032)	d -18%	3,032,562	3,710,594	(678,032)	-18%
3rd party billings	2,556,281	2,498,442	57,839	e 2%	2,556,281	2,498,442	57,839	2%
Total Revenue	22,450,049	22,774,421	(324,372)	f -1%	22,450,049	22,774,421	(324,372)	-1%
Total Expenses:								
Salaries and Fringe	18,604,858	19,398,547	793,689	g 4%	18,604,858	19,398,547	793,689	4%
Travel	138,227	160,233	22,006	14%	138,227	160,233	22,006	14%
Contracts and Consultants	1,675,568	1,957,129	281,561	14%	1,675,568	1,957,129	281,561	14%
HCPC Contract	2,317,441	2,322,734	5,293	0%	2,317,441	2,322,734	5,293	0%
Supplies and Drugs	1,167,977	1,075,804	(92,173)	-9%	1,167,977	1,075,804	(92,173)	-9%
Equipment (Purch, Rent, Maint)	216,607	521,122	304,515	h 58%	216,607	521,122	304,515	58%
Building (Purch, Rent, Maint)	235,229	494,733	259,504	i 52%	235,229	494,733	259,504	52%
Vehicle (Purch, Rent, Maint)	40,503	85,223	44,720	52%	40,503	85,223	44,720	52%
Telephone and Utilities	342,005	287,154	(54,851)	j -19%	342,005	287,154	(54,851)	-19%
Insurance, Legal, Audit	136,227	191,564	55,337	29%	136,227	191,564	55,337	29%
Other	626,456	683,243	56,787	8%	626,456	683,243	56,787	8%
Claims Denials	3,963	13,347	9,384	70%	3,963	13,347	9,384	70%
Total Expenses	25,505,061	27,190,834	1,685,773	k 6%	25,505,061	27,190,834	1,685,773	6%
Excess of Revenues over (under)								
Expenditures before Other Sources	(3,055,012)	a (4,416,413)	1,361,401		(3,055,012)	(4,416,413)	1,361,401	
Funds from other sources:				l				
Use of fund balance - CapEx	19,852	-	19,852		19,852	-	19,852	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	483,276	483,276	-		483,276	483,276	-	
Directed Payment Program	817,840	817,840	-		817,840	817,840	-	
Charity Care Pool	3,366,382	3,366,382	-		3,366,382	3,366,382	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	53	-	53		53	-	53	
Proceeds from Sale of Assets	-	-	-		-	-	-	
Excess of Revenues over (under)								
Expenditures after Other Sources	\$ 1,632,391	\$ 251,085	\$ 1,381,306		\$ 1,632,391	b \$ 251,085	\$ 1,381,306	

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

	Ending Balance		Increase/(Decrease)	
	August 31, 2022	September 30, 2022	September	
Assets				
Cash and Cash Equivalents	\$ 90,928,622	\$ 112,243,025	\$ 21,314,403	a
Inventory - includes RX	398,223	395,848	(2,375)	b
Prepaid Expenses	6,000,463	5,587,456	(413,007)	c
A/R Medicaid, Medicare, 3rd Party	15,717,272	16,464,134	746,862	
Less Bad Debt Reserve	(6,905,823)	(6,905,823)	-	
A/R Other	20,673,670	24,712,650	4,038,980	d
A/R DSRIP	-	-	-	
Total Current Assets	<u>126,812,427</u>	<u>152,497,290</u>	<u>25,684,863</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	1,050,140	1,050,140	-	
Construction in Progress	27,049,746	27,069,598	19,852	
Total Property, Plant & Equipment	<u>87,972,302</u>	<u>87,992,154</u>	<u>19,852</u>	
TOTAL ASSETS	<u>\$ 214,784,729</u>	<u>\$ 240,489,444</u>	<u>\$ 25,704,715</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 3,663,400	\$ 25,464,619	\$ 21,801,219	e
Accrued Payroll and Accounts Payables	19,605,516	22,359,996	2,754,480	f
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>23,268,916</u>	<u>47,824,615</u>	<u>24,555,699</u>	
State Escheatment Payable	45,413	45,314	(99)	
Total Non Current Liabilities	<u>45,413</u>	<u>45,314</u>	<u>(99)</u>	
TOTAL LIABILITIES	<u>23,314,329</u>	<u>47,869,929</u>	<u>24,555,600</u>	
General Fund Balance	24,180,279	24,182,654	2,375	g
Nonspendable				
Investment in Inventories	398,223	395,848	(2,375)	
Investment In Fixed Assets	87,972,302	87,992,154	19,852	
Assigned:				
Current Capital Projects	11,051,251	11,031,399	(19,852)	
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	58,382,418	57,899,142	(483,276)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>191,470,400</u>	<u>190,987,124</u>	<u>(483,276)</u>	
Year to Date Excess Revenues over (under) Expenditures	-	1,632,391	1,632,391	
TOTAL FUND BALANCE	<u>191,470,400</u>	<u>192,619,515</u>	<u>1,149,115</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 214,784,729</u>	<u>\$ 240,489,444</u>	<u>\$ 25,704,715</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of September 2022, the first month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$3,055,012.
 - b. The year-to-date amount translates to Excess Revenues over Expenditures of \$1,632,391 after use of fund balance, fund balance CapEx, fund balance DSRIP, Charity Care Pool and Directed Payment Program revenues and insurance proceeds are considered.
 - c. Harris County and Local is favorable to budget by \$173,388 due to grant funds awarded after approval of original budget.
 - d. Federal grants are unfavorable to budget by \$678,032 primarily due to open positions.
 - e. Third Party billings are favorable to budget by \$57,839.
 - f. Total Revenue is unfavorable to budget by \$324,372.
 - g. Salaries and Fringe are favorable to budget by \$793,689 due to open positions.
 - h. Equipment is favorable to budget by \$304,515 due to timing of expenses in relation to budget.
 - i. Building is favorable to budget by \$259,504 due to timing of building repairs in relation to budget.
 - j. Telephone and utilities are unfavorable to budget by \$54,851 due to a telephone maintenance agreement booked in September.
 - k. Total Expenses are favorable to budget by \$1,685,773.
 - l. Funds from other sources used to fund current month expenses totaled \$4,687,403 including DSRIP reserves, Directed Payment Program, insurance proceeds and use of CapEx funds. Projected Charity Care Pool funding is also included.

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

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	8/31/2022	9/30/2022	September
Cash-General Fund Bank of America	6,553,485	7,024,043	\$ 470,558
Cash-General Fund Chase	25,877,883	56,747,042	30,869,159
Cash-BOA ACH Vendor	550,330	401,748	(148,582)
Cash-Pharmacy Chase	28,868	16,532	(12,336)
Cash-FSA-Discovery	209,530	234,532	25,002
Petty Cash	5,950	5,950	-
Investments-TexPool General Fund	1,006,669	1,008,666	1,997
Investments-TexPool Self Insurance	2,300,562	2,305,124	4,562
Investments-TexPool Prime	25,644,622	20,995,178	(4,649,444)
Investments-Texas Class	28,750,723	23,504,210	(5,246,513)
	<u>\$ 90,928,622</u>	<u>\$ 112,243,025</u>	<u>\$ 21,314,403</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)
	08/31/2022	09/30/2022	September
Inventory-Central Supplies	2,561	2,561	\$ -
Supplies Purchased	-	-	\$ -
Supplies Used	-	(2,375)	(2,375)
Inventory-Drugs	395,662	395,662	-
Total Inventory	<u>\$ 398,223</u>	<u>\$ 395,848</u>	<u>\$ (2,375)</u>

- c. Prepaid Expenses decreased due to DPP-BHS IGT deposit recapture.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in September.

	Ending Balance		Increase
	8/31/2022	09/30/2022	(Decrease) September
Villas at Bayou Park	95,312	95,312	-
Pear Grove	56,987	56,987	-
Pasadena Cottages	101,872	80,446	(21,426)
Employee	66	-	(66)
Pecan Village	4,401	4,401	-
Acres Homes Garden	190,347	190,347	-
Foundation	284	250	(34)
NAMI of Greater Houston	396	958	562
General Accounts Receivable	24,906	24,870	(36)
Pharmacy PBM	14,507	16,859	2,352
Harris County Projects	1,109,554	1,147,372	37,818
Harris County Juvenile Probation	430,659	126,661	(303,998)
Harris County Community Supervision	906,331	807,044	(99,287)
Harris County Sheriff's Department	4,688,916	5,955,432	1,266,516
ICFMR	221,860	209,203	(12,657)
TCOOMMI-Special Needs	697,359	679,318	(18,041)
TDCJ-Parole	82,000	82,000	-
TDCJ-Substance Abuse	66,667	66,667	-
TCOOMMI-Juvenile	135,462	93,842	(41,620)
Jail Diversion	985,498	1,431,038	445,540
ECI	41,987	680,837	638,850
ECI Respite	616	-	(616)
ECI SNAP	23,123	32,637	9,514
Federal CHH Navigation	147,605	287,674	140,069
Federal Aot	146,531	188,991	42,460
ARPA-COH-MCOT RR Expansion	1,036,682	1,048,475	11,793
ARPA-COH-Core HPD Expansion	255,342	112,284	(143,058)
Fed SAMHSA CCBHC Expansion	470,559	187,822	(282,737)
Fed ARPA COH-CIRT HPD Expansion	4,389	5,493	1,104
PATH-Mental Health Block Grant	8,314	101,876	93,562
MH Block Grant-Coordinated Specialty Care	139,726	131,107	(8,619)
TANF PEAFF	2,418,038	2,418,038	-
Subtotal, A/R-Other	\$ 14,506,296	\$ 16,264,241	\$ 1,757,945

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other (Continued)

	Ending Balance		Increase (Decrease)
	8/31/2022	09/30/2022	September
DSHS SAPT Block Grant	204,465	329,114	124,649
AR State TCMHCC	24,813	24,813	-
Enhanced Community Coordinator	86,519	59,341	(27,178)
DSHS Mental Health First Aid	\$ 6,400	\$ 11,000	\$ 4,600
HHSC ZEST-Zero Suicide	\$ 44,632	\$ 23,765	(20,867)
HCC Open Door	\$ 1,302,785	\$ 300,990	(1,001,795)
HCS	\$ 22,416	\$ 22,416	-
Tx Home Living Waiver	\$ 315,383	\$ 293,639	(21,744)
DPP-BHS	\$ 1,686,649	\$ 1,792,384	105,735
Charity Care Pool	\$ -	\$ 3,366,382	3,366,382
Fed ARPA COF-CIRT HPD	\$ -	\$ -	-
Helpline Contracts	\$ 67,913	\$ 67,913	-
City of Houston-CCSI	\$ 75,805	\$ 101,073	25,268
City of Houston-DMD	\$ 20,663	\$ 20,663	-
City of Houston-911 CCD Amended	\$ 93,465	\$ 23,490	(69,975)
A/R - HHSC Projects	\$ 2,215,466	\$ 2,011,426	(204,040)
Local TCDD C19 Vac Stipend	-	-	-
Grand Total A/R - Other	\$ 20,673,670	\$ 24,712,650	\$ 4,038,980

- e. Unearned Income increased due to receipt 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 131 days versus 122 days for the prior month.

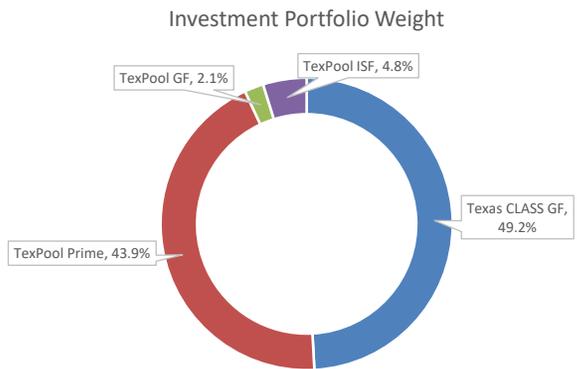
III. Investment Portfolio

- a. Total investments as of September 30, 2022 are \$47,813,178 of which 100% is in government pools. (Texas Class 49% and TexPool 51%)
- b. Investments this month yielded interest income of \$110,601.

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

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 28,750,723	\$ -	\$ (5,300,000)	\$ 53,487	\$ 23,504,210	49.2%	2.679%
<i>TexPool</i>							
TexPool Prime	25,644,623	\$ -	\$ (4,700,000)	50,555	20,995,178	43.9%	2.613%
TexPool General Fund	1,006,670			1,996	1,008,666	2.1%	2.413%
TexPool Internal Service Fund	2,300,562			4,562	2,305,124	4.8%	2.413%
<i>TexPool Sub-Total</i>	<i>28,951,854</i>	<i>-</i>	<i>(4,700,000)</i>	<i>57,114</i>	<i>24,308,968</i>	<i>50.8%</i>	<i>2.586%</i>
Total Investments	\$ 57,702,577	\$ -	\$ (10,000,000)	110,601	\$ 47,813,178	100%	2.632%



3 Month Weighted Average Maturity (Days) **1.00**
3 Month Weighted Average Yield of The Harris Center Investment Portfolio **2.181%**
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks) **2.171%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of September 30, 2022 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

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 September 2022

Vendor	Description	Monthly Not-To-Exceed*	Sep-22	YTD Total Through September
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,621,633	\$1,621,633
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,316,020	\$2,316,020

* 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

October 2022

NEW CONTRACTS OVER 100k



Executive Contract Summary

Contract Section



Contractor*

P-PSYCH TECHS

Contract ID #*

2022-0540

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

VARIOUS PSYCH TEMP AGENCIES AND THE HARRIS CENTER FOR MENTAL HEALTH & 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* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 140,000.00

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* (?)

Temp Psych Tech personnel services

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Tyler Hyndman

Address*

Street Address

13135 Dairy Ashford Road

Address Line 2

City

Sugar Land

Postal / Zip Code

77478-3680

State / Province / Region

TX

Country

United States

Phone Number*

8329444120

Email*

tyhyndma@maximstaffing.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number * 2379	Amount Charged to Unit * \$ 140,000.00	Expense/GL Code No. * 540502
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

VARIOUS RATES

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name Arceneaux, Linda	Submission Date 9/12/2022
---	-------------------------------------

Budget Manager Approval(s)

Approved by

Approval Date
9/12/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date
9/12/2022

Contract Owner Approval

Approved by

Kia Walker

Approval Date
9/12/2022

Contracts Approval

Approve *

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

Approved by *

Shasteyia Behm

Approval Date *
9/12/2022

EXHIBIT F-4

October 2022 AMENDMENTS OVER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY22/23 AMENDMENTS								
	ADMINISTRATION								
1	RAM Telecom LLC	PERIMETER FENCE AT 6160 SOUTH LOOP EAST	\$253,300.00	\$8,937.00	\$262,237.00	06/01/22- 08/31/23	GR	RFQuote	This Amendment is to add walk-in gates within the new perimeter fence at 6160 S Loop East so grounds keeping/lawn maintenance can be done to keep new growth from growing between new perimeter fence and the property line/old fence line.
2	Aptean, Inc.	Software License, Support & Maintenance for On-line Requisition & Approval Process (Formerly Ross)	\$300,000.00	\$16,941.21	\$316,941.21	10/25/22- 10/24/23	GR	Sole Source	This Amendment is to increase funds as a result of the renewal quote coming in higher than projected cost for FY23. (Annual Funding)
3	Webhead Technologies, Inc. dba Webhead	Design and Develop a New Public Website	\$169,273.30	\$34,898.00	\$204,171.30	09/01/22- 08/31/23	GR	RFP	This Amendment is to increase funds to add additional hours needed for the development of the UI and wireframes for the mobile app.
4	Universal Protection Service, LP dba Allied Universal Security Services	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 due to 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.
5	McKesson Corporation	Agency-Wide Medical Supplies	\$265,377.00	\$30,000.00	\$295,377.00	09/01/22- 08/31/23	GR	Tag-On	This Amendment is to add Unit #2111 with a line budget of \$30,000 to provide agency-wide medical supplies.
	CPEP/CRISIS SERVICES								
6	Physician Resources, Inc.	Medical History Review/Physical Assessments for the Jail Diversion Center	\$235,045.40	\$806.00	\$235,851.40	09/01/21- 08/31/22	County	RFP	The Jail Diversion program is requesting to increase the NTE by \$806 to cover the outstanding August invoice for the contract. On average, each month utilized the contract standard of 4 hours per day, however, in the month of March there was one day where there were 9.25 hours which impacted the overall dollars available. The contracted medical rate for a medical doctor is \$160.99 per hour thus \$806 is requested to cover those additional 5 hours.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								
	MENTAL HEALTH SERVICES								



Executive Contract Summary

Contract Section



Contractor*

RAM Telecom LLC

Contract ID #*

2022-0432

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

RAM Telecom LLC 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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text" value=""/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

6/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 253,300.00

Increase Not to Exceed*

\$ 8,937.00

Revised Total Not to Exceed (NTE)*

\$ 262,237.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 262,237.00

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* (?)

adding walk-in gates to the new perimeter fence at 6160 S Loop East so grounds keeping/lawn maintenance can be done to keep new growth from growing between new perimeter fence and the property line/old fence line

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

6/1/2022 to present - perimeter fence at 6160

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

Yes No Unknown

Please provide the HUB status*

WBE - Women owned business.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

6160 gate Estimate_1930_from_RAM_Telecom_Ilc.pdf

11.63KB

Vendor/Contractor Contact Person

Name*

RAM Telecom, LLC / Layal Assi

Address*

Street Address

16325 Westheimer Road, Ste. 103

Address Line 2

City

Houston

Postal / Zip Code

77082-1233

State / Province / Region

TX

Country

US

Phone Number*

8326200087

Email*

finance@ramtc.tech

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 8,937.00	557001

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

see attached invoice

Project WBS (Work Breakdown Structure)* (?)

n/a - not a capital project

Requester Name

Harper, Sarah

Submission Date

9/15/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/15/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

9/15/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Bahu

Approval Date*

9/15/2022



Executive Contract Summary

Contract Section



Contractor*

Aptean

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

Aptean/Ross 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 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* (?)

10/25/2022

Contract Term End Date* (?)

10/24/2023

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

12 months per renewal

Current Contract Amount*

\$ 300,000.00

Increase Not to Exceed*

\$ 16,941.21

Revised Total Not to Exceed (NTE)*

\$ 316,941.21

Fiscal Year* (?)

2023

Amount* (?)

\$ 316,941.21

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 came in higher than projected cost for FY23

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY20, FY21, FY22

They host Ross Application for Finance.

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Quote - FY23_Aptean -6115 - FY23 Renewal Order Form.pdf 56.1KB

Vendor/Contractor Contact Person

Name*

Aptean Inc

Address*

Street Address

1155 Perimeter Center West

Address Line 2

Suite 700

City

Atlanta

Postal / Zip Code

30338

State / Province / Region

GA

Country

USA

Phone Number*

7703519600

Email*

AR-COE@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 16,941.21	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

\$316,941.21 for FY23 Software Maintenance Agreement

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

9/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/19/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochimala

Approval Date

9/19/2022

Contracts Approval

Approve*

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

Approved by *

Shaslyia Belm

Approval Date *

9/20/2022



Executive Contract Summary

Contract Section


Contractor*

WEBHEAD

Contract ID #*

2022-0360

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 169,273.30

Increase Not to Exceed*

\$ 34,898.00

Revised Total Not to Exceed (NTE) *

\$ 204,171.30

Fiscal Year* (?)

2023

Amount* (?)

\$ 34,898.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

the additional hours are needed for the UI development and wireframes for the mobile app.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT142073

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

WEBHEAD

Address*

Street Address

1710 North Main Avenue

Address Line 2

City

San Antonio

Postal / Zip Code

78212-3938

State / Province / Region

TX

Country

US

Phone Number *

2103541661

Email *

INQUIRIES@WEBHEADTECH.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 34,898.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

the additional hours are needed for the UI development and wireframes for the mobile app.

Project WBS (Work Breakdown Structure) * (?)

IT22.1147.01

Requester Name

Boswell, Shawnti

Submission Date

9/23/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/23/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

9/23/2022

Contracts Approval

Approve *

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

Approved by*

Shaskeyia Belm

Approval Date*

9/23/2022



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* (?)	Amount* (?)
2023	\$ 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 <input type="text"/> |

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

Postal / Zip Code

77060

State / Province / Region

TX

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, Egla	8/23/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
8/24/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

D. Anthony Robinson

Approval Date
8/24/2022

Contracts Approval

Approve*

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

Approved by*

Shaslyja Behu

Approval Date*
9/1/2022



Executive Contract Summary

Contract Section



Contractor*

MCKESSON CORPORATION

Contract ID #*

7137

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

McKesson Medical Surgical, Inc. and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

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*

\$ 265,377.00

Increase Not to Exceed*

\$ 30,000.00

Revised Total Not to Exceed (NTE)*

\$ 295,377.00

Fiscal Year* (?)

Amount* (?)

2023

\$ 295,377.00

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* (?)

Adding Unit #2111 with a line budget of \$30,000.0

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Previous 10+ years providing Agency-wide medical supplies

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Sarah Zujic

Address*

Street Address

One Post Street

Address Line 2

City

San Francisco

Postal / Zip Code

94104

State / Province / Region

CA

Country

USA

Phone Number*

713-377-4677

Email *

SARAH.ZUJIC@MCKESSON.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2111	\$ 30,000.00	547002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable * (?)

VARIOUS RATES FOR SUPPLIES

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Arceneaux, Linda

Submission Date

9/29/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/29/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Walker

Approval Date

10/3/2022

Contracts Approval

Approve *

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

Approved by*

Shasthya Bahu

Approval Date*

10/3/2022

Contract Section **Contractor***

Physician Resources, Inc. (PRI)

Contract ID #*

7270

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Physician Resources, Inc. (PRI)

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 235,045.40

Increase Not to Exceed*

\$ 806.00

Revised Total Not to Exceed (NTE)*

\$ 235,851.40

Fiscal Year* (?)

2022

Amount* (?)

\$ 235,851.40

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* (?)

The Jail Diversion program is requesting to increase the NTE by \$806 to cover the outstanding August invoice for the contract. On average, each month utilized the contract standard of 4 hours per day, however, in the month of March there was one day where there were 9.25 hours which impacted the overall dollars available. The contracted medical rate for a medical doctor is \$160.99 per hour thus we are requesting \$806 to cover those additional 5 hours.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY22 P.O. CT141253

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Donna Benton, Business Office Director

Address*

Street Address

1818 Memorial Dr., Suite 200

Address Line 2

City

Houston

Postal / Zip Code

77007

State / Province / Region

TX

Country

USA

Phone Number*

713-866-8106

Email*

finance@ultrastaff.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 806.00	540507

Budget Manager

Ramirez, Priscilla

Secondary Budget Manager

Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

As dictated in RFA

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

9/16/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

9/16/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

9/16/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Bahu

Approval Date*

9/16/2022

EXHIBIT F-5

October 2022
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section ^

Contractor*

Children's Museum of Houston

Contract ID #*

2022-0548

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

The Children's Museum 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 checked="" type="checkbox"/> Interlocal | <input checked="" type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input type="text" value="Memorandum of Understanding (MOU)"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/28/2022

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The ECI services will utilize the Children's Museum facility for the purpose of facilitating Specialized Skill Training (SST) Groups with parents and children (28-36 months old). The Children's Museum agrees to locate space and/or an area that will accommodate eight (8) families. Group services were be implemented in the following manner:

Group I: The group will focus on assisting each parent to establish structure and routine; compliance training, and language development.

Group II: The group will focus on teaching articulation strategies to encourage overall speech and language development, school readiness skills, and peer interaction.

The ECI program will utilize and provide services at the Children's Museum every Thursday during the hours of 9:00 am - 1:00 pm.

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*

09/01/21 - present for Interlocal/MOU for distribution of Welcome Baby resource bags for families.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Children's Museum of Houston

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Tiffany Espinosa, Director of Outreach Programs

Address *

Street Address

1500 Binz Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77004-7112

Country

USA

Phone Number *

713-535-7234

Email *

directoroutreach@cmhouston.org

Budget Section

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

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

N/A. There is no billing rate for this MOU.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

9/20/2022

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

9/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Tiffany Williams-Brooks

Approval Date

9/21/2022

Contracts Approval

Approve *

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

Approved by *

Shakeya Belu

Approval Date *

9/21/2022



Executive Contract Summary

Contract Section



Contractor*

Harris County

Contract ID #*

2022-0554

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

Harris County and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

12/31/2024

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 571,277.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 457,020.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 114,257.00

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* (?)

The Harris Center for Mental Health and IDD will provide mental health and substance abuse supports to aid vulnerable residents of Harris County, currently experiencing homelessness due to the COVID-19 pandemic.

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*

Natalie Garcia

Address*

Street Address

1001 Preston St

Address Line 2

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

United States

Phone Number*

8329274774

Email *

natalie.garcia@csd.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9245	\$ 1,142,554.00	435045
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

Singh, Patricia

Submission Date

9/23/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

9/23/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim KORNMEYER

Approval Date

9/23/2022

Contracts Approval

Approve *

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

Approved by*

Shaskeyia Belm

Approval Date*

9/23/2022

EXHIBIT F-6

Proposal for Professional Services Scope & Fee for the NE Clinic Project (FM21.1126.18)

Todd McCorquodale, Director of Facilities Services

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

The Harris Center has asked RDLR Architecture (HUB) to provide a proposal for services to design, program and build the Northeast Clinic. RDLR has provided services to the Harris Center for several years on numerous projects and is familiar with our programs and services offered.

RDLR has served the Harris Center since 2014 providing facility assessment studies, space planning, design, construction documents and site renovations, most recently they provided the design and programming for the 6168 Apartment Project.

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

This proposal is based on their understanding of the project scope:

The Harris Center (THC) intends to replace its current Northeast Clinic with a new state of the art clinic that will help better serve their patients. The proposed project involves the construction of a new 35,000 - 40,000 square foot building to include integrated physical and mental health services, pharmacy, and support services. In addition, the project will include site development of a green field site and with planning for future phases in mind.

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

Cost Assumption			
	Size	Unit Cost	Total
SOG / Foundation	40,000	\$ 18.00	\$ 720,000.00
Structural (Steel)	40,000	\$ 35.00	\$ 1,400,000.00
Exterior Envelope	40,000	\$ 80.00	\$ 3,200,000.00
Building Core	40,000	\$ 20.00	\$ 800,000.00
Interior Buildout	40,000	\$ 90.00	\$ 3,600,000.00
			\$ -
Site Work	40,000	\$ 40.00	\$ 1,600,000.00
Sub Total:			\$ 11,320,000.00
General Conditions		5.00%	\$ 566,000.00
Sub-Guard		1.25%	\$ 141,500.00
Insurance		1.10%	\$ 124,520.00
Fee		2.50%	\$ 283,000.00
Contingency		5.00%	\$ 566,000.00
Escalation		7.00%	\$ 792,400.00
Total:			\$ 13,793,420.00

These numbers are based on current market conditions, real numbers will come from CSP Bids

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

SCOPE OF BASIC SERVICES (\$884,000)

Beyond basic architectural services which will be provided by RDLR Architects:

- Structural services will be provided by Matrix Structural Engineering.
- MEP services will be provided by CFI Companies, Consulting Engineers.
- Civil Engineering Services will be provided by WGA Consulting Engineers.
- Landscape and Site Planning Services will be provided by SWA Group.
- Cost Estimating services will be provided by CCS.

Schematic Design (15% of total Fee)

Design Development (15% of total fee)

Construction Documentation (40% of total fee)

Permitting / Bidding (5% of total fee)

Construction Administration/Closeout (25% of total fee)

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

SCOPE OF REQUIRED ADDITIONAL SERVICES (\$154,230)

Geotechnical Services, A&R Engineering

Surveying Services, Windrose

Programming Services, RDLR

MEP commissioning Services, CFI Companies

Telecom Infrastructure, PGA Engineers

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

SCOPE OF OPTIONAL SERVICES (\$310,650)

Platting Services, Windrose

Comprehensive Programming, BHFC & RDLR

Graphic Design, RDLR

Fixtures, Furniture, and Equipment, RDLR

Medical Equipment, Ross & Baruzzini

Traffic Planning, WGA Consulting Engineers

Environmental, Cultural, and Archeological studies and mitigation, WGA Consulting & FONSI

RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

REIMBURSABLE EXPENSES (\$42,902)

Plan Review Fee

Allowance for Permit Revisions

TDLR Project Registration Fee

TDLR Project Review and Inspection Fees

Mileage Allowance

8.5 x 11 copies

Drawing Reproductions

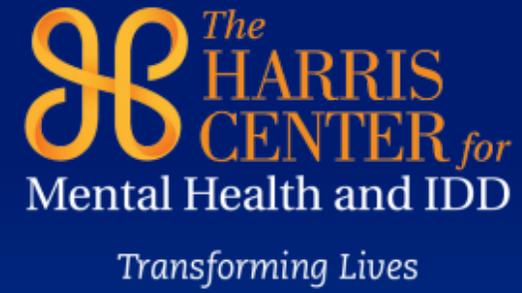
RDLR - Northeast Clinic Design Proposal

7583 East Little York Rd.

TOTAL OF FEES AND EXPENSES

Professional Services	\$1,038,230.00
Reimbursable Expenses	\$42,902.00
Total Fees and Expenses	\$1,081,132.00
All Optional Expenses Total **	\$310,650.00

** this number will vary based on optional expenses selected



Thank You

EXHIBIT F-7

INTRODUCTION:

The internal audit function is an independent and objective assurance and consulting activity that is guided by a philosophy of adding value to improve the operations of The Harris Center. Internal Audit accomplishes its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the organization's governance, risk management and internal controls.

ROLE:

The internal audit activity is established by the Board of Directors, Audit Committee, or highest level of governing body (hereafter referred to as the "Board"). The internal audit activity's responsibilities are defined by the Board as part of their oversight role.

PROFESSIONALISM:

The internal audit activity will govern itself by addressing the applicable and appropriate ways to The Institute of Internal Auditors' mandatory guidance, including the Definition of Internal Auditing, the Code of Ethics, and the *International Standards for the Professional Practice of Internal Auditing (Standards)* to the degree appropriate and applicable by government entities and within available resources. This mandatory guidance constitutes principles of the fundamental requirements for the professional practice of internal auditing and for evaluating the effectiveness of the internal audit activity's performance.

The Institute of Internal Auditors' Practice Advisories, Practice Guides, and Position Papers will also be adhered to as applicable and appropriate to guide operations. In addition, the internal audit activity will adhere to MHMRA relevant policies and procedures and the internal audit activity's standard operating procedures manual.

AUTHORITY:

The internal audit activity, with strict accountability for confidentiality and safeguarding records and information, is authorized to free and unrestricted access to any (as allowed by law) of The Harris Center's records, physical properties, and personnel pertinent to carrying out any engagement. All employees are requested to assist the internal audit activity in fulfilling its roles and responsibilities. The internal audit activity will also have free access to the Board.

ORGANIZATION:

The Director of Internal Audit will report functionally to the Audit Committee and administratively (i.e. day to day operations) to the Chief Executive Officer.

The Board will:

- Approve the internal audit charter.
- Approve the risk based internal audit plan.
- Receive communications from the Director of Internal Audit on the internal audit activity's performance relative to its plan and other matters.
- Approve the internal audit allocation plan.

- Advise and approve decisions regarding the appointment and removal of the Director of Internal Audit.
- Approve the remuneration of the Director of Internal Audit.
- Make appropriate inquiries of management and the Director of Internal Audit, to determine whether there is inappropriate scope or resource limitations.

The Director of Internal Audit will communicate and interact directly with the Board, including in executive sessions.

INDEPENDENCE AND OBJECTIVITY:

The internal audit activity will remain free from interference, including matters of audit selection, scope, procedures, frequency, timing, or report content to permit maintenance of a necessary independent and objective mental attitude.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, they will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair internal auditor's judgment.

Internal auditors will exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors will make a balanced assessment of all the relevant circumstances and not be unduly influenced by their own interests or by others in forming judgments.

The Director of Internal Audit will confirm to the board, at least annually, the organizational independence of the internal audit activity.

RESPONSIBILITY:

The scope of internal auditing encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organization's governance, risk management, and internal controls as well as the quality of performance in carrying out assigned responsibilities to achieve the organization's stated goals and objectives. This includes:

- Evaluating risk exposure relating to achievement of the organization's strategic objectives.
- Evaluating the reliability and integrity of information and the means used to identify, measure, classify, and report such information.
- Evaluating the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on the organization.
- Evaluating the means of safeguarding assets and, as appropriate, verifying the existence of such assets.
- Evaluating the effectiveness and efficiency with which resources are employed.

- Evaluating operations or programs to ascertain whether results are consistent with established objectives and goals and whether the operations or programs are being carried out as planned.
- Monitoring and evaluating governance processes.
- Monitoring and evaluating the effectiveness of the organization's audit risk management processes.
- Evaluating the quality of performance of external auditors and the degree of coordination with internal audit.
- Performing consulting and advisory services related to governance, risk management and control as appropriate for the organization.
- Reporting periodically on the internal audit activity's purpose, authority, responsibility, and performance relative to its plan.
- Reporting significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by the Board or by Executive Management.
- Evaluating specific operations at the request of the Board or management, as appropriate.

INTERNAL AUDIT PLAN:

At least annually, the Director of Internal Audit will submit to senior management and the Board an internal audit plan for review and approval. The internal audit plan will consist of a work schedule as well as budget and resource requirements for the next fiscal/calendar year. The Director of Internal Audit will communicate the impact of resource limitations and significant interim changes to senior management and the Board.

The internal audit plan will be developed based on a prioritization of the audit universe using a risk-based methodology, including input of senior management and the Board. The Director of Internal Audit will review and adjust the plan, as necessary, in response to changes in the organization's business, risks, operations, programs, systems, and controls. Any significant deviation from the approved internal audit plan will be communicated to senior management and the Board through periodic activity reports.

REPORTING AND MONITORING:

A written report will be prepared and issued by the Director of Internal Audit or designee following the conclusion of each internal audit engagement and will be distributed as appropriate. Internal audit results will also be communicated to the Board.

The internal audit report may include management's response and corrective action taken or to be taken in regard to the specific findings and recommendations. Management's response, whether included within the original audit report or provided thereafter (i.e. within thirty days) by management of the audited area should include a timetable for anticipated completion of action to be taken and an explanation for any corrective action that will not be implemented.

The internal audit activity will be responsible for appropriate follow-up on engagement findings and recommendations. All significant findings will remain in an open issues file until cleared.

The Director of Internal Audit will periodically report to senior management and the Board on the internal audit activity's purpose, authority, and responsibility, as well as performance relative to its plan. Reporting will also include significant risk exposures and control issues, including fraud risks, governance issues, and other matters needed or requested by senior management and the Board.

QUALITY ASSURANCE AND IMPROVEMENT PROGRAM:

The internal audit activity will maintain a quality assurance and improvement program that covers all aspects of the internal audit activity. The program will include an evaluation of the internal audit activity's conformance with the Definition of Internal Auditing and the *Standards* and an evaluation of whether internal auditors apply the Code of Ethics. The program also assesses the efficiency and effectiveness of the internal audit activity and identifies opportunities for improvement.

The Director of Internal Audit will communicate to senior management and the Board on the internal audit activity's quality assurance and improvement program, including results of ongoing internal assessments and external assessments conducted at least every five years.

EXHIBIT F-8

FY 2023 Audit Plan

Approval is requested for the below listed project areas to be audited in Fiscal Year 2023. At any time, however, a special request/project may warrant adjustments in the schedule. The list below does not represent any order because the sequence of the audits will depend upon the availability of the Center's schedules for internal or external staffs.

- 1) **Fixed Assets/Inventory Control – (150 Hours Scheduled)**
- 2) **3rd Party Billings – (150 Hours Scheduled)**
- 3) **Directed Payment Program (DPP) – (150 Hours Scheduled)**
- 4) **Employer Retirement Contributions – (150 Hours Scheduled)**
- 5) **Charity Care Program (CCP) – (150 Hours Scheduled)**
- 6) **PAP, Drug Costs, and Other Supplies – (150 Hours Scheduled)**
- 7) **Contracts with Service Agencies- (150 Hours Scheduled)**

- Plus:**
- 8) **Audit Follow Up/Special Audit Requests – (500 hours Scheduled)**
- 9) **Consulting Activities – (120 hours Scheduled)**
- 10) **Provide Assistance to External Auditors – (40 hours Scheduled)**

Total Direct Audit Hours

1,710 Hours

Indirect Hours (PTO, Training, Scheduling, Administration.)

630 Hours

There are 1,710 audit hours scheduled for Fiscal Year 2023, with an emphasis on DSRIP revenue replacement streams, financial operations, and special audit reviews. As strategic objectives and risk of new business entities increase, Internal Audit will continue to provide continued value by co-sourcing arrangements with external audit and other experts who can enable Internal Audit to assess threats, prepare and execute audit plans, and acquire skills through knowledge transfer.

The Fiscal Year 2023 Annual Audit Plan consists of a variety of auditable entities. In practice, Internal Audit works on two or three audit projects concurrently because the fieldwork on any one audit project can be lengthy but not productive enough to satisfy the auditor's requirements. Sometimes the auditor asks for several meetings with the business process owner (which take time to schedule), and other auditees may be contacted to gain more of their specialized insight.

The Internal Audit Department audit projects can be charted for general planning purposes to show our commitment to seven (7) audits identified by our risk assessment and with solicited input from the Board and Senior Management. These proposed projects are subject to the Board of Trustees' review and approval. In addition, we will expect at least three (3) Special Audit Request to be called during the year, and we will assist the external auditors as they review the agency's variety of business operations in preparing the Harris Center's *Comprehensive Annual Financial Report*

EXHIBIT F-9



Risk & Advisory Services

2022 Quality Assessment Review

Date: October 2022



Executive Summary - Overview

- The IIA's *Quality Assessment Manual for the Internal Audit Activity* suggests a scale of three rankings:
 - Generally Conforms means that an internal audit activity has a charter, policies, and processes that are judged to be in conformance with the *Standards* and the Code of Ethics.
 - Partially Conforms means that deficiencies in practice are noted and are judged to deviate from the *Standards* and the Code of Ethics; however, these deficiencies did not preclude the internal audit activity from performing its responsibilities in an acceptable manner.
 - Does Not Conform means that deficiencies in practice are judged to deviate from the *Standards* and the Code of Ethics and are significant enough to seriously impair or preclude the internal audit activity from performing adequately in all or in significant areas of its responsibilities.



Executive Summary - Overview

- Overall opinion is Generally Conforms
- No exceptions noted
- Six Standards where opportunities for improvement were identified
 - 1000 – Purpose, Authority, and Responsibility
 - 1100 – Independence and Objectivity
 - 1200 – Proficiency and Due Professional Care
 - 2200 – Engagement Planning
 - 2400 – Communicating Results
 - Code of Ethics
- The most significant was Communicating Results

EXHIBIT F-10

Transforming Lives

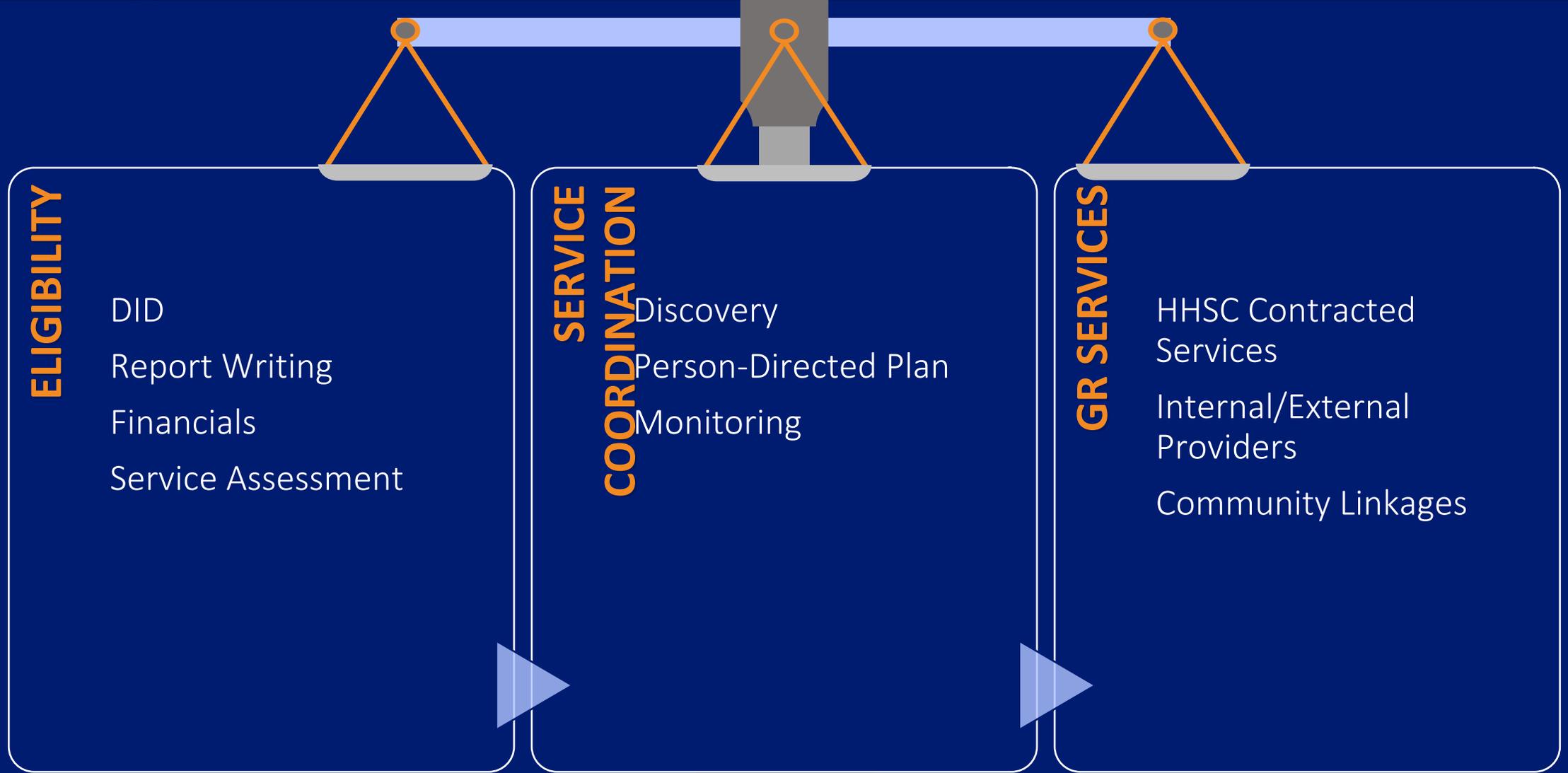


IDD GR Interest List

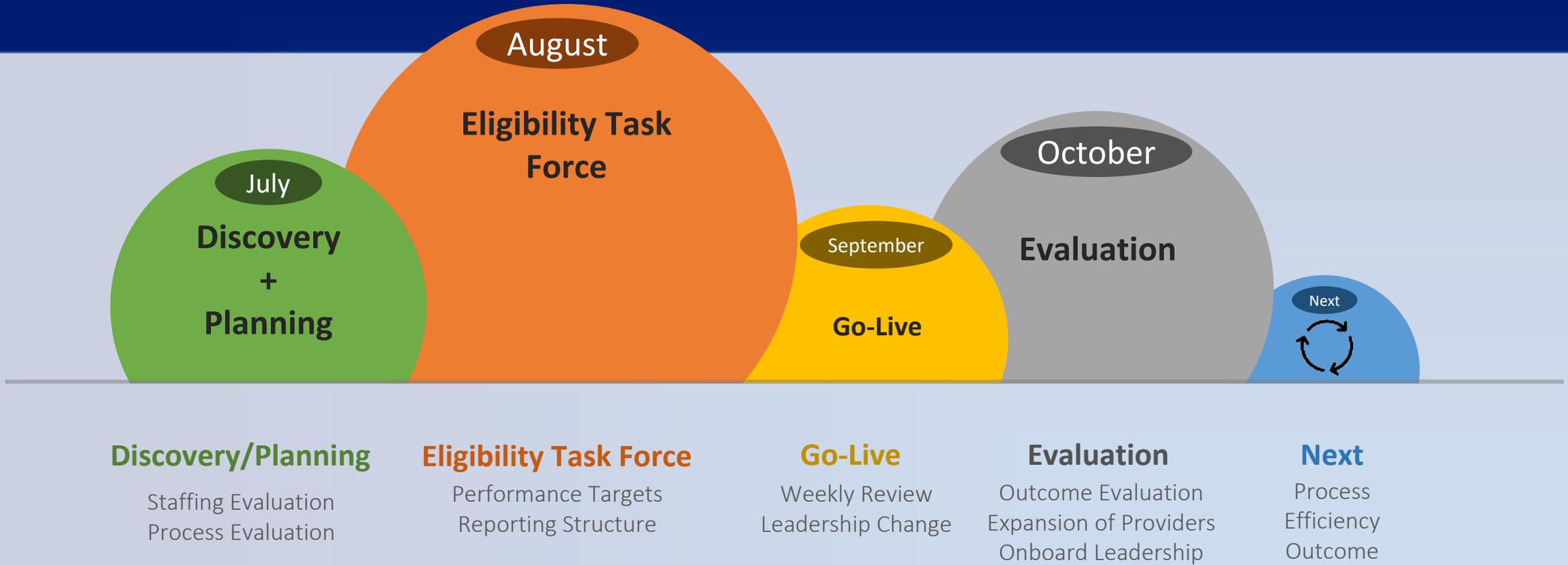
90-Day Update

Presented By: **Dr. Evanthe Collins** | Vice President, IDD Division/Grants & State Contracts

Setting the Framework



The Past 90 Days



“The Plans”

Eligibility Plan

DID Assessor	FTE %	Avg # of DID ^s COMPLETED Per WEEK*	Avg # of DID ^s SCHEDULED Per WEEK*	Avg # of DID ^s Per MONTH**
Harris Center	1.0	6	8-9	24
Harris Center	1.0	6	8-9	24
Harris Center	1.0	6	8-9	24
Harris Center	0.5	3	6-7	12
Harris Center	0.75	5	7-8	20
Relief	0.25	1		4
LPC	1.0	6	8-9	24
LPC	1.0	6	8-9	24
Contractor	0.50	3	6-7	12
Contractor	0.50	4	6-7	16
	7.50	46	62-65	184

* Calculations based on minimum requirements per assessor.

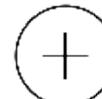
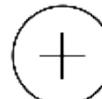
** Calculations based on average of 4 weeks per month.

Assessment Type	Avg DID ^s Per MONTH
HCS	50
TXHML	25
CFC	5
Crisis	60
GR	44
	184

Service Coordination Plan

Create capacity for current staff:
GR Service Coord
Service Auth Mgmt

Convert vacancies into GR service coordinators



GR Services Plan

IDD PAC – Strategic Partnerships

Contract with ISD LSSPs

Utilize needs survey results to target efforts

Established employment contract with The Center

Community Supports

RFP

Target GR IL processing

HHSC Performance Targets



Data-Evaluation-Actions

HOW MANY ARE WAITING & FOR WHAT?		EVALUATION RESULTS	ACTIONS + NEXT 90 DAYS
5,752	Determination of Intellectual Disability	Adding apx. 150 new p/m Capacity ability to remove 46 p/m Anticipated no-show 25-30% Actual no-show 40+% Delay in DID report writing Staff not performing at capacity	Contract with ISD LSSPs 1/3 + 2/3 method Weekly review and modification Enacted EPIC text feature Call reminders Enacted EPIC code for tracking Tracked weekly Leadership change Weekly tracking against targets MTM Services – Gap Analysis
715	In-Home Respite	Families without known/accessible provider	Established Respite Task Force Vetting 3 options: External/Internal/Ownership
427	Behavioral Supports	Personnel shortage	Included in RFP Open Enrollment
189	Community Supports	No barriers. In-person and virtual permitted	Plan to begin January 2023
174	Day Habilitation	Service will convert in March 2023 to ISS	Will hold until new HHSC rules are released
120	Employment Training/Support	Lack of capacity/funding to expand	Created agreement with The Center for admin fee + TWC funding Included in RFP Open Enrollment
117	Out-of-Home Respite	Lack of provider network	Included in RFP Open Enrollment (in addition to crisis out-of-home respite) Exploring use of ICF owned beds/home



Questions & Answers

EXHIBIT F-11

Human Resources Update

October 2022 Full Board

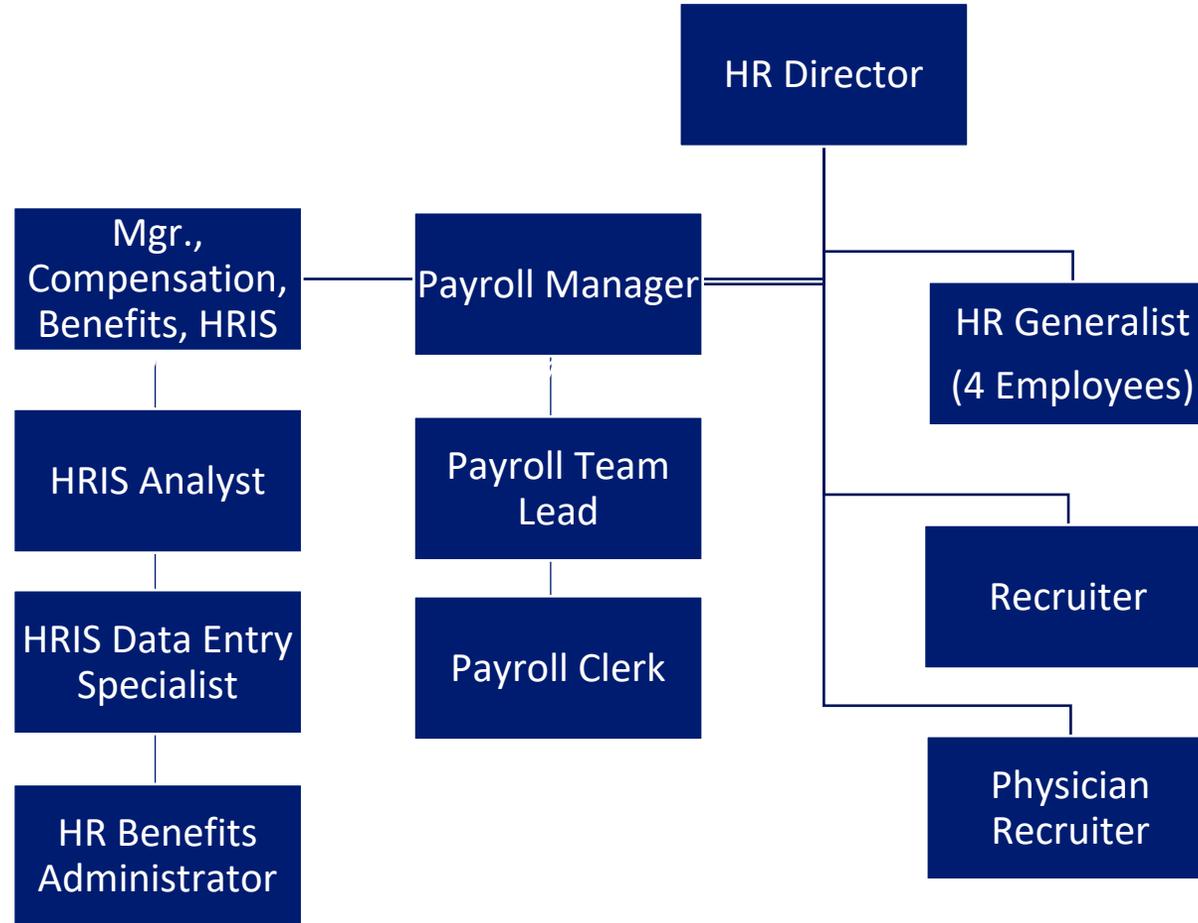
Carrie Rys, Chief Administrative Officer

Agenda

- 1. HR Structure**
- 2. Talent Acquisition and Onboarding**
- 3. Total Rewards**
- 4. Employee Engagement 2022**
- 5. Next Steps**

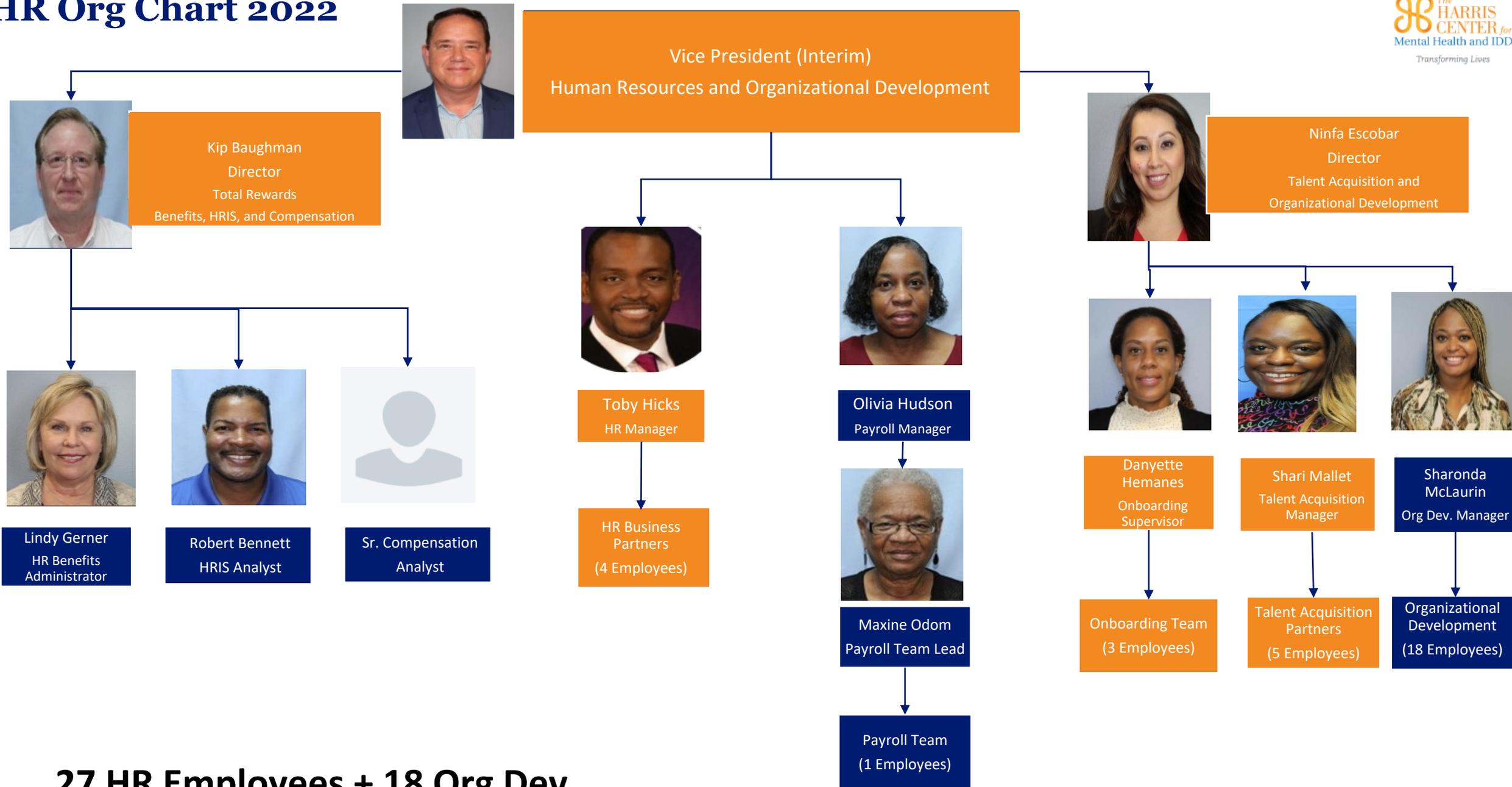


HR Org Chart 2019



14 Employees

HR Org Chart 2022



27 HR Employees + 18 Org Dev.

Industry and National Trends

“Over the last year, the rate of job quitting in the United States has reached highs not seen since.....December 2000.....”

- U.S. Bureau of Labor Statistics

“According to some reports, the field has lost an estimated 20% of its workforce, including 30% of nurses. This year alone, nearly 1.7 million people have quit their healthcare jobs – equivalent to almost 3% of the healthcare workforce each month according to the U.S. Bureau of Labor Statistics.”

- Forbes Magazine

Industry and National Trends

- National healthcare organizations turnover rate: **25.9%** in 2022**
- National mental health organizations turnover rate: **31.3%** in 2022*
- Top 5 reasons for resignation at THC:
 1. No Reason Given 30%
 2. Personal Reasons 18%
 3. Career Opportunity 16%
 4. Medical Reasons 4.7%
 5. Working Conditions 3.2%

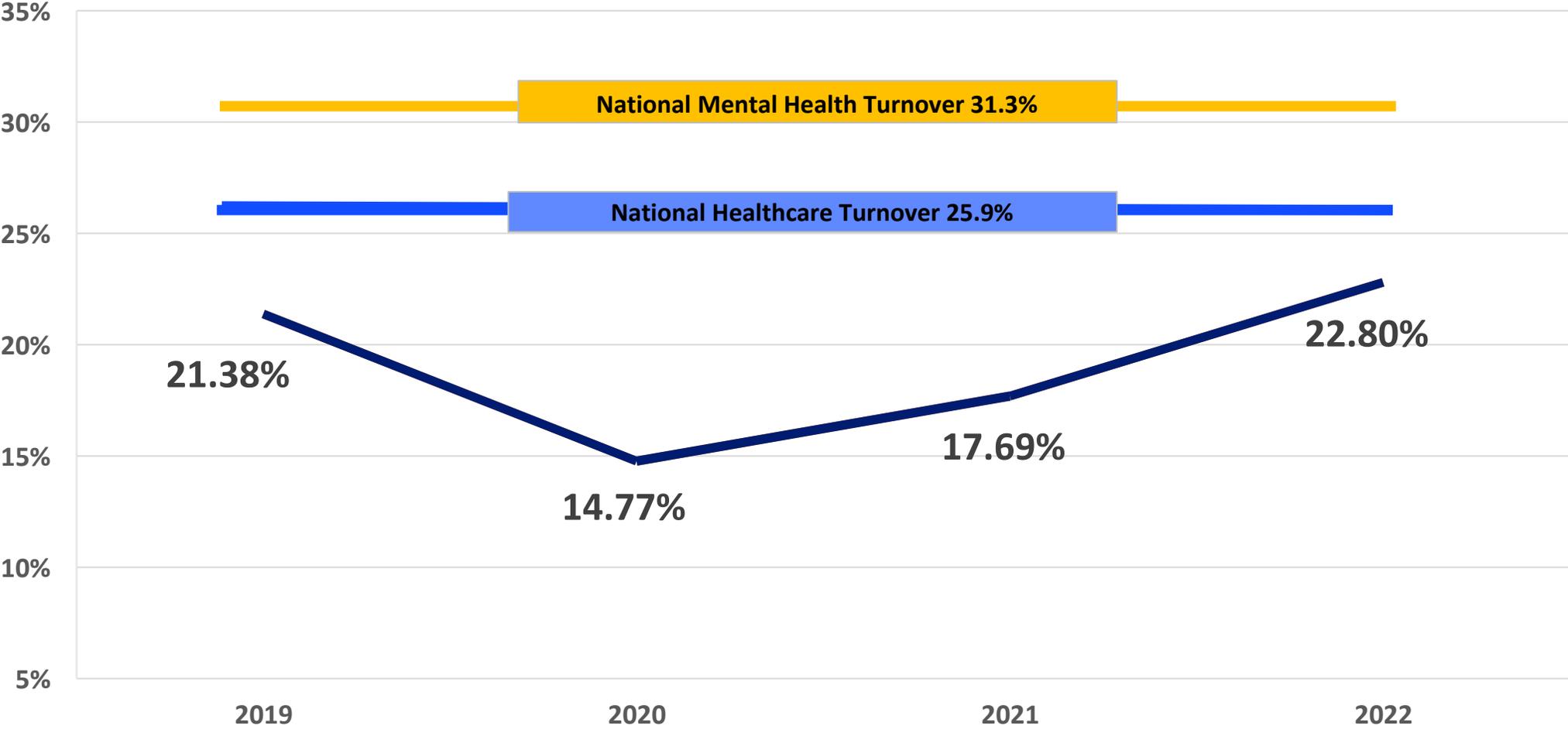
*Source: Open Minds

**Source: [NSI National Health Care Retention & RN Staffing Report](#)



The Harris Center Turnover | FY19-FY22

The Harris Center Turnover Rate



Areas of Focus



Talent Acquisition and Onboarding



Total Rewards



Employee Engagement

Areas of Focus



Talent Acquisition and Onboarding

- **July 2022 – Hired a new HR Onboarding Supervisor**
- **August 2022 – Re-organized Talent Acquisition and Onboarding to Director Ninfa Escobar**
- **August 2022 – Launched the Talent Acquisition Dashboard**
- **September 2022 – Hired a new Talent Acquisition Manager**

Talent Acquisition Dashboard Metrics

Total Applications:

Total of applications received in Workforce Dimensions (to include any applications that were submitted for positions that are now closed)

Total Applications (Open Positions)

Applications that remain within open positions

Open Job Requisitions:

Total open job requisitions; keeping in mind that we are currently working to assign one opening per requisition

Time to Fill:

Total calendar days from job requisition posted to offer accepted date

Time to Hire:

Total calendar days from time candidate selected applied for the position to offer accepted date

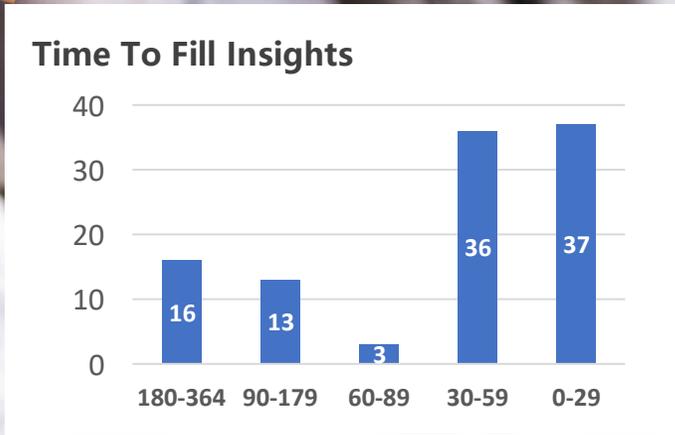
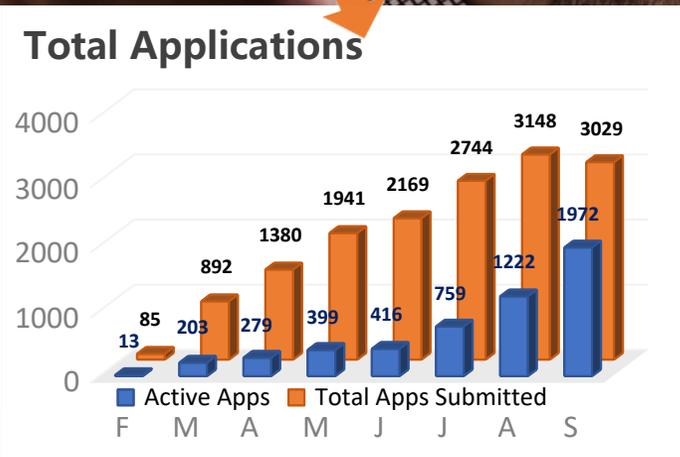
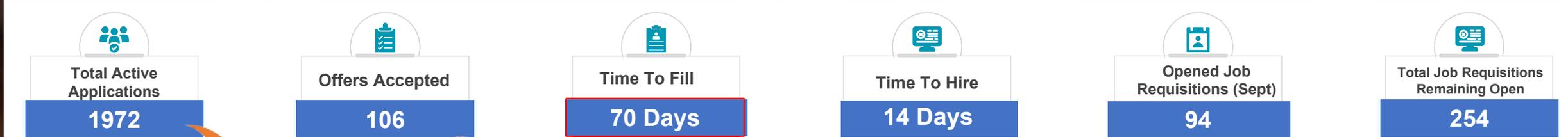
Offers Accepted:

Total offers accepted during the month (start date can reflect future months)

Source:

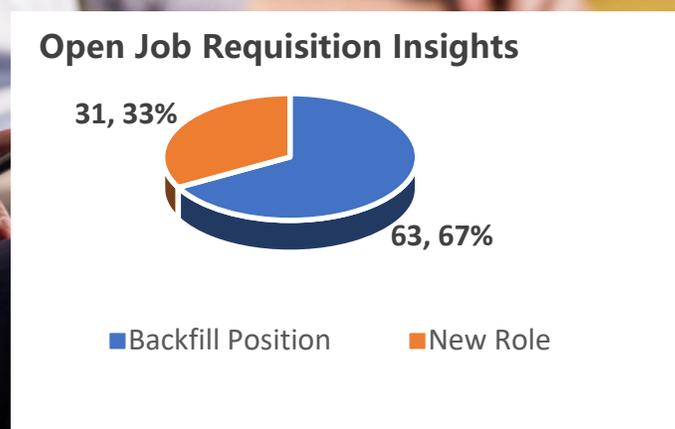
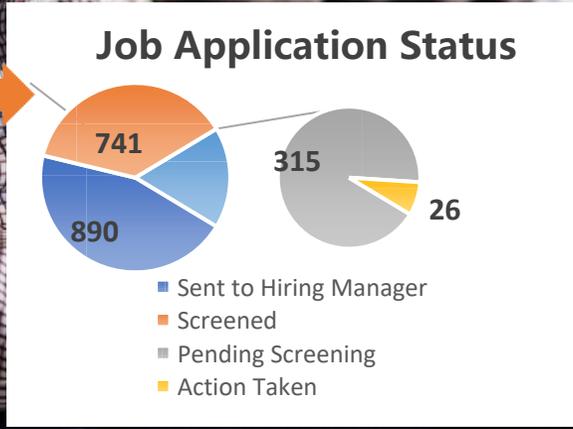
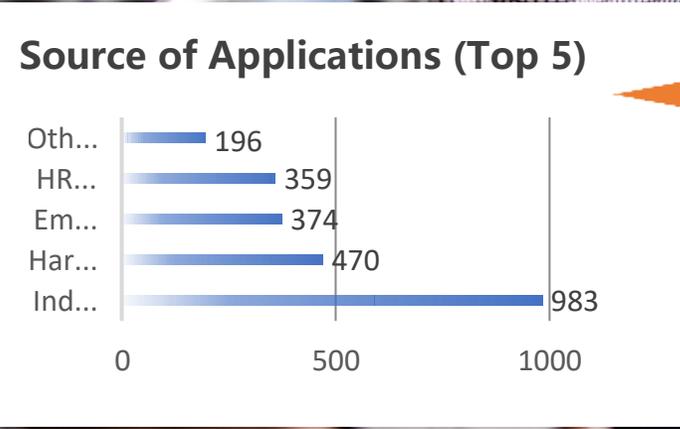
Candidate identified source for applying to the job

Talent Acquisition Dashboard | September 2022



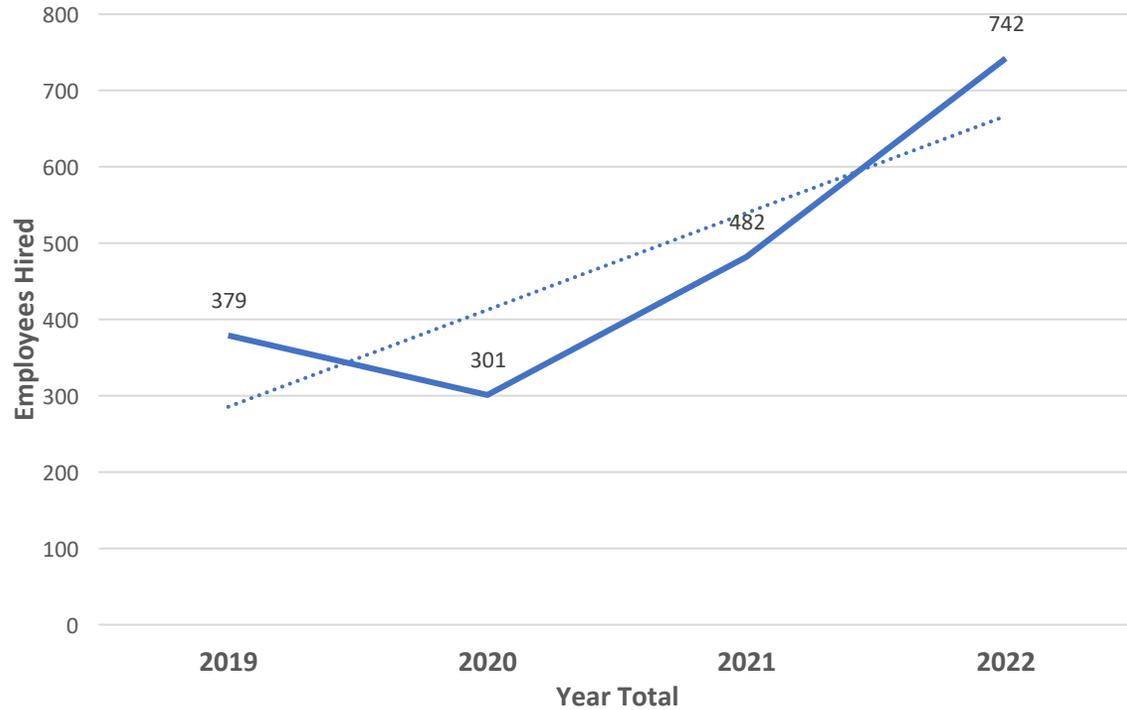
Offers Accepted

Care Coordinator	22
Psych Tech	13
Staff Nurse	10
MLC	8
Service Coordinator	6
LPHA	6
Crisis Counselor	5
LVN	4
MLC or LPHA	3
Psychiatrist	2
CMA	2
Revenue Representative	2
Lead Psych Tech	2
Unit Support	2
Speech Language Pathologist	1
Clinical Pharmacist	1
Project Manager Communications	1
Wraparound Facilitator	1
Clinical Team Lead	1
Access Line Specialist	1
Post Grad PA Fellowship	1
Operations Assistant	1
CFO	1
PASRR Evaluator	1
Residential Specialist	1
Diversion Coordinator	1
Digital Communications Specialist	1
Eligibility Coordinator	1
Instructor	1
Peer Navigator	1
PC Tech	1
Peer Educator	1
Nurse Lead	1
Grand Total	106

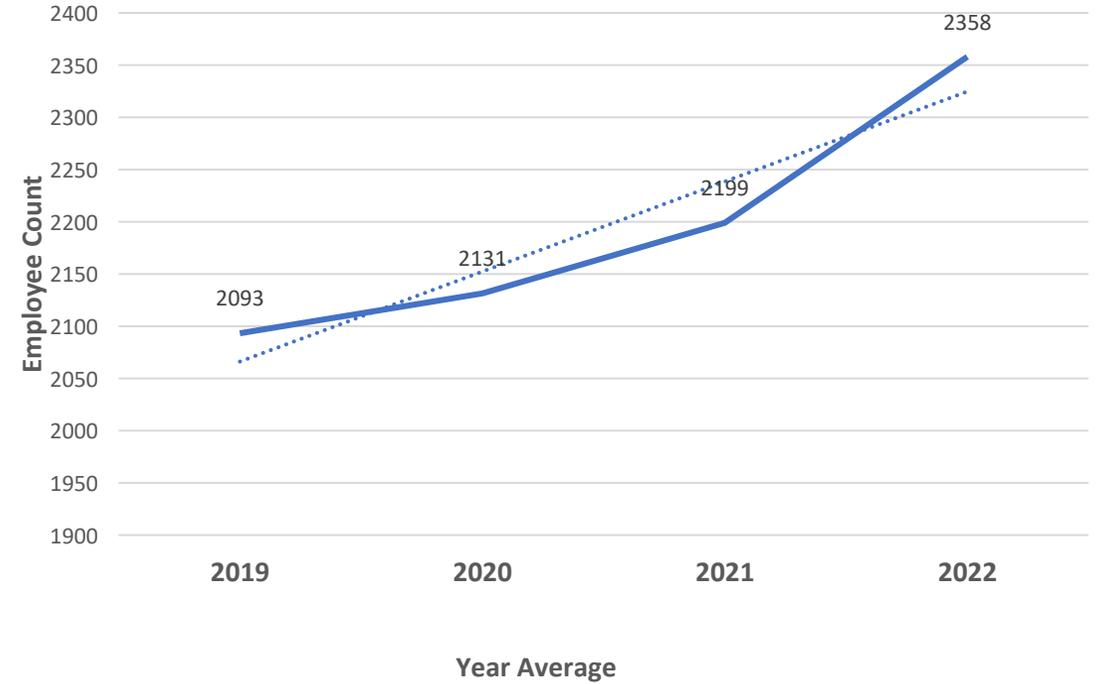


Employee Recruitment Strategy

FY 19 - FY 22 New Employees Hired



FY 19 - FY 22 Employee Count



September 2022 - All time record set of 106 new job offers!

Areas of Focus



Total Rewards

- **403B Retirement Transition to Lincoln Financial**
- **August 2022 – Bariatric Surgery added as an employee medical benefit.**
- **Compensation Market Reviews**
- **October 2022 – BCBS Employee OnTheMark Wellness Launch**

Compensation

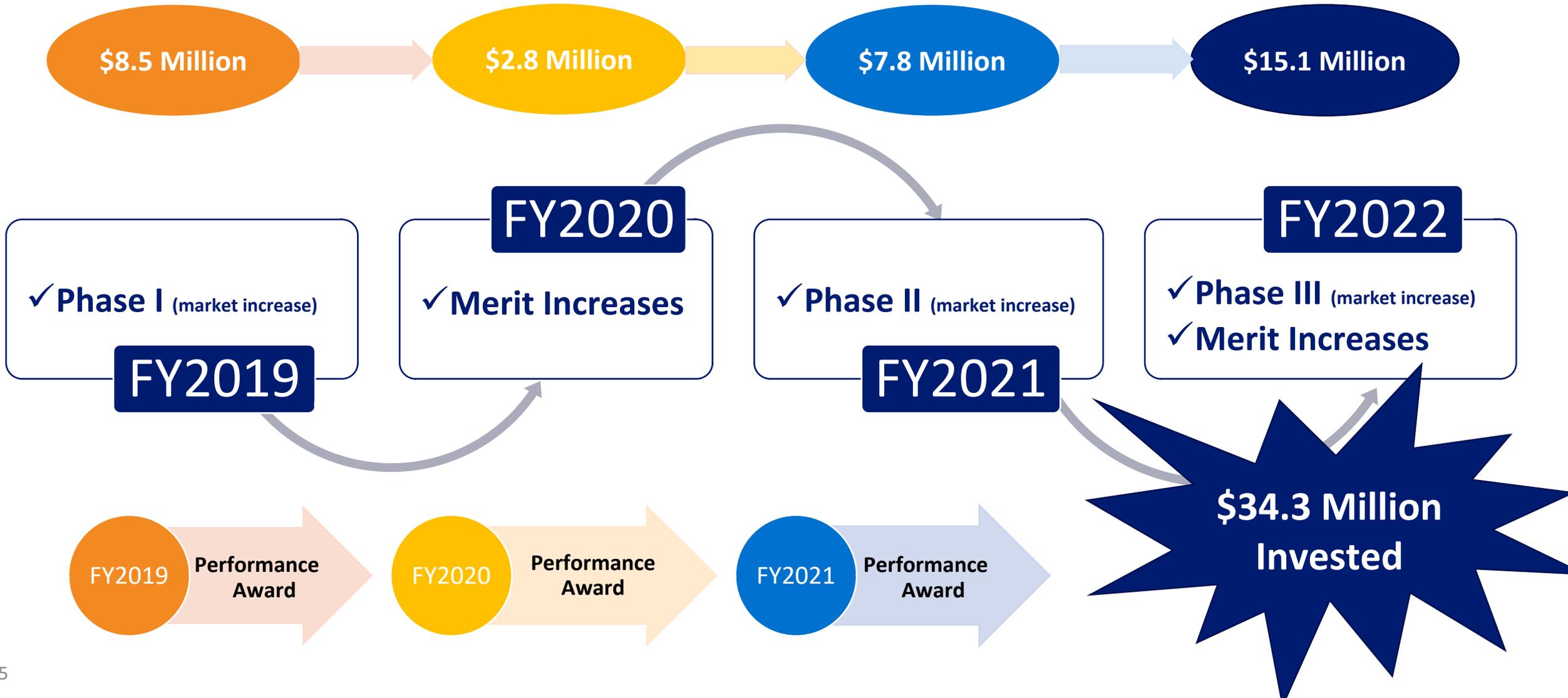
Our Compensation Philosophy

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

Compensation Strategy:

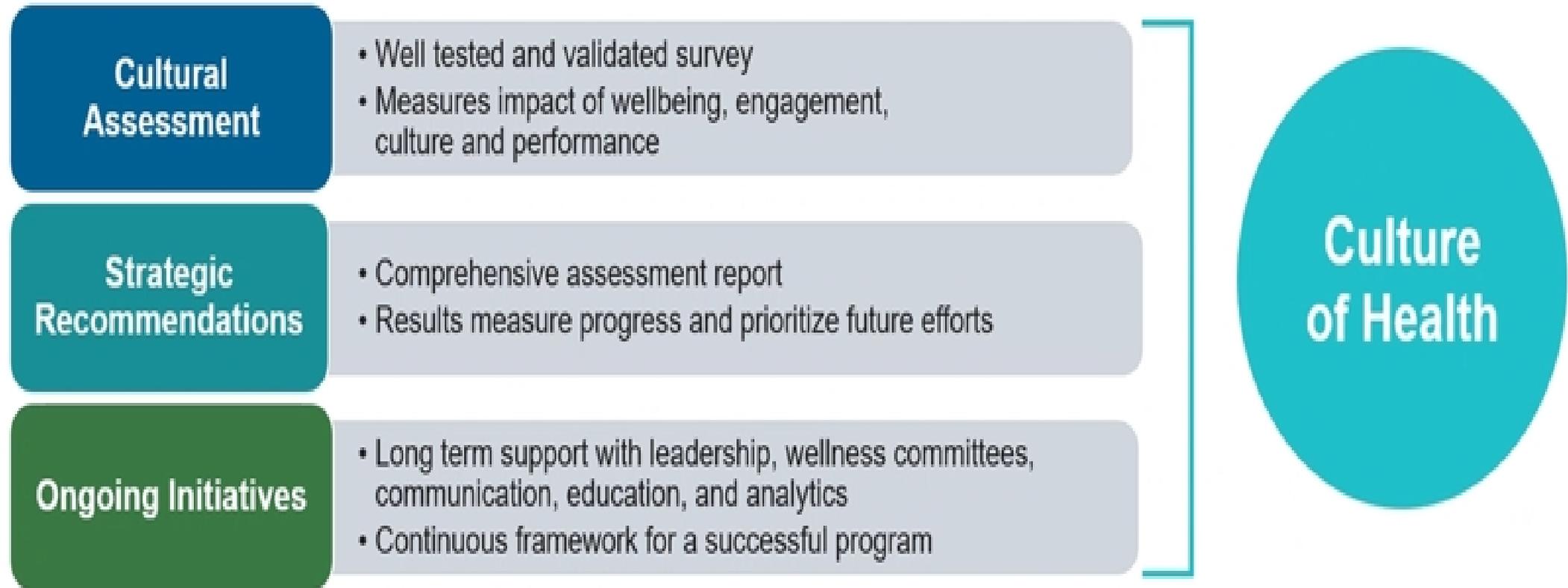


Staff Compensation Journey



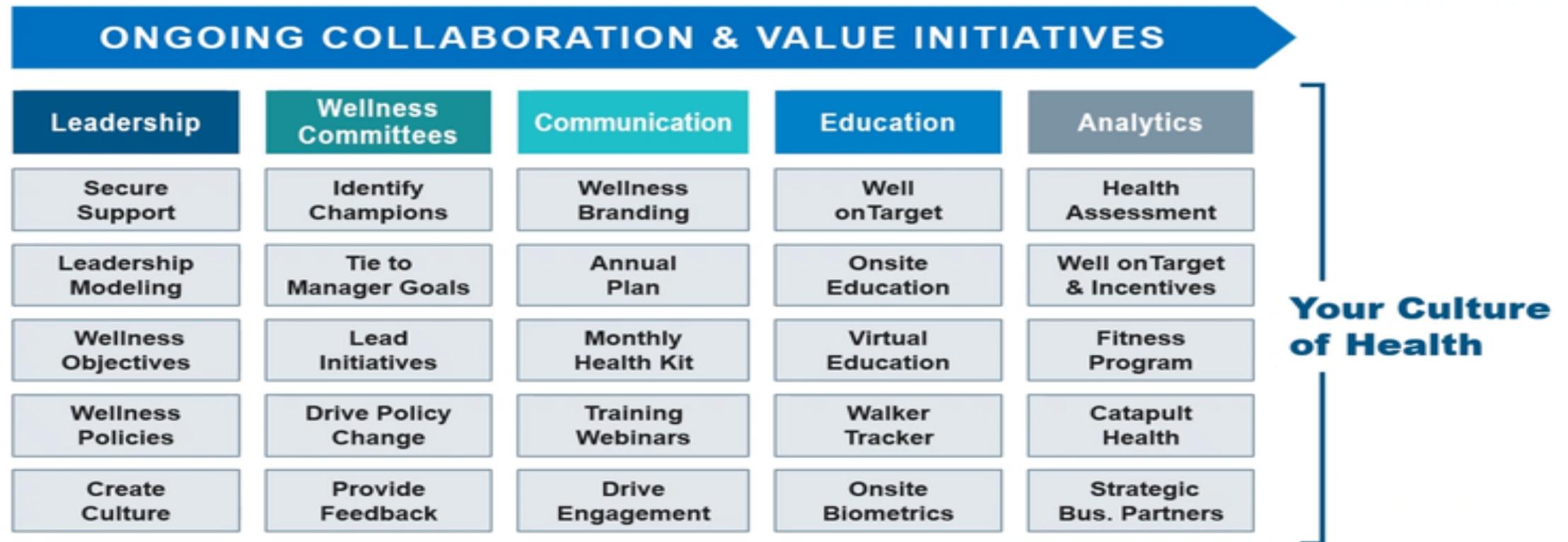
Employee Wellness

BCBS OnTheMark Wellness Program



Employee Wellness

BCBS OnTheMark Wellness Program



- Our ongoing initiatives let us help you build **a foundation of wellness**
- This foundation is designed to help improve the quality of life for your employees by providing education and resources tailored to their individual needs

Employee Wellness

BCBS OnTheMark Wellness Program – Health Resources

Health Education Classes

Choose from more than 30 different health education classes/webinars under the following categories

- Health and Chronic Conditions
- Men's and Women's Health
- Ergonomics and Musculoskeletal Health
- Nutrition
- Physical Activity
- Tobacco Cessation
- Wellbeing and Mental Health
- Well onTarget – Member Overview

Health Fair Displays

Health educators provide materials, educational panel exhibits, and interactive tools to engage participants

- Blood Pressure Screening
- Body Fat/BMI Analysis
- Effects of Stress
- Formulas for Fitness
- Heart Healthy
- Nutrition Display
- Preventive Health and Self-Exams
- Sanitize for Safety
- Kicking the Tobacco Habit

Podcasts

Individual audio recordings covering a variety of health education topics that can be shared with your employees

- Relaxation
- Ergonomics and Movement
- Shift Workers
- Gratitude
- Sleep
- Wellbeing and Social Connection
- Diabetes
- Blood Pressure
- Nutrition
- Physical Activity

Areas of Focus



Employee Engagement

- **August 2022 - Houston Business Journal Survey Assessment**
- **January 2023 - Employee Feedback Assessment and Action Planning**
- **Monthly Leadership Meetings, Quarterly Townhall Meetings, Executive Rounding**
- **Diversity, Equity, and Inclusion Initiatives**

Diversity, Equity, and Inclusion

FY2022 Updates:

Development of Executive Steering Committee

- The Executive Steering Committee is comprised of chief level Harris Center leadership, tasked with supporting and championing a world class DEI program here at the Harris Center!

Education and Development

- Organizational Development is preparing for a DEI training session for the quarterly Leadership Development Institute scheduled in the second quarter of the fiscal year.

Implementation of Thought Exchange Thursdays

- Thought Exchange Thursdays have become a signature activity of the Inclusion Hub! This collaboration between Organizational Development and the Inclusion Hub is an ongoing series of opportunities that create a safe space for meaningful and impactful diverse, equitable, and inclusive dialogue! !

Inclusion Hub Expansion

- Engage and expand the representation of the workforce on the Inclusion Hub.
- The application/nomination form will be available on the Harrisphere starting in October!

Diversity, Equity, and Inclusion

Inclusion Hub

The Harris Center’s Inclusion Hub was developed in 2020, to have an impact on workplace engagement, policies and more. Diversity Council members work in alignment with our agency mission, vision and strategic plan as a foundation, to provide **meaningful, interactive and influential events and activities** where diversity and inclusion are the focal point.



Diversity Calendar



Educational Activities



Monthly Meetings



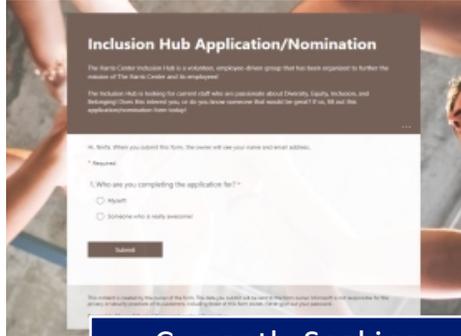
Inclusion Hub Site



DEI Executive Steering Committee



Regular Attendance at Leadership Meetings



Currently Seeking Applications!



[The Harris Center's Inclusion Hub – YouTube](#)

Rewards and Recognition – FY2022



Reward and Recognition Committee



Annual employee recognition luncheon to honor service milestones



Holiday photos with staff/clients



Birthday cards (artwork from our children)



Mission moments at leadership meetings



Wins as a part of staff meetings



Special trial events (food trucks, fresh food vending machines, etc.)



Professional day recognitions (flags, cards, videos, board messages)



Team High Fives



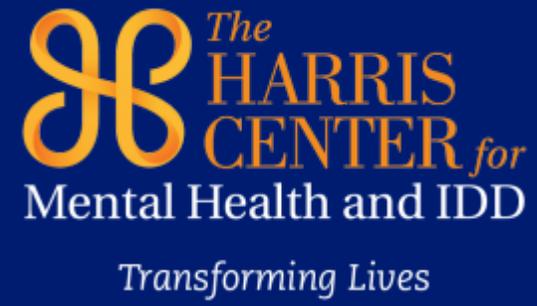
Board recognition of retiring employees



Snappy recognition/reward program



Hand-written thank you cards



Thank You

EXHIBIT F-12

October 2022

NEW CONTRACTS UNDER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 NEW CONTRACTS						
	ADMINISTRATION						
1	Equalis Group	Membership Services	\$0.00	09/21/22- 09/21/23	GR	N/A	This new Agreement is to support the Purchasing Department to identify cooperative contract memberships that will expand the Department's resources to be able to acquire goods and services on behalf of Agency staff.
2	Sourcewell	Membership Services	\$0.00	09/21/22- 09/21/23	GR	N/A	This new Agreement is to support the Purchasing Department to identify cooperative contract memberships that will expand the Department's resources to be able to acquire goods and services on behalf of Agency staff.
3	VeriCorp, Inc.	Tenant Background Screening Services	\$875.00	09/01/22- 08/31/23	State	Service Agreement	Current contract does not have any remaining renewal options. New contract is to provide employee/tenant background screening services Agency-wide.
4	Network Sciences, Inc.	Software Agreement	\$25,000.00	11/21/22- 11/20/24	GR	Consumer Driven	This Agreement is to provide Sub-user software for access database to determine consumer eligibility.
5	Rainbow Health	Software Application	\$72,000.00	09/23/22- 08/31/23	GR	Informal RFQuotes	Purchasing received a request from IT Department on Monday, January 31, 2022 to purchase and implement a MCOT Rapid Response calls software application. Five (5) vendors were received. The IT Department recommends Rainbow Health because the Company met all the team's requirements, is capable of integrating with EPIC, has a mobile app, user friendly, and is cloud based. The total NTE for a one (1) year is \$72,000.00 .
6	RubiconMD, Inc.	Medical E-Consulting	\$3,240.00	09/15/22- 02/14/23	Federal Grant	RFQuote	Purchasing received a request from the Integrated Care Department for the provision of Medical E-Consulting Services in July 2022. The purpose of this request is to improve its quality care and to enhance access to Specialty Providers. The Project Team consisted of the following members: Rosalind Armstrong, Buyer II; Janeth Martinez, Project Director, Anthony Jones, Director of Application Development; and Stanley Williams, Director of Integrated Health. Quotes were obtained from three (3) vendors. Integrated Care Department recommendation was to move forward with RubiconMD for the provision of medical E-consulting. E-consults would allow the Agency to receive a response on the best course of treatment within two (2) hours with unlimited E-consults. RubiconMD is the best option available due to cost, functionality, and access to a higher number of specialties. The total NTE requested for six months is \$3,240.00 .
7	MTM Services	Map Intake Pathways	\$24,800.00	10/18/22- 08/31/23	GR	RFQuote/ Informal Request for Bid	This new Consultant Agreement is to evaluate the current intake pathways for IDD, AMH, CAS and ECI to determine the process workflows for each of the outpatient programs and identify workflow opportunities to streamline the patient intake process.



Executive Contract Summary

Contract Section ^

Contractor*

Equalis Group

Contract ID #*

2022-0533

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

Equalis Group 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 membership

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* (?)

9/21/2022

Contract Term End Date* (?)

9/21/2023

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

Infinite- Equalis Group

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* (?)

Purchasing would like to expand our cooperative contract resources. Membership with S Equalis-Group will allow the team to review opportunities we may use to acquire goods and services to agency staff.

Contract Owner*

Nina Cook

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Equalis-Group-Master-Intergovernmental-Purchasing.pdf 218.03KB

Vendor/Contractor Contact Person

Name*

Derek Anderson

Address*

Street Address

5550 Granite Pkwy. Ste 298

Address Line 2

City

Plano

Postal / Zip Code

75024

State / Province / Region

TX

Country

usa

Phone Number*

979.877.8273

Email*

danderson@equalisgroup.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 0.00	N/A

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Armstrong, Rosalind	8/25/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

8/25/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mina Cook

Approval Date

8/29/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

9/1/2022



Executive Contract Summary

Contract Section ^

Contractor*

Sourcewell

Contract ID #*

2022-0534

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

Sourcewell 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 membership

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* (?)

9/21/2022

Contract Term End Date* (?)

9/21/2023

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

Infinite -Sourcewell is a purchasing Cooperative

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* (?)

Purchasing would like to expand our cooperative contract resources. Membership with Sourcewell will allow the team to review opportunities we may use to acquire goods and services to agency staff.

Contract Owner*

Nina Cook

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Sourcewell Membership Agreement Application-Aug2018 (003).pdf 833.92KB

Vendor/Contractor Contact Person

Name*

JIM KANE

Address*

Street Address

202 12th Street Northeast PO BOX 219

Address Line 2

City

Staples

Postal / Zip Code

56479-2438

State / Province / Region

MN

Country

US

Phone Number*

2148954145

Email*

Jim.Kane@sourcewell-mn.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1128	\$ 0.00	N/A

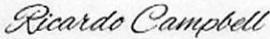
Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
N/A

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

Requester Name	Submission Date
Armstrong, Rosalind	8/25/2022

Budget Manager Approval(s) 

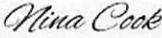
Approved by	Approval Date
	8/25/2022

Procurement Approval 

File Upload (?)

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

Contract Owner Approval 

Approved by	Approval Date
	8/29/2022

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	9/1/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2022

Contract ID# *

7669

Contractor Name *

VeriCorp, Inc.

Service Provided* (?)

Tenant Background Screening Services.

Renewal Term Start Date *

9/1/2022

Renewal Term End Date *

8/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 875.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2200

G/L Code(s)*

595000

Current Fiscal Year Purchase Order Number*

Ct141462

Contract Requestor*

Sandra Brock

Contract Owner*

Sandra Brock

File Upload (?)

Internal note from the CSD Paralegal.docx

11.43KB

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. *
2802	\$ 875.00	595000
Budget Manager *	Secondary Budget Manager *	
Shelby, Debbie	Loera, Angelica	

Fiscal Year * (?)	Amount * (?)
2023	\$ 875.00

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 *

Acknowledgments of Purpose and Release of Claims: Name changed from ProScan to National Criminal Database.

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 (?)

ACTION REQUIRED for VeriCorp National Criminal Update.msg 133.5KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Sandra Brock

Budget Manager Approval(s)

Approved by

Debbie Chambers Stelby

Contract Owner Approval

Approved by

Sandra Brock

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *

6/3/2022



Executive Contract Summary

Contract Section ^

Contractor*

Network Sciences, Inc.

Contract ID #*

2022-0539

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/21/2022

Contract Term End Date* (?)

11/20/2024

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 25,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Sub-user software agreement for access database to determine consumer eligibility.

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***

Network Sciences, Inc.

Address*

Street Address

11001 Lakeline Blvd Bldg 2

Address Line 2

Suite 140

City

Austin

Postal / Zip Code

78717

State / Province / Region

Texas

Country

USA

Phone Number*

512-331-9221

Email*

cwise@netsci.net

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 25,000.00	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name	Submission Date
Govan, Chekesha	8/31/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

8/31/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

9/1/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behn

Approval Date*

9/12/2022



Executive Contract Summary

Contract Section ▲

Contractor*

Rainbow Health

Contract ID #*

2022-0553

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

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

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* (?)

\$ 72,000.00

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 * (?)

MCOT Rapid Response Description: Rapid Response expands the reach of the Mobile Crisis Outreach Team with the addition of 18 licensed master level and bachelor level clinicians partnered to provide 24/7 rapid response to city residents referred by the Crisis Call Diversion program. Community-based crisis response alleviates the Houston Police Department, Houston Fire Department, and Emergency Medical Services from responding to calls that have been screened and determined to be mental health related freeing them to provide emergency medical, fire and police response to Houston area residents.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership * (?)

- Yes No Unknown

Supporting Documentation Upload (?)

Quote Rainbow Health_03.26.2022.xlsx	293.6KB
MCOT Rapid Response Call Application Due Diligence Letter-October FY23- SIGNED FINAL.pdf	162.18KB

Vendor/Contractor Contact Person

Name*

Ayushi Patel

Address*

Street Address

3110 Lebadie Street

Address Line 2

City

Houston

Postal / Zip Code

77026-2623

State / Province / Region

TX

Country

US

Phone Number*

(713) 678-8016

Email*

ayushi@rainbow.health

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 30,000.00	900020
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 42,000.00	900060
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$30,000.00 = 900020

\$42,000.00 = 900060

Project WBS (Work Breakdown Structure)* (?)

IT23.1147.01 MCOT Dispatching System

Requester Name

Jones, Anthony

Submission Date

9/23/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/23/2022

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/23/2022

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

9/23/2022

Contracts Approval

Approve*

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

Approved by*

Shadeyia Behm

Approval Date*

9/23/2022



**Due Diligence for MCOT Rapid Response
Call Application
Project# FY23-0222**

Purchasing received a request from IT Department on Monday, January 31, 2022, to purchase and implement a MCOT Rapid Response calls software application.

Five (5) vendor quotes were received:

- 1. **Salesforce:** \$48,300.00
- 2. **ICS – Integrated Computer Systems:** \$148,634.00
- 3. **Eforce:** \$57,043.15
- 4. **Caliber Public Safety:** \$70,415.67
- 5. **Rainbow Health:** \$72,000.00

IT Department recommendation is to move forward with the vendor that met all the team’s requirements, can integrate with EPIC, have a mobile app, user friendly, and is cloud based.

RAINBOW HEALTH

The total NTE (Not to Exceed) for a one (1) year contract is \$72,000.00.

FY23 - \$30,000.00 (Funding Source: Unit 1147, GL Code 900020)
\$42,000.00 (Funding Source: Unit 1147, GL Code 900060)

The Project Code: IT23.1147.01

Submitted By: Digitally signed by James Blunt
James Blunt
Date: 2022.09.21 14:56:13 -05'00'

James Blunt, C.P.M.
Buyer II

Recommended By: Digitally signed by Sharon Brauner
Sharon Brauner
Date: 2022.09.21 14:51:55 -05'00'

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

Digitally signed by Steve Evans
Steve Evans
Date: 2022.09.23 07:43:57 -05'00'

Steve Evans
Controller



Executive Contract Summary

Contract Section



Contractor*

RubiconMD Medical e-Consulting Services

Contract ID #*

2022-0557

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

RubiconMD Medical e-Consulting and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 checked="" type="checkbox"/> Other Consulting Agreement due to Agency need and approved by Leader. |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/15/2022

Contract Term End Date* (?)

2/14/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 3,240.00

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

RubiconMD is an e-consultation service that provides access to providers from different specialties. Our doctors have requested this service to improve our quality of care. We don't have access to specialty providers, which is critical for our best care practices. This consultation is essential to the work we are doing in Primary Care.

Contract Owner*

Stanley Williams

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 (?)

RubiconMD _ Harris Center MSA 091522 (003)revised.docx	56.62KB
MEDICAL E-CONSULTING updated-sb_v1.pdf	144.73KB

Vendor/Contractor Contact Person

Name*

Suzy Goldenkranz, VP of Business Development

Address*

Street Address

25 West 39th Street

Address Line 2

City

New York

State / Province / Region

NY

Postal / Zip Code

10018

Country

US

Phone Number*

831.588-0075

Email*

suzy@rubiconmd.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2111	\$ 3,240.00	542000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

Flat Rate

Project WBS (Work Breakdown Structure)* (?)

Flat Rate

Requester Name	Submission Date
Shelby, Debbie	9/26/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/27/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Dr. Stanley Williams, PhD

Approval Date

9/27/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Belin

Approval Date*

9/27/2022



**DUE DILIGENCE
QUOTES –FY22-0247
MEDICAL E-CONSULTING**

Purchasing received a request from the Integrated Care Department for the provision of Medical E-Consulting Services in July 2022.

The purpose of this request by Integrated Care Department is to improve its quality care and to enhance access to specialty providers. The service is essential to the Harris Center's work in primary care.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II; Janeth Martinez, Project Director, Anthony Jones, Director of Application Development; and Stanley Williams, Director of Integrated Health.

Quotes were obtained from three (3) vendors, RubiconMD, AristaMD, and ConferMed.

RubiconMD-1-year tiered agreement with a 6-month termination. First Six (6) month term – \$3,240.00 for unlimited E-consults for three (3) providers. Each six (6) month period thereafter during the Term- \$4,320.00 for unlimited E-consults for four (4) providers, 1- year agreement - \$7,560.00.

AristaMD- Unlimited E-consults based on three (3) providers \$350.00 per provider, \$1050.00 per month x 6 months = \$6,300.00- one-time training fee is \$ 350.00, 1-year agreement- \$12,950.00.

ConferMD- Five (5) E-consults per month \$600.00 x 6=\$3600.00 for (30) E-consults, each additional consult \$110.00 unlimited providers.

Integrated Care Department recommendation is to move forward with **RubiconMD** for the provision of medical E-consulting. E-consults with Rubicon MD would allow us to receive a response on the best course of treatment within two (2) hours with unlimited E-consults. Rubicon MD is the best option available due to cost, functionality, and access to a higher number of specialties.

The initial budget requested is \$3,240.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the six months is \$3,240.00. The Funding Sources is Unit 2111 (CCBHC Expansion Program) GL Account 542000 (Consultant).

**Rosalind
Armstrong**

Digitally signed by Rosalind
Armstrong
Date: 2022.09.23 08:41:11
-05'00'

Rosalind Armstrong, BSBA
Buyer II

**Sharon
Brauner**

Digitally signed by Sharon
Brauner
Date: 2022.09.21 15:29:21
-05'00'

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

Steve Evans

Digitally signed by Steve Evans
Date: 2022.09.23 08:04:02
-05'00'

Steve Evans
Controller



Executive Contract Summary

Contract Section ^

Contractor*

MTM Services

Contract ID #*

2022-0558

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/18/2022

Parties* (?)

MTM Services 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 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 Informal Request for Bid |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/18/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 24,800.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Map intake pathways for IDD, AMH, CAS and ECI to determine the process workflows amongst each of the outpatient program. Identify workflow opportunities to streamline the patient intake process. Map the scheduling pathways for IDD, AMH, CAS, and EDI associated with patient appointment scheduling to optimize scheduling capacity and accessibility. Map the virtual and in person clinic appointment workflows for IDD, AMH, CAS, and ECI amongst the outpatient programs. Identify and quantify any existing wait-times associated with the intake/access process. Develop recommended patient access metrics and dashboards by location to increase transparency and reduce wait times./ Documented operational workflows associated with the intake, scheduling and patient appointment processes for IDD, AMH, CAS, and ECI in the current state. Identify and recommend operational and technical (EPIC) workflows and efficiencies to enhance the outpatient intake, scheduling and appointment patient experience. Provide recommended patient access metrics and dashboards by location to increase transparency and reduce wait times. Document strategies for reducing the patient wait times and increasing accessibility to patient appointment.

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Scott Lloyd

Address*

Street Address

P. O. Box 1027

Address Line 2

City

Holly Springs

Postal / Zip Code

27540

State / Province / Region

NC

Country

United States

Phone Number*

9193879892

Email*

scott.lloyd@mtmservices.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 24,800.00	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$6,200 Fixed cost payable after GAP meeting x 4 modules needed for the IDD, AMH, CAS and ECI measurement efforts

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Franco, Veronica	9/26/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/27/2022

Procurement Approval

File Upload (?)

Approved by

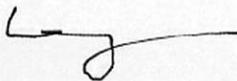
Sharon Brauner

Approval Date

9/27/2022

Contract Owner Approval

Approved by



Approval Date

9/27/2022

Contracts Approval

Approve*

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

Approved by*

Shashyia Belu

Approval Date*

9/27/2022



Executive Contract Summary

Note: Please use Google Chrome as the preferred browser

Contract Section

Contractor *

Norris Conference Centers

Contract ID # *

New

Presented To *

- Resource Committee
 Full Board

Date Presented *

10/18/2022

Parties * (?)

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

11/11/2022

Contract Term End Date * (?)

11/11/2022

If contract is off-cycle, specify the contract term

Fiscal Year * (?)

2023

Amount * (?)

\$ 4,985.40

Funding Source *

General Revenue (GR)

Contract Description / Type * (?)

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

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

The Harris Center for Mental Health and IDD Employee Appreciation Luncheon. The Harris Center Foundation will provide up to \$10,000.

Contract Owner *

Wayne Young

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

Norris_November_Booking_Contract_Quote (Executed).pdf 364.02KB

Vendor/Contractor Contact Person

Name *

Norris Conference Centers

Address *

Street Address

816 Town & Country Blvd

Address Line 2

City

Houston

Postal / Zip Code

77024

State / Province / Region

TX

Country

US

Phone Number *

7135900950

Email *

s.cousins@NorrisCenters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 4,985.40	549005
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 *	
Franco, Veronica	10/12/2022	



Executive Contract Summary

Contract Section


Contractor*

Breanna Destinee Coursey

Contract ID #*

2022-0546

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Breanna D. Cousey, The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 12,000.00

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* (?)

Providing CFC (Training) and Respite for TxHML waiver individual.

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*

Breanna Destinee Coursey

Address*

Street Address

10105 Schmidt Road

Address Line 2

City

Waller

Postal / Zip Code

77484-5211

State / Province / Region

TX

Country

US

Phone Number*

9364196384

Email*

breannaaa1223@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 6,000.00	543005
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 6,000.00	543009
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	9/20/2022

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date
9/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date
9/20/2022

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behu

Approval Date *
9/20/2022





Executive Contract Summary

Contract Section


Contractor*

Clarissa F Smith

Contract ID #*

2022-0547

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Clarissa F Smith, The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 8,000.00

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* (?)

Providing CFC PS/HAB (Training)services for waiver individual

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*

Clarissa F Smith

Address*

Street Address

8601 Wednesbury Lane

Address Line 2

Apt 118-B

City

Houston

Postal / Zip Code

77074-2908

State / Province / Region

TX

Country

US

Phone Number*

2814924018

Email*

peachcobber92@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number * 3585	Amount Charged to Unit * \$ 8,000.00	Expense/GL Code No. * 543005
Budget Manager Adams-Austin, Mamie	Secondary Budget Manager Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name Anthony, Patrina	Submission Date 9/20/2022
---	-------------------------------------

Budget Manager Approval(s) 

Approved by 	Approval Date 9/20/2022
---	-----------------------------------

Procurement Approval 

File Upload (?)

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

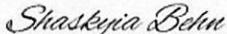
Contract Owner Approval 

Approved by 	Approval Date 9/20/2022
---	-----------------------------------

Contracts Approval

Approve *

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

Approved by * 	Approval Date * 9/20/2022
---	-------------------------------------



Executive Contract Summary

Contract Section



Contractor*

Mickey Special Education Assessment, Advocacy, and Consulting PLLC

Contract ID #*

2022-0561

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Mickey Special Education Assessment, Advocacy, and Consulting PLLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/21/2022

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Amount* (?)

\$ 49,000.00

Funding Source*

State

Contract Description / Type* (?)

- | | |
|--|--|
| <input type="checkbox"/> Personal/Professional Services | <input checked="" type="checkbox"/> Consultant |
| <input checked="" 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 assist with completing psychological testing and evaluations for The Harris Center for Mental Health and IDD - ID Eligibility and Intake for eligible consumers as outlined in the LIDDA's performance contract by HHSC.

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*

Mickey Special Education Assessment, Advocacy, and Consulting PLLC

Supporting Documentation Upload (?)

R.Mickey Resume 2021-22.pdf 98.8KB

Vendor/Contractor Contact Person

Name*

Rosalyn M. Mickey, M.A., Psy.S., LSSP, NCSP

Address*

Street Address

16923 Lake Willowby Lane

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77044

Country

USA

Phone Number*

936-229-0574

Email*

rosalynmickey@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 49,000.00	540503
Budget Manager		Secondary Budget Manager
Adams-Austin, Mamie		Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$350.00 per evaluation with a minimum of 16 evaluations per month.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	10/3/2022

Budget Manager Approval(s) 

Approved by

Mamie Adams

Approval Date

10/3/2022

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Evanthe Collins

Approval Date

10/3/2022

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*

Shasteyia Belu

Approval Date*

10/3/2022



Executive Contract Summary

Contract Section

Contractor *

NAMI Greater Houston

Contract ID # *

2022-0532

Presented To *

- Resource Committee
- Full Board

Date Presented *

10/18/2022

Parties * (?)

NAMI Greater Houston and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

9/1/2022

Contract Term End Date * (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 71,100.00

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* (?)

Peer to Peer facilitated, psycho-education courses related to individuals diagnosed to support best practices in the recovery process.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided *

September 1, 2021 - August 31, 2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Angelina Hudson

Address*

Street Address

9401 Southwest Freeway

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

Phone Number *

713-970-4419

Email *

abHUDSON@namigreaterhouston.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2200	\$ 11,100.00	542000

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 13,800.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 4,800.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 20,400.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 6,600.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9501	\$ 4,800.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 4,800.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9267	\$ 4,800.00	542000

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

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

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

Requester Name	Submission Date
Govan, Cheksha	8/30/2022

Budget Manager Approval(s) 

Approved by	Approval Date
<i>Debbie Chambers Shelby</i>	8/30/2022

Approved by	Approval Date
<i>Priscilla M. Ramirez</i>	8/31/2022

Procurement Approval 

File Upload (?)

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

Contract Owner Approval 

Approved by	Approval Date
<i>Lance Britt</i>	8/31/2022

Contracts Approval

Approve *

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

Approved by*

Shaskyia Belu

Approval Date*

8/31/2022

EXHIBIT F-13

October 2022

RENEWALS UNDER 100k

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS							
	ADMINISTRATION							
1	Doximity, Inc.	Dialer Pro Subscription Services	\$15,000.00	\$15,000.00	01/01/23- 12/31/23	GR	Consumer Driven	Annual Renewal of Dialer Pro Subscription Services (Telehealth Software used to expand videoconferencing options from patients' homes).
2	Safety Alert Network, Inc.	24-Hour Safety Monitoring and Alert Reporting Call Service	\$2,100.00	\$2,100.00	01/01/23- 12/31/23	GR	N/A	Annual renewal of 24-Hour Safety Monitoring and Alert reporting call service for (1) all Center owned vehicles, driven by Certified employees (2) Confidential and Secure Employee Compliance Communication.
	CPEP/CRISIS SERVICES							
3	Texas Medical Center Hospital Laundry Coop	Linen Services for the NPC	\$91,766.00	\$96,500.00	09/01/22- 08/31/23	GR	Tag-On to Harris Health System Job No. 16/0324	Annual renewal of Tag-on to Harris Health System Job No. 16/0324 Agreement for Laundry Services to consumers at NPC and 6160 South Loop East Facilities.
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
	LEASES							



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7805

Contractor Name*

Doximity, Inc.

Service Provided* (?)

Doximity Dialer Pro Subscription Services (Telehealth software used to expand videoconferencing options from patients' homes)

Renewal Term Start Date*

1/1/2023

Renewal Term End Date*

12/31/2023

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

\$15k annually

Unit(s) Served*

2200

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT141552

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 15,000.00	551002
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 15,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Mustafa Cochinnala

Contracts Approval

Approve *

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

Approved by *

Shaskeyia Behu

Approval Date *

9/22/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7412

Contractor Name*

Safety Alert Network, Inc.

Service Provided* (?)

24-Hour Safety Monitoring and Alert reporting call service for (1) all Center owned vehicles, driven by Certified employees (2) Confidential and Secure Employee Compliance Communication

Renewal Term Start Date*

1/1/2023

Renewal Term End Date*

12/31/2023

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

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* (?)

\$ 2,100.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1150

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

CT141591

Contract Requestor*

Jessica Soto

Contract Owner*

Todd McCorquodale

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. *
1150	\$ 1,890.00	553002

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1150	\$ 210.00	595000

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

Fiscal Year * (?)	Amount * (?)
2023	\$ 2,100.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2100

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

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

9/27/2022



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2022

Contract ID#*

7134

Contractor Name*

Texas Medical Center Hospital Laundry Coop

Service Provided* (?)

Laundry Services to consumers at NPC and 6160 South Loop East Building. Tag-on to Harris Health System Job No. 16/0324.

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* (?)

\$ 91,766.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

9206, 9209 and 9261

G/L Code(s)*

543032

Current Fiscal Year Purchase Order Number*

CT141581

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 47,100.00	543032
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 31,400.00	543032
Budget Manager *		Secondary Budget Manager *
Oshman, Jodel		Kornmayer, Kimberly
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 6,120.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 1,440.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 4,140.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 1,980.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9501	\$ 1,440.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 1,440.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9267	\$ 1,440.00	543032
Budget Manager *		Secondary Budget Manager *
Ramirez, Priscilla		Oshman, Jodel

Fiscal Year* (?)	Amount* (?)
2023	\$ 96,500.00

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 Osman

Approved by

Priscilla M. Ramirez

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

5/24/2022

EXHIBIT F-14

October 2022

AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section


Contractor*

Stericycle

Contract ID #*

7529

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

The Harris Center for Mental Health & IDD and Stericycle

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 |

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*

\$ 5,500.00

Increase Not to Exceed*

\$ 133.00

Revised Total Not to Exceed (NTE)*

\$ 5,633.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 5,633.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Jail Diversion program historically budgeted based on previous fiscal year actuals. However, in FY22, the program saw a jump in the census as well as encountering more COVID+ consumers leading to an increase in hazardous waste removal. To closeout FY22 and cover outstanding invoices, the contract NTE needs to be increased by \$133.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141356

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Joe Sagala, Corporate and Government Account Specialist,
Sales

Address*

Street Address

4010 Commercial Avenue

Address Line 2

City

Northbrook

Postal / Zip Code

60062

State / Province / Region

IL

Country

USA

Phone Number*

855-978-3744

Email*

government@stericycle.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 133.00	543026
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puente, Giovanni	

Provide Rate and Rate Descriptions if applicable* (?)

Please refer to current contract rates. No change.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

9/16/2022

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

9/16/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Walker

Approval Date

9/16/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Bahu

Approval Date*

9/16/2022



Executive Contract Summary

Contract Section


Contractor*

UpKeep Technologies, Inc.

Contract ID #*

7797

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 14,400.00

Increase Not to Exceed*

\$ 5,036.71

Revised Total Not to Exceed (NTE)*

\$ 19,436.71

Fiscal Year* (?)	Amount* (?)
2023	\$ 19,436.71

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 <input type="text"/> |

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

need to increase our UpKeep Business Plus Subscription by 5 users

\$236.71 prorated for 5 users from 9-19-2022 to 10-07-2022
 new amount for 20 users @960.00 for 10/7/2022 thru 2023 is \$19,200.00 annually

Contract Owner*

Todd McCorquodale

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

2020 to present

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

does not meet criteria

Community Partnership* (?)
 Yes No Unknown
Supporting Documentation Upload (?)

UpKeep The Harris Center for Mental Health and IDD - Add 5 Users_preview.pdf	185.37KB
---	----------

Vendor/Contractor Contact Person**Name***

UpKeep / Wade Bouffiu

Address *

Street Address

10880 Wilshire Boulevard ste 850

Address Line 2

City

Los Angeles

State / Province / Region

CA

Postal / Zip Code

90024-4101

Country

US

Phone Number *

3236886119

Email *

wade.bouffiou@upkeep.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1124	\$ 5,036.71	551002
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

see attached quote -

\$236.71 prorated for 5 users from 9-19-2022 to 10-07-2022

new amount for 20 users @960.00 for 10/7/2022 thru 2023 is

\$19,200.00 annually

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Harper, Sarah

Submission Date

9/19/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/19/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd L. McCorquodale

Approval Date

9/19/2022

Contracts Approval

Approve *

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

Approved by *

Shashya Behn

Approval Date *

9/19/2022



Executive Contract Summary

Contract Section


Contractor*

CENTRE TECHNOLOGIES

Contract ID #*

7012

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

CENTRE
 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* (?)

10/17/2022

Contract Term End Date* (?)

10/16/2023

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

Current Contract Amount*

\$ 50,000.00

Increase Not to Exceed*

\$ 1,894.62

Revised Total Not to Exceed (NTE) *

\$ 51,894.62

Fiscal Year* (?)

2023

Amount* (?)

\$ 51,894.62

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 checked="" 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* (?)

RENEWAL QUOTE CAME BACK HIGHER THAN WHAT WAS SUBMITTED DURING RENEWAL PROCESS

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT141335

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Centre Tech - ID 7012 - FY23 VMware Renewal Quote 54677.pdf 278.12KB

Vendor/Contractor Contact Person

Name*

CENTRE TECHNOLOGIES/JAMIE SCHANBACHLER

Address*

Street Address

16801 Greenspoint Park Drive

Address Line 2

SUITE 200

City

Houston

Postal / Zip Code

77060-2303

State / Province / Region

TX

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	\$ 1,894.62	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE QUOTE

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

9/21/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/21/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochunwala

Approval Date

9/22/2022

Contracts Approval

Approve*

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

Approved by *

Shasthya Bahu

Approval Date *

9/22/2022



Executive Contract Summary

Contract Section

Contractor*

West Publishing Corporation dba Thomson Reuters Business

Contract ID #*

6168

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

West Publishing Corporation dba Thomson Reuters Business 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 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 Subscription |

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*

\$ 5,382.12

Increase Not to Exceed*

\$ 63.89

Revised Total Not to Exceed (NTE)*

\$ 5,446.01

Fiscal Year* (?)	Amount* (?)
2022	\$ 5,446.01

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 checked="" type="checkbox"/> Other Subscription |

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

To pay outstanding invoice for August 2022

Contract Owner*

Silvia Tiller

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

05/01/14- present

Westlaw Subscription Services

Vendor/Contractor a Historically Underutilized Business (HUB)* (?) Yes No Unknown**Community Partnership* (?)** Yes No Unknown**Supporting Documentation Upload (?)****Vendor/Contractor Contact Person****Name***

Pat Simpson

Address*

Street Address

Thomson Reuters-West Payment Center

Address Line 2

P.O. Box 6292

City

Carol Stream

Postal / Zip Code

60197

State / Province / Region

IL

Country

US

Phone Number*

763-326-0132 wk/713-252-5853 mobile

Email*

pat.simpson@thomsonreuters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 63.89	574000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Behn, Shaskyia

Submission Date

9/20/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Silvia Tiller

Approval Date

9/22/2022

Contracts Approval

Approve*

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

Approved by *

Shasthya Behn

Approval Date *

9/22/2022



Executive Contract Summary

Contract Section


Contractor*

West Publishing Corporation dba Thomson Reuters Business

Contract ID #*

6168

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

West Publishing Corporation dba Thomson Reuters Business 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 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 Subscription |

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*

\$ 5,382.12

Increase Not to Exceed*

\$ 292.93

Revised Total Not to Exceed (NTE)*

\$ 5,675.05

Fiscal Year* (?)

2023

Amount* (?)

\$ 5,675.05

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To cover FY2023 invoices, which will come out to 13 instead of 12 invoices, as a result of of August invoice is billed in September of the next fiscal year.

Contract Owner*

Silvia Tiller

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

05/01/14- present

Westlaw Subscription Services

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Pat Simpson

Address*

Street Address

Thomson Reuters-West Payment Center

Address Line 2

P.O. Box 6292

City

Carol Stream

Postal / Zip Code

60197

State / Province / Region

IL

Country

US

Phone Number*

763-326-0132 wk/713-252-5853 mobile

Email*

pat.simpson@thomsonreuters.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 292.93	574000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Behn, Shaskyia

Submission Date

9/20/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/20/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Silvia Tiller

Approval Date

9/22/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Bahu

Approval Date*

9/22/2022



Executive Contract Summary

Contract Section ^

Contractor*

BMC- TRACK-IT!

Contract ID #*

6132

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

BMC
 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 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 UNKNOWN |

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*

\$ 16,000.00

Increase Not to Exceed*

\$ 7,889.72

Revised Total Not to Exceed (NTE) *

\$ 23,889.72

Fiscal Year* (?)

2023

Amount* (?)

\$ 23,889.72

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* (?)

RENEWAL 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*

CT141292

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

BMC.pdf

760.79KB

Vendor/Contractor Contact Person

Name*

BMC/SETH KOCHONIN

Address*

Street Address

2103 CityWest Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77042

State / Province / Region

TX

Country

US

Phone Number*

(800) 218-3373

Email*

SETH_KOCHONIN@BMC.COM

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 7,889.72	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHED

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

9/21/2022

Budget Manager Approval(s) 

Approved by

Ricardo Campbell

Approval Date

9/21/2022

Contract Owner Approval 

Approved by

Mustafa Cochinnala

Approval Date

9/22/2022

Contracts Approval

Approve*

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

Approved by*

Shasteyia Behn

Approval Date*

9/22/2022



Executive Contract Summary

Contract Section


Contractor*

NETSPI

Contract ID #*

7679

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)
NETSPI
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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 20,000.00

Increase Not to Exceed*

\$ 13,340.50

Revised Total Not to Exceed (NTE) *

\$ 33,340.50

Fiscal Year* (?)

2023

Amount* (?)

\$ 33,340.50

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

RENEWAL QUOTE WAS 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*

CT141388

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

NETSPI/OLYA JUMAKULIYEVA

Address*

Street Address

800 WASHINGTON AVE

Address Line 2

City

MINNEAPOLIS

State / Province / Region

MN

Postal / Zip Code

55401

Country

United States

Phone Number*

8882700317

Email*

ACCOUNTING@NETSPI.COM

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 13,340.50	553003
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

333,40.50 NTE

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Boswell, Shawnti

Submission Date

9/23/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/23/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinvala

Approval Date

9/23/2022

Contracts Approval

Approve*

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

Approved by*

Shaslyia Belm

Approval Date*

9/23/2022



Executive Contract Summary

Contract Section ^

Contractor*

Lumen

Contract ID #*

7802

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Lumen and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract • Amendment

Contract Term Start Date* (?)

10/1/2022

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 50,000.00

Increase Not to Exceed*

\$ 19,727.00

Revised Total Not to Exceed (NTE) *

\$ 69,727.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 69,727.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 71,084.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 71,084.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

Secondary (DR) route for Azure Cloud Network. We currently have 1 connection to our cloud infrastructure from the primary datacenter. This new connection will add redundancy and also decrease downtime in the event of a hardware failure on our firewalls.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21, FY22, direct connectivity with Harris Health for EPIC

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

Yes No Unknown

Please provide an explanation*

They are a large corporation. Not a HUB.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health - Lumen Azure Agreement.pdf 274.67KB

Vendor/Contractor Contact Person



Name*

John Lillibridge

Address *

Street Address

1025 Eldorado Boulevard

Address Line 2

City

Broomfield

Postal / Zip Code

80021

State / Province / Region

CO

Country

US

Phone Number*

336-217-4212

Email*

john.lillibridge@lumen.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 19,727.00	564004

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

1st month - \$2063 plus applicable taxes.

Remaining months - Approximately \$1756.88 per month.

Taxes are estimated until service is implemented.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

9/19/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/19/2022

Contract Owner Approval

Approved by

Mustafa Cokunvata

Approval Date

9/19/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behm

Approval Date*

9/20/2022

EXHIBIT F-15

October 2022
Affiliation Agreements, Grants,
MOU's and Revenues
Information Only

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY23 CONTRACTS						
AFFILIATION AGREEMENTS						
GRANTS						
1	Texas Clinic Healthcare System	Medication Assisted Treatment Alcohol and other Substance Use Disorders	Amendment	07/01/22- 08/31/23	State Grant	This contract will allow Texas Clinic Healthcare System to provides Medication Assisted Treatment Alcohol and other Substance Use Disorders (MAT AUD) to Harris Center clients acquired through outreach engagement, and referral, to assist the The Harris Center with linkage and retention in substance use, mental health, and medical services to Texas residents living with a Substance Use Disorder. FY23 will be \$150,000.00 in total. \$135,000.00 for the Program with 15K representing the Admin fee.
MOU						
2	Harris County Precinct 2	Collaboration with SUPOD	New	9/1/2022 - 8/31/2023	General Revenue (GR)	This agreement will allow Harris County Precinct 2 and the Baker Ripley Centers to collaborate with SUDOP and Harris Center to provide outreach, engagement, referral, linkage and retention in substance use, mental health, and medical services to Texas residents living with a Substance Use Disorder (SUD) or substance use problems at their community centers on a weekly basis.
REVENUE						
3	The Arc of Texas	HHSC Learning Collaborative (LC) Outpatient Biopsychosocial (OBI) Project	New MOU/Revenue \$15,000	10/28/22- 08/31/23	State Grant	The purpose of this partnership with The Arc of Texas is to continue the HHSC Learning Collaborative (LC) Outpatient Biopsychosocial (OBI) project to assist The Arc of Texas' Whole Person Project in meeting their goals to create a lasting change for all persons in Texas with Intellectual and Developmental Disabilities (IDD). Additionally to ensure that IDD Consumer receive quality, timely support mental health services that are needed to thrive within their communities and avoid institutionalization. The Arc of Texas will disburse \$15,000 to The Harris Center at the start of the services with the understanding that the above mentioned activities will be completed by the end of the grant period (May 31, 2025). The rate will be renegotiated each year through the renewal process.
4	Joel Elijah Adult Care, Inc dba Grace Care	Day Habilitation and Socialization Skills Training	New Revenue	10/21/22- 08/31/23	State	This new revenue agreement is for the purpose of providing day habilitation and socialization skills training in the Coffeehouse program.
RIFTON CHAIR LOANERS						
5	Ann Jose	Rifton Chair Loaner	New	09/26/22- 01/25/23	Private Grant	This new Rifton Chair Loaner Agreement is to temporarily loan a rifton chair purchased by the Agency to IDD STARS consumer for a 3 month term. Parent will provide a \$350.00 deposit which will be returned upon return of chair subject to the chair being returned in good condition.



Executive Contract Summary

Contract Section

Contractor*

Texas Clinic Healthcare System

Contract ID #*

2022-0456

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Texas Clinic Healthcare System and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

8/31/2023

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

Current Contract Amount*

\$ 150,000.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 150,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 150,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

This contract will allow Texas Clinic Healthcare System to provides Medication Assisted Treatment Alcohol and other Substance Use Disorders (MAT AUD) to Harris Center clients acquired through outreach engagement, and referral, to assist the 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.

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*

TX Clinic Healthcare System

Supporting Documentation Upload (?)

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	\$ 150,000.00	543075
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Macleod, Ann	

Provide Rate and Rate Descriptions if applicable * (?)

na

Project WBS (Work Breakdown Structure) * (?)

na

Requester Name

Singh, Patricia

Submission Date

9/15/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

9/15/2022

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

9/16/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Belu

Approval Date*

9/29/2022



Executive Contract Summary

Contract Section

Contractor *

Harris County Precinct 2/Baker Ripley Centers

Contract ID # *

2022-0382

Presented To *

- Resource Committee
 Full Board

Date Presented *

5/17/2022

Parties * (?)

Harris County Precinct 2/Baker Ripley Centers and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

5/1/2022

Contract Term End Date * (?)

8/31/2023

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

Fiscal Year * (?)

2022

Amount * (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Precinct 2 and Baker Ripley Centers

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Chara L Bowie, Director of Health Services

Address*

16003 Lorenzo Street

Channelview

TX

77530-4306

US

Phone Number*

713-274-2124

Email*

Chara.Bowie@pct2.hctx.net

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	00

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Macleod, Ann

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

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

Budget Manager Approval(s)



Approved by

Approval Date

4/5/2022

Procurement Approval



File Upload (?)

Approved by

Approval Date

Contract Owner Approval



Approved by

Approval Date

4/5/2022

Contracts Approval

Approve*

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

Approved by*

Approval Date*

4/6/2022

Contract Section **Contractor***

The Arc of Texas

Contract ID #*

2022-0536

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

The Harris Center for Mental Health and IDD and The Arc of Texas

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/28/2022

Contract Term End Date* (?)

8/31/2023

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

NA

Fiscal Year* (?)

2023

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

The purpose of this partnership with The Arc of Texas is to continue the HHSC Learning Collaborative (LC) Outpatient Biopsychosocial (OBI) project to assist The Arc of Texas' Whole Person Project in meeting their goals to create a lasting change for all persons in Texas with Intellectual and Developmental Disabilities (IDD) and mental health needs receive the quality, timely support needed to thrive within their communities and avoid institutionalization. See attachments for detailed description of the services/goals of the partnership.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

The Harris Center has contracts with The Arc (local chapters) for Respite services for several years for the purpose of providing respite services to individuals/primary caregivers of Harris County.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

The Arc of Texas

Supporting Documentation Upload (?)

MOU_Harris Center.pdf	165.76KB
21D0323 HHSC IDD_BH flyer-OBI-Accessible-Version-AP.pdf	489.18KB
One-Pager_OBI_LC_03.2022.docx	15.72KB
White Paper_DRAFT_04.05.docx	86.07KB

Vendor/Contractor Contact Person



Name*

Alex Cogan, LMSW, Manager of Public Policy & Advocacy

Address *

Street Address

8001 Center Park Dr., Suite 100

Address Line 2

City

Austin

Postal / Zip Code

78754

State / Province / Region

TX

Country

USA

Phone Number*

512-485-9737 (office) 512-545-4956 (fax)

Email *

acogan@thearcoftexas.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3504	\$ 0.00	N/A

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

Provide Rate and Rate Descriptions if applicable* (?)

The Arc of Texas will disburse \$15,000 to The Harris Center at the start of the services with the understanding that the above mentioned activities will be completed by the end of the grant period (May 31, 2025). The rate will be renegotiated each year of renewal.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Childs, Margo

Submission Date

8/31/2022

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

8/31/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

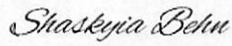
8/31/2022

Contracts Approval

Approve *

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

Approved by *



Approval Date *

9/6/2022



Executive Contract Summary

Contract Section



Contractor*

Joel Elijah Adult Care, Inc dba Grace Care

Contract ID #*

2022-0562

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/18/2022

Parties* (?)

Joel Elijah Adult Care, Inc dba Grace Care and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/21/2022

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

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 * (?)

For the purpose of providing day habilitation and socialization skills training in the Coffeehouse program

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 *

Joel Elijah Adult Care, Inc dba Grace Care

Supporting Documentation Upload (?)

Rates FY 23.docx

12.76KB

Vendor/Contractor Contact Person

Name *

Joel Elijah, Owner or Priscilla Williams (authorized signer for the contract)

Address *

Street Address

6670 Highway 6 South, Suite 7764 C

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77083

Country

USA

Phone Number *

832-971-5503

Email *

jewadultcareinc@att.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3638	\$ 0.00	N/A

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

Provide Rate and Rate Descriptions if applicable* (?)

See attachment for rates for day habilitation services.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Childs, Margo	10/3/2022

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

10/3/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

10/3/2022

Contracts Approval

Approve*

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

Approved by*

Shaskyia Behn

Approval Date*

10/3/2022



Executive Contract Summary

Contract Section ^

Contractor*

Ann Jose

Contract ID #*

2022-0556

Presented To*

- Resource Committee
- Full Board

Date Presented*

11/15/2022

Parties* (?)

Ann Jose 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 Rifton Chair Loaner Agreement

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* (?)

9/26/2022

Contract Term End Date* (?)

1/25/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

Private 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* (?)

Rifton Chair Loaner Agreement to temporarily loan a rifton chair purchased by the Agency to IDD STARS consumer for a 3 month term. Parent will provide a \$350.00 deposit which will be returned upon return of chair subject to the chair being returned in good condition.

Contract Owner*

Dr. Rinita Roberts

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ann Jose

Address*

Street Address

7134 Harwich Lane

Address Line 2

City

Missouri City

Postal / Zip Code

77459-1750

State / Province / Region

TX

Country

US

Phone Number*

832-563-9408

Email*

annjjose@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 0.00	595000
Budget Manager		Secondary Budget Manager
Adams-Austin, Mamie		Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Willis, Amanda	9/26/2022

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

9/26/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Rinita Roberts

Approval Date

9/26/2022

Contracts Approval

Approve*

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

Approved by*

Shasthya Behu

Approval Date*

9/27/2022

EXHIBIT F-16

Transforming Lives



Behavioral Health Teams: The Fourth Response for 911



2022 CIT International
Conference

Welcome



Sgt. Rebecca Skillern, M.A., LPC-S
Houston Police Department
Mental Health Division



Ann MacLeod, LPC-S, NCC
Director in the Crisis Division
The Harris Center



Sarah Strang, LPC
Director, Mobile Crisis Outreach Team
The Harris Center

The Harris Center

Houston, TX

As the largest behavioral and developmental disability care center in Texas, The Harris Center provides a full continuum of services to 92 access points across Harris County and serves over 90K individuals annually.

Services are offered in over 40+ different languages to better serve one of the most diverse and multi-cultural communities in the nation.



 The HARRIS CENTER for
Mental Health and IDD

Transforming lives by providing over 1.5 million services.



90K+
Individuals Served



599K
Adult Mental Health
Services



214K
Child/Adolescent
Mental Health Services



227.8K
IDD & Autism Services



379.2K
Crisis Line and
Access Calls



20K
COVID-19 Support Calls



5.4K
911 Calls Diverted

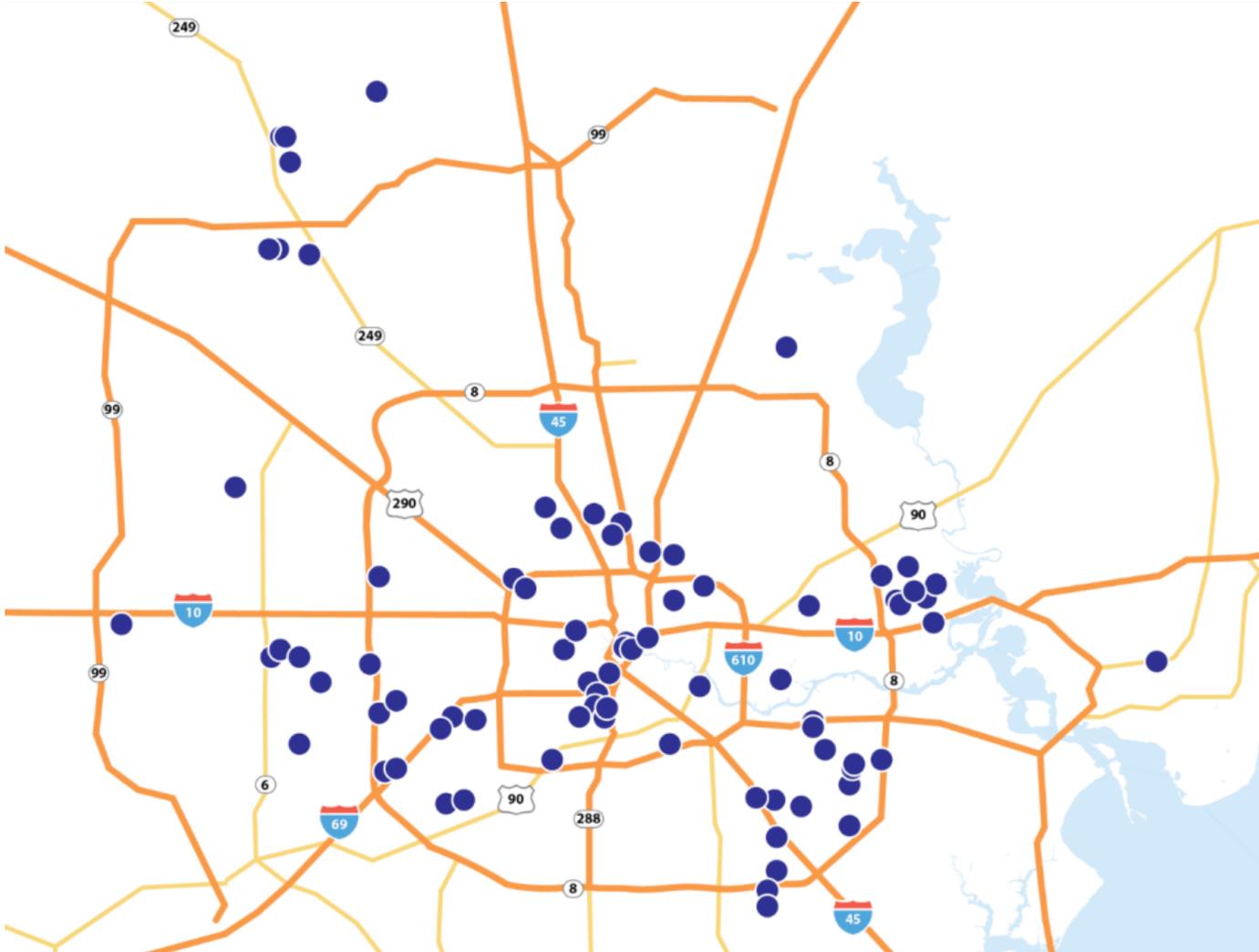


131.7K
Psychiatric Crisis
Services



91.2K
Early Childhood
Intervention

Current Service Sites within Harris County



- **92** access points across Harris County.
- **2,500+** team members providing care from **92** locations throughout Harris County.
- **30%** of our services are delivered where people live, work or go to school.
- Many services are also available through telehealth.

HOUSTON POLICE DEPARTMENT



5,100 classified; 800 civilian

Largest municipal police agency
in Texas

4th largest city in the United
States

665 Square miles

Evolution of 911



Up until the late 1960s there was no centralized number to call in cases of emergency.



1967

9-1-1 was designated as the “Universal Emergency Number” throughout the US.



1999

911 became the nation's official emergency number.



Fast Forward to Current Use

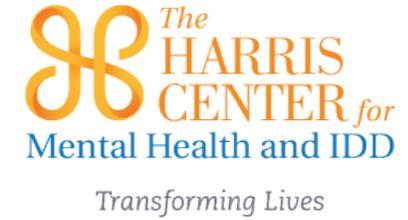


Intended Use	Actual Use
Emergency Response	Access Public Resources
	Family Intervention
	Mental Health
	Behavioral Issues

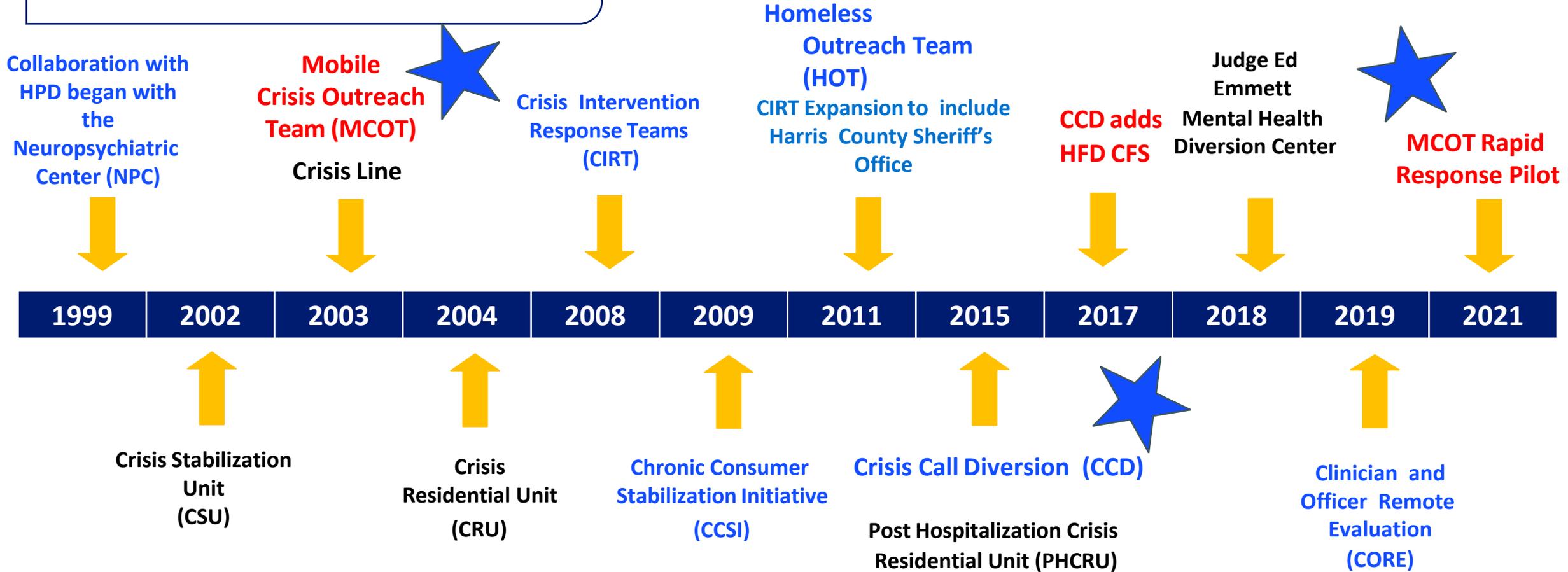


On average only about 20% of **behavioral health related** crisis calls received by dispatch require the response of law enforcement (e.g., indicators of violence or crime are present).

The Harris Center & HPD Co-Response



The Harris Center for Mental Health and IDD has been leading the charge in assisting law enforcement with mobile mental health interventions.



The Mobile Crisis Outreach Team (MCOT)



- Plays an integral role in the delivery of a continuum of crisis-related care.
- Available 24/7/365.
- Serves individuals regardless of residency status, diagnosis, veteran status, or ability to pay.
- Utilizes the most effective and least restrictive approaches and interventions

FY2021

2K Referrals
Received

21K Services
Provided

85 Avg. Services
Per Day

616 Urgent
Dispatch

41% Resolved
on Scene

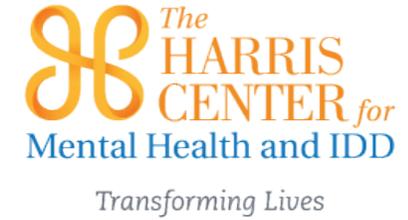
37% Higher Level
of Care

Services

- Crisis Intervention
- Psychiatric Assessment and Medication Management
- Brief Therapy
- Nursing Services
- Substance Use Assessment and Referral
- Intensive Case Management
- Youth and Adult Peer Support Services



The Crisis Call Diversion (CCD) Program



1st of its kind in the Nation

Multi-agency collaboration

The Harris Center for Mental Health & IDD, Houston Police Department (HPD), Houston Emergency Center (HEC), and Houston Fire Department (HFD).

Purpose: To reduce the use & volume of non-emergency mental health-related calls for service as well as the use of both HPD patrol and HFD EMS personnel for non-emergency responses.

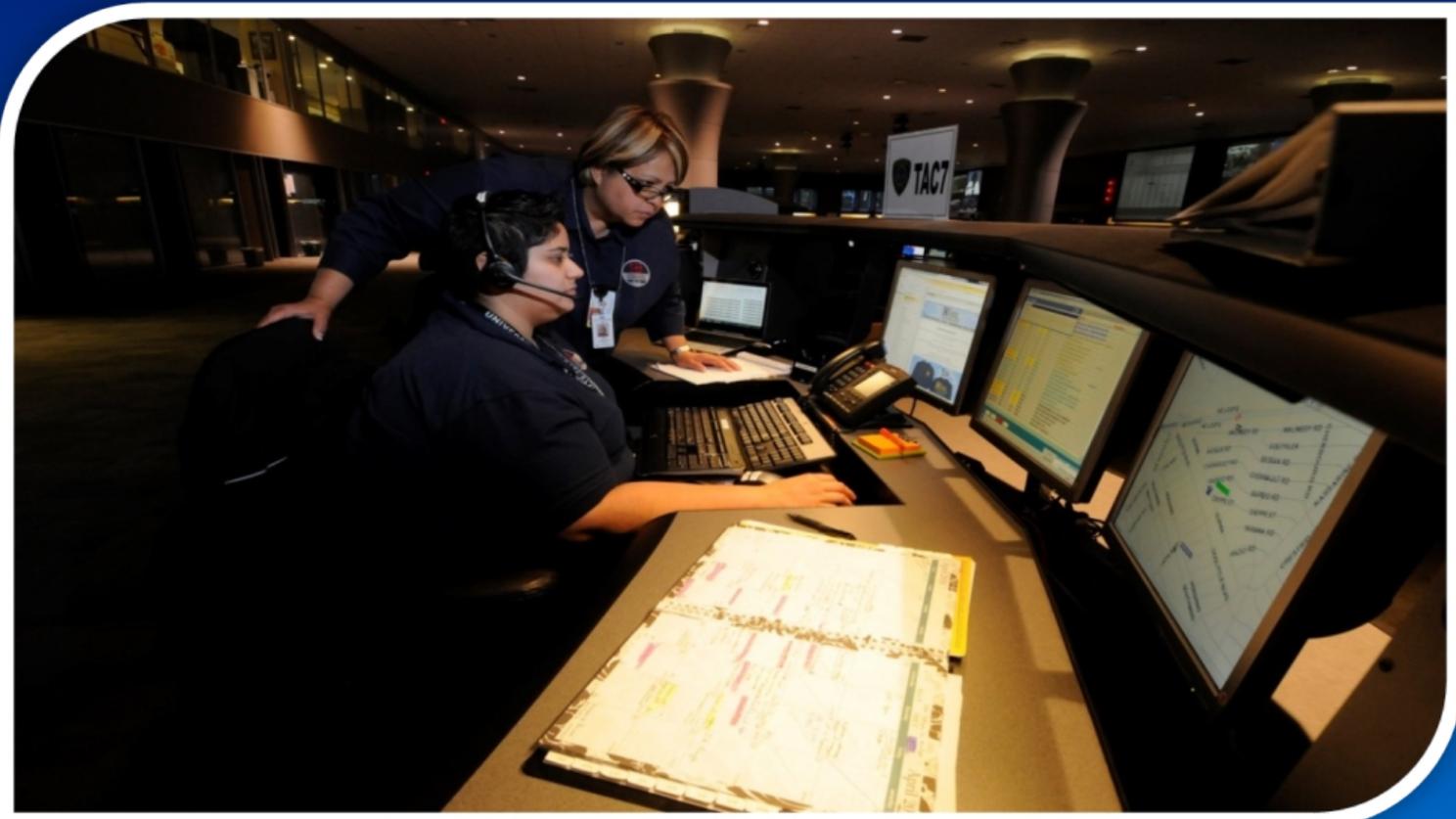


Crisis Call Diversion Program

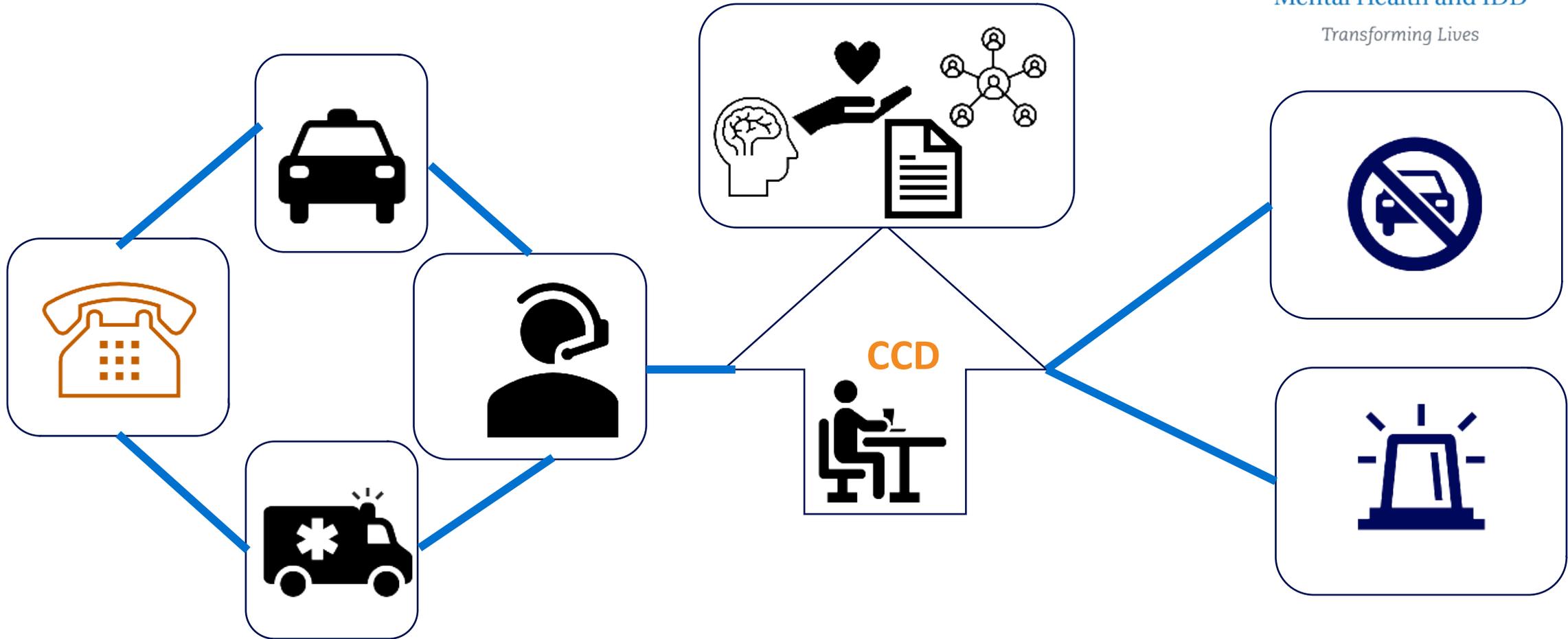
7 Qualified Bachelor-level Mental Health Professionals referred to as Crisis Phone Counselors and two Supervisors

Located inside the Houston Emergency Center (HEC) available 24/7.

- 911 Call Takers
- HFD Call Takers
- HPD Dispatchers
- Police Desk Unit
- Tele-serve
- Patrol
- Watch Command
- Dispatch Supervisors



The CCD Process until 2021



2016-2021

13K⁺ HPD/HFD
CFS Diverted

3.5K Safety
Plans Devised

4K Community
Referrals Made

1.5K Harris Center
Clients Identified

Public Health Crisis



The City of Houston experienced an increase in violent crime as the COVID-19 pandemic flooded on our city, state, and nation.



In 2021, the City of Houston launched One Safe Houston crime reduction initiative launched focusing on four key areas:

- Violence Reduction and Crime Prevention
- **Crisis Intervention, Response, and Recovery**
- Youth Outreach Opportunities
- Key Community Partnerships



Represents a holistic approach to combatting violent crime on the streets while being responsive to the needs of victims and building healthier communities in the process.

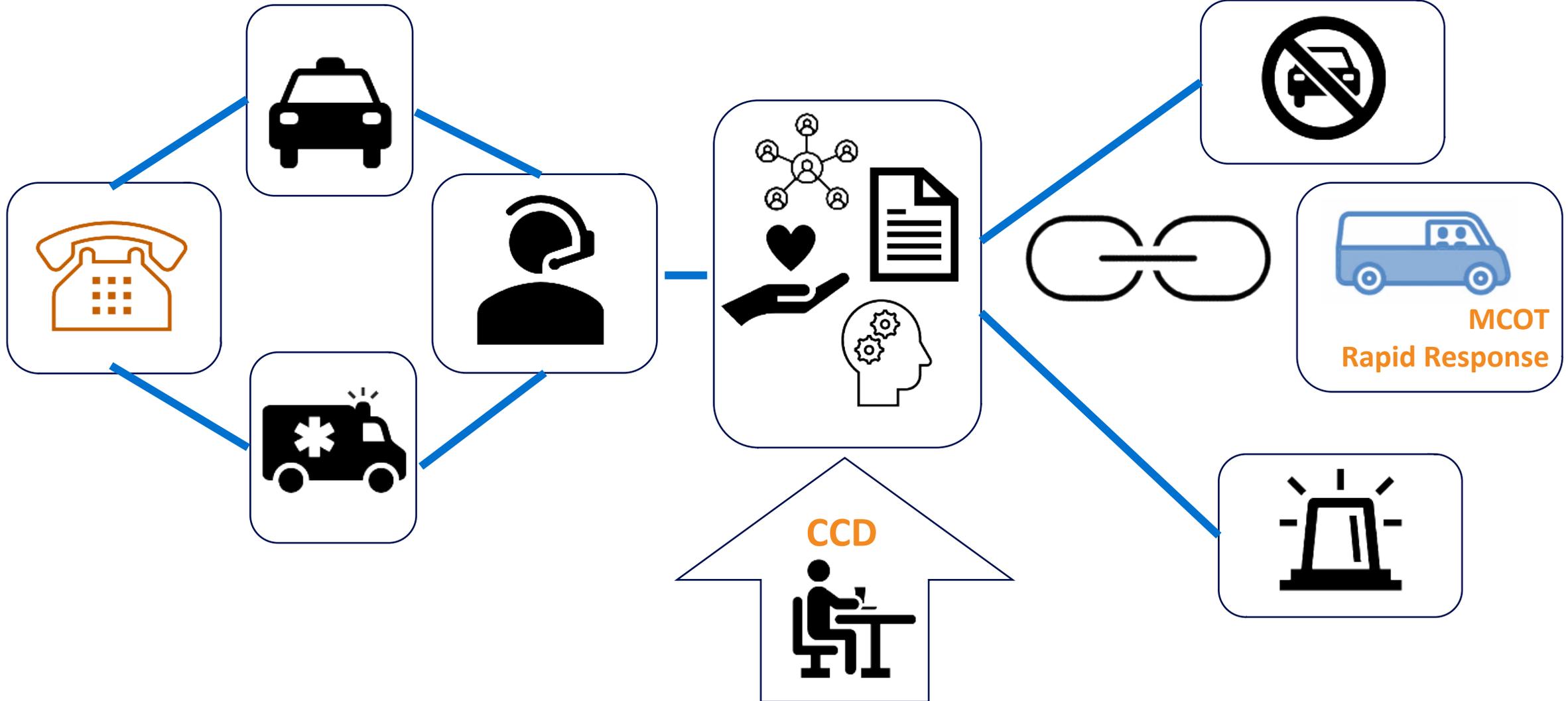


By the end of the initiative, all violent crime categories were reduced except homicide.



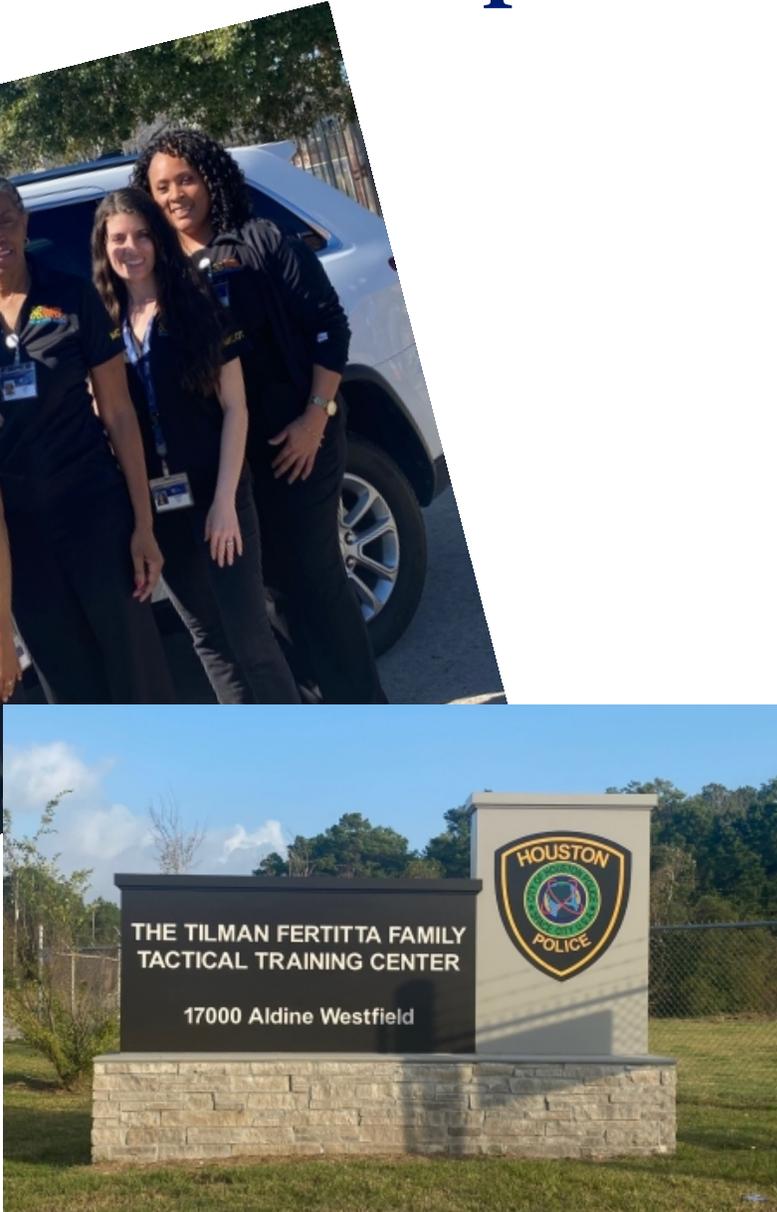
CCD + MCOT Rapid Response

Transforming Lives



MCOT Rapid Response Pilot Program

- Serves as a 4th option for dispatch and first line response to 911 and HPD non-emergency lines for calls that are non-imminent and non-criminal
- Received scene safety training from Houston Police Department
- Comprised of 18 crisis teams
- Available 24/7/365
- MCOT Rapid Response Goal –
Eliminate an automatic response of fire, EMS, or law enforcement when someone contacts 911 for mental health assistance



One Year Pilot Outcomes

March 2021- March 2022



Transforming Lives



3,829
CFS
Diverted



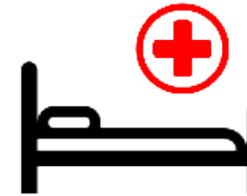
44%
Diverted
CFS resolved by CCD
without any dispatch



799
MCOT RR
Dispatched



12
Transported
to Jail
Diversion



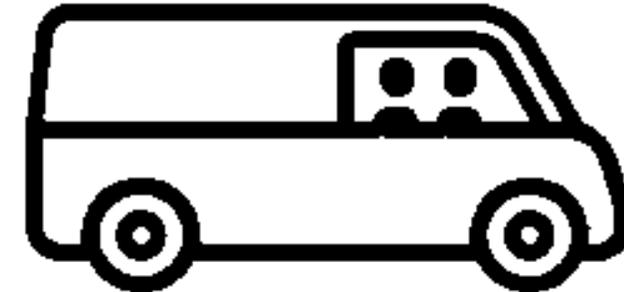
194
Transported
for HLC



55%
Resolved on
Scene



138
MCOT RR Requested
HPD/HFD Assistance



People get the right care, in the right setting, when they need it.

From Pilot to Program

- 4/13/22 - City of Houston American Rescue Plan Act (ARPA) – funding allocated to behavioral health programs that are intended to assist the HPD when handling mental health crisis calls, MCOT Rapid Response and CCD being among them
- April 2022 – Now 20 MCOT-RR teams and a Registered Nurse
- CCD now has 24/7 coverage

Thank You

Sgt. Rebecca Skillern, M.A., LPC-S
Houston Police Department
Mental Health Division
Rebecca.Skillern@houstonpolice.org

Ann MacLeod, LPC-S, NCC
Director, Crisis Division
Ann.MacLeod@TheHarrisCenter.org

Sarah Strang, LPC
Director, Mobile Crisis Outreach
Team
Sarah.Strang@TheHarrisCenter.org

EXHIBIT F-17

Transforming Lives



Data-Driven Decision Making: Using Data To Improve Your Market Position

The Harris Center Examples

October 2022

Presented By: Luming Li, MD, Chief Medical Officer

- **Mission:** Transform the lives of people with behavioral health and IDD needs
- **Vision:** Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care



The
HARRIS
CENTER for
Mental Health and IDD

The Harris Center

Houston, TX

As the largest behavioral and developmental disability care center in Texas, The Harris Center provides a full continuum of services to 88 sites across Harris County and serves over 80,000 individuals annually.

Services are offered in over 40+ languages to better serve one of the most diverse and multi-cultural communities in the nation.

The Harris Center is the state-designated Local Mental Health Authority and the Local Intellectual and Developmental Disability Authority serving Harris County, Texas.



The Reach of our Services in FY 2020



24.3K Adult Mental Health



6.8K Children/Adolescent Mental Health



21K IDD & Autism

3.4K Forensic Mental Health



18K Harris County Jail



16.2K Psychiatric Crisis



262K+ Prescriptions Filled



1.9K+ 911 Crisis Calls Diverted



125K Crisis Line Calls



The Harris Center

Case Study: Data Decision-Making Examples

Key Data Challenges



Extracting and linking data from different data sources



Validating data for accuracy (clear measure definitions)

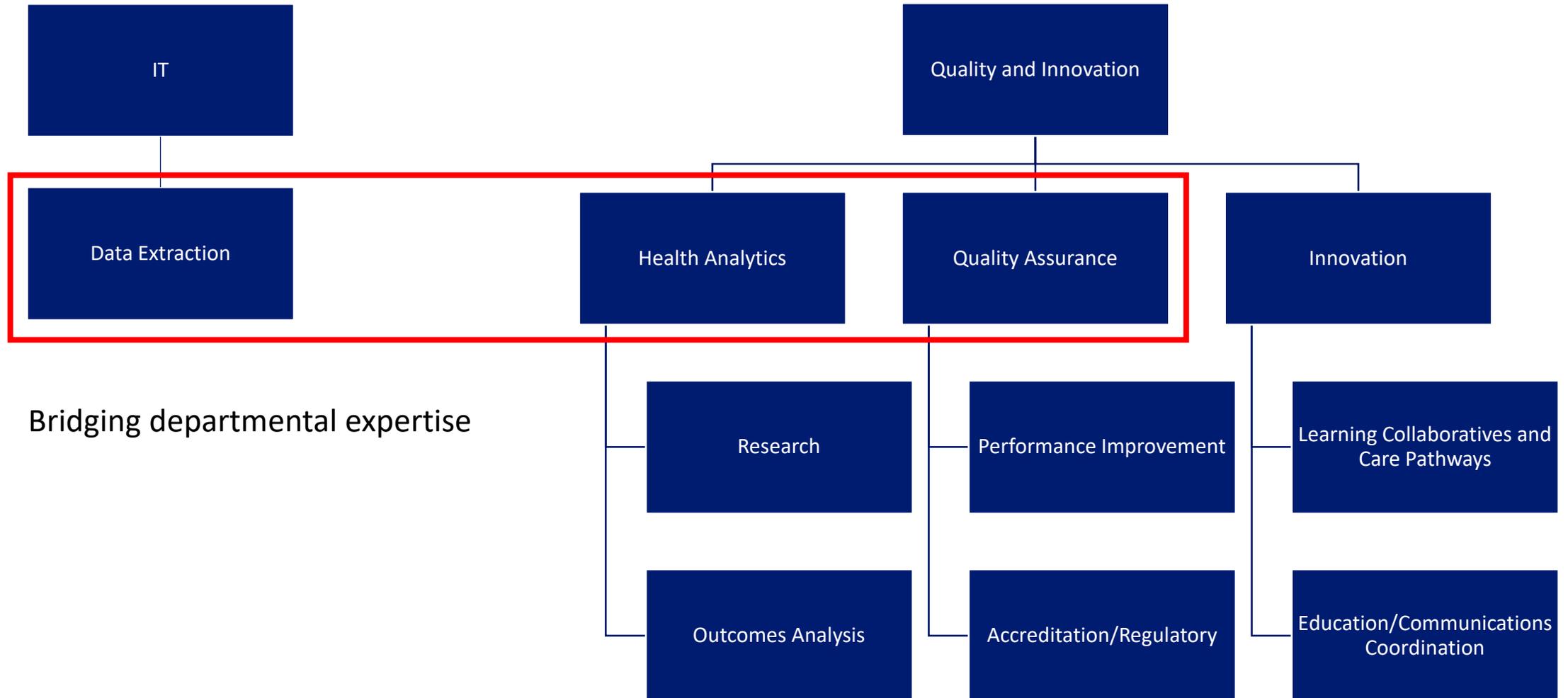


Having alignment and expertise for data analysis



Using data for decision-making that enhances market position and care delivery

Data Analytics Structure



Bridging departmental expertise

Data-driven approaches



Enhancing visualizations to guide data analysis



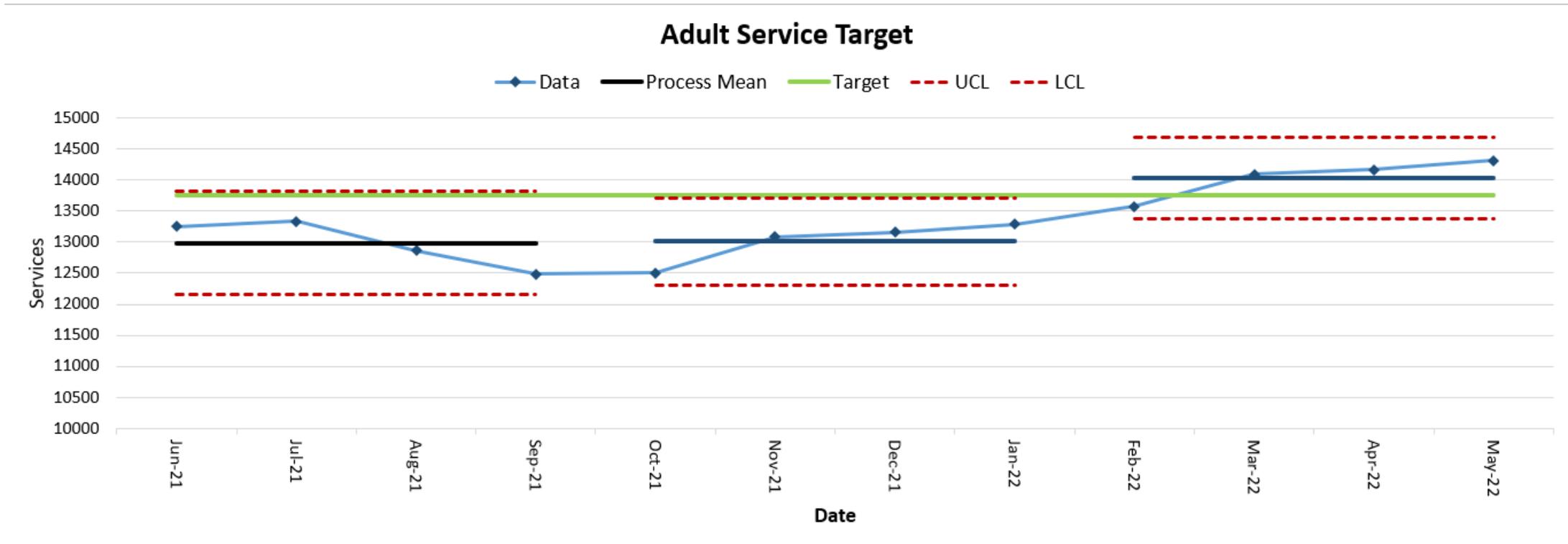
Building dashboards for near real-time information



Incorporating continuous learning, partnerships, and structure to support analytics

Enhancing visualization – Example: Access to Care

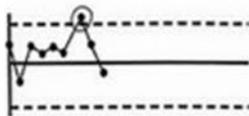
Higher is better



SPECIAL CAUSE VARIATION

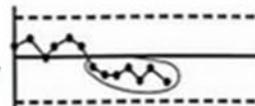
POINT OUTSIDE OF THE LIMIT:

Any point on or outside the limit is considered abnormal and requires investigation.



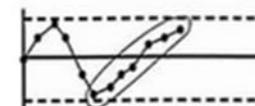
SHIFT (RUN):

A shift is indicated when 7 consecutive points lie continually on one side of the center line.



TRENDS:

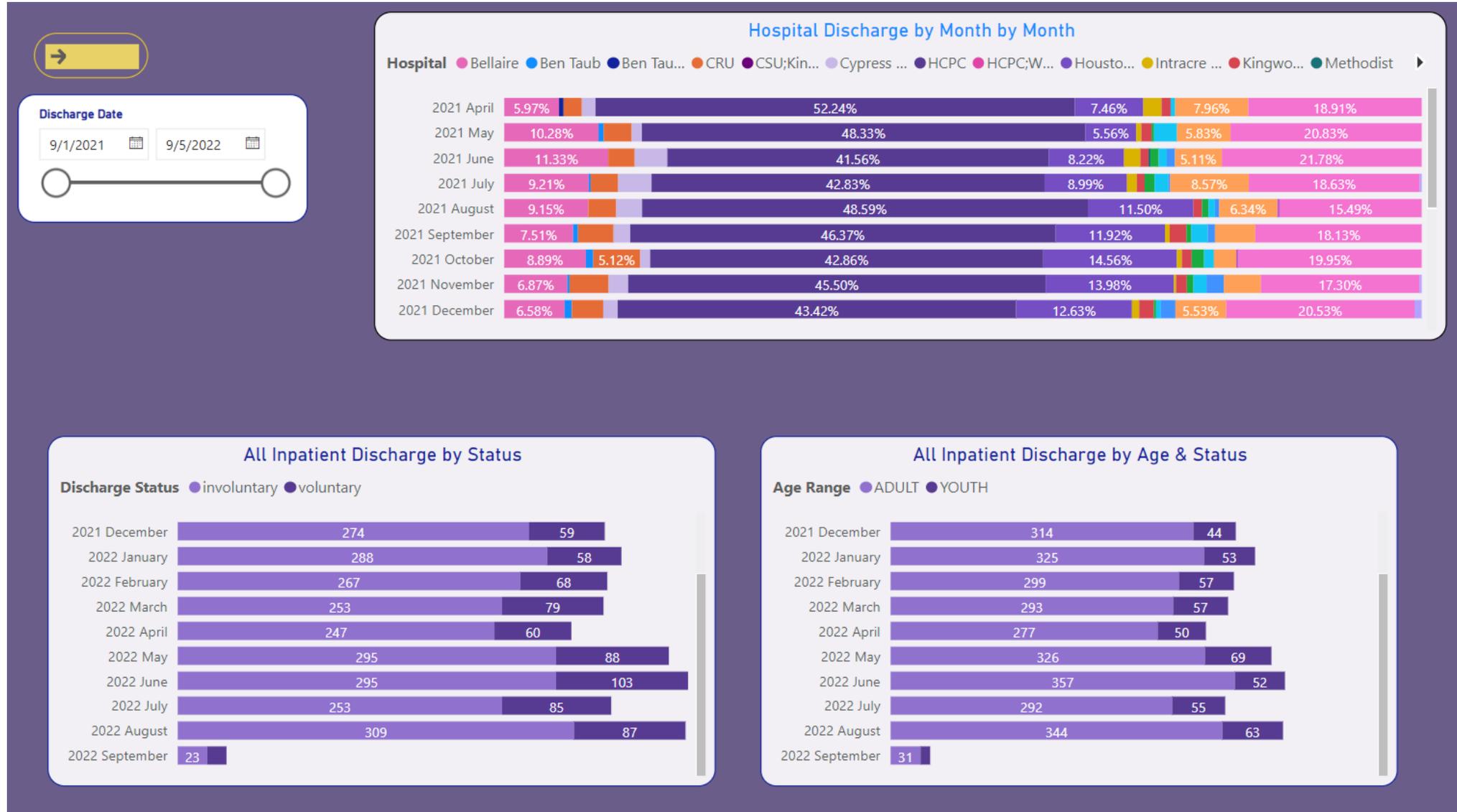
Seven consecutive points in an upward or downward direction could indicate special cause



Key Points

- Control charts can assess for normal and special cause variation
 - Support understanding of when trend changes are important (vs within normal limits)
 - Promote proactive instead of reactive analysis
- Trends help enhance understanding of month-to-month changes across the year
- Data used to alert process shifts and can drive decision for new PI projects and evaluation of staffing/resourcing

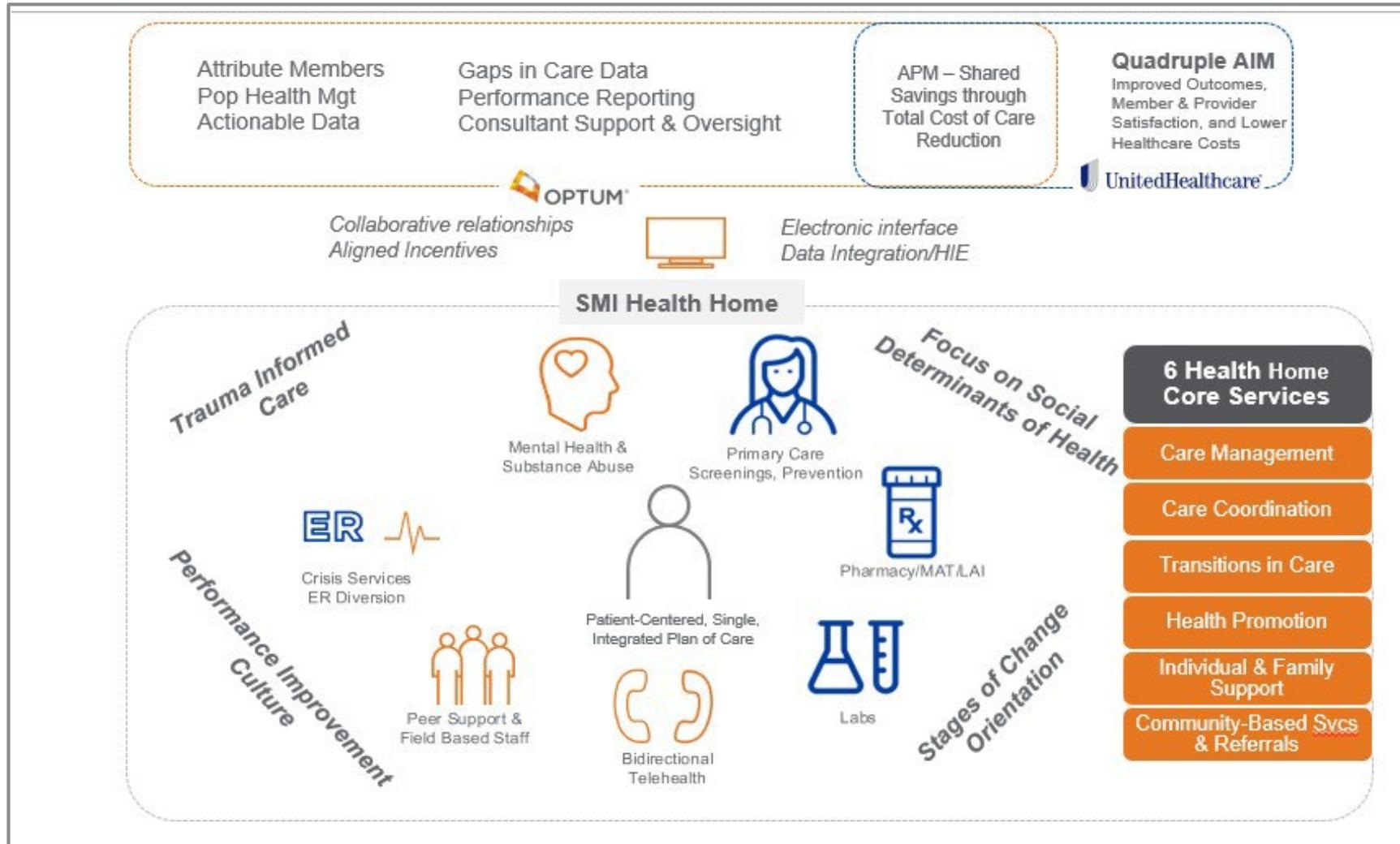
Building dashboards – Example: Psychiatric Emergency Services



Key Points

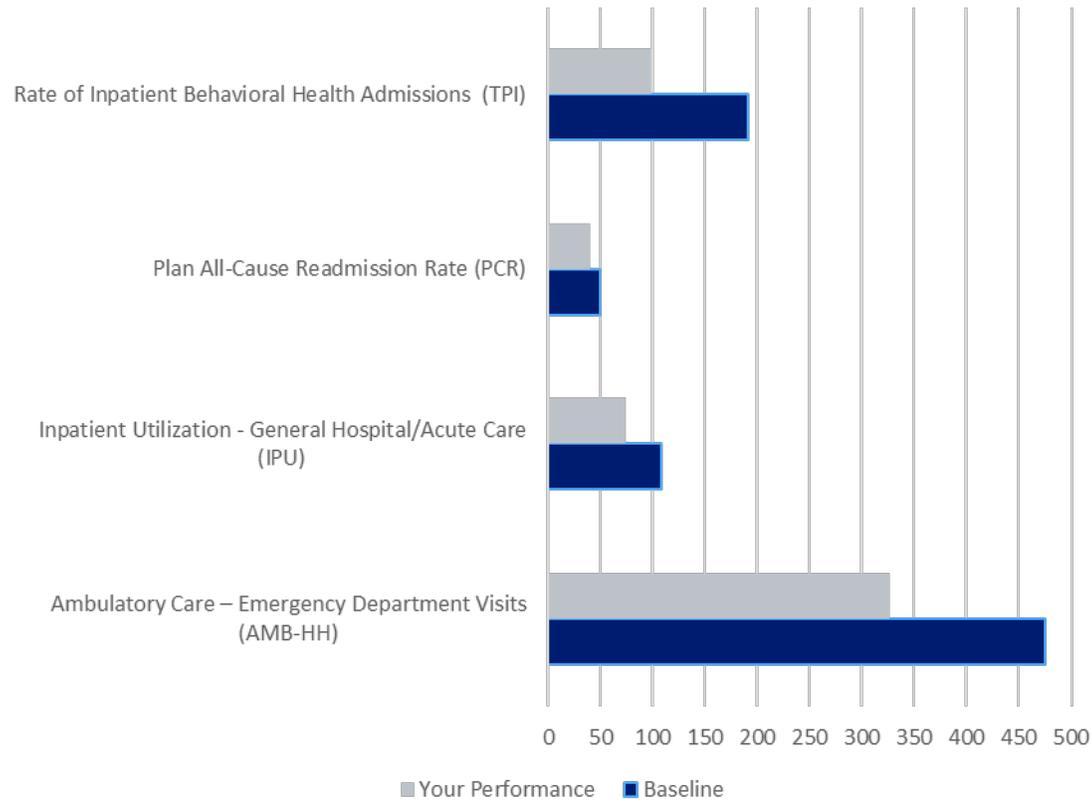
- Partnerships across teams/departments are needed to support dashboard building (data extraction and validation)
- Dashboards can be used by visualizing different lens for unit-level staff, unit managers, and executive leadership
- Different process data elements can be used to review trends
- Near real-time data can be used for timely decision-making and supporting unit-level responses

Leveraging partnerships – Example: Health Home Project

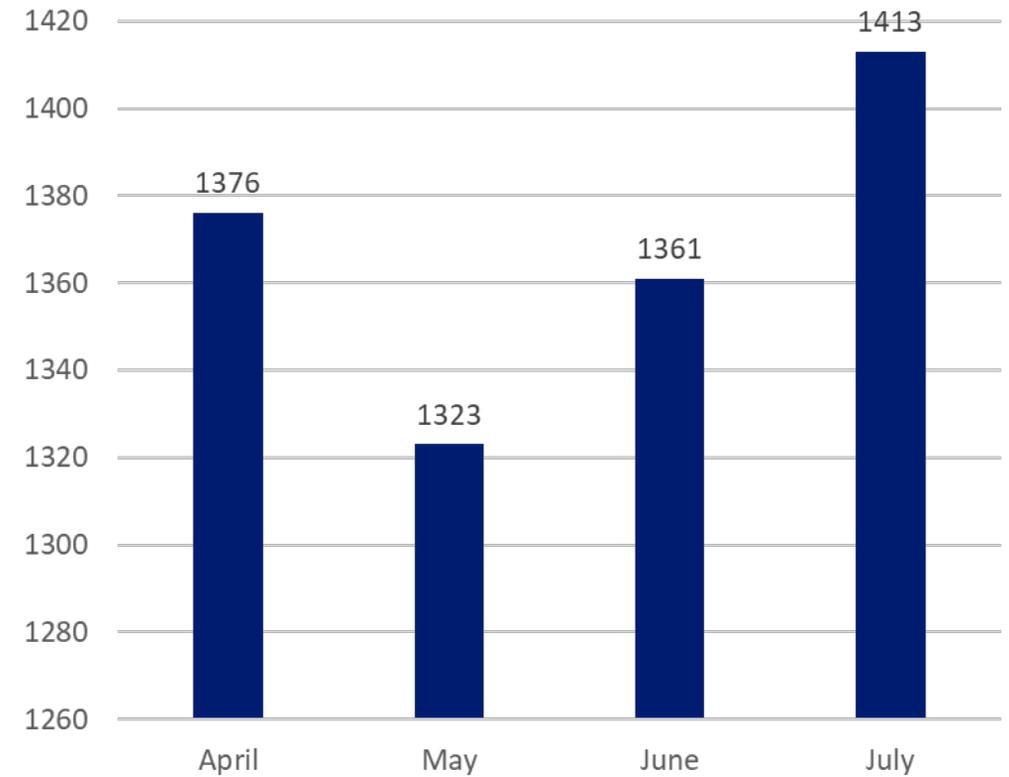


Performance Reports Using Managed Care Claims Data

Decreasing Utilization Measures



Attributed Members April – July 2022



Key Points

- Population-level health data are valuable to understand costs of care and quality of care
- Some data elements not easily accessed through the electronic medical record can be linked through insurer claims data
- Outcome measures such as readmission rates and inpatient utilization are helpful to understand downstream impacts of outpatient services
- Data can be used to drive decisions on resource allocation and innovative approaches toward whole-person care

Summary/Takeaways

- Data in behavioral health is critical for high quality of care delivery
- **Visualization tools** can be used to support data being easily understood
- **Dashboards** are important to help support data being available in near real-time to individuals at different levels
- **Partnerships** (both internal and external) can facilitate data acquisition and performance assessment
- Data provides valuable and specific insights on strategic positioning, resource allocation, and day-to-day leadership decision-making

EXHIBIT F-18

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

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

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

B

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

C

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

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

D

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

E

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

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

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

K**L**

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

M

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

N

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

O

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

P

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

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

Q

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

R

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

S

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

T

TAC Texas Administrative code
TANF Temporary Assistance for Needy Families
TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ Texas Department of Criminal Justice
THKC Texas Health Kids
THSteps Texas Health Steps
TIC Trauma informed Care
TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y