

**Full Board Meeting**  
January 24, 2023  
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, November 15, 2022  
(*EXHIBIT F-1*)
- IV. BOARD CHAIR'S REPORT**
  - A. Board Committee Assignments  
(*Shaukat Zakaria*)
- 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-December 2022  
(*EXHIBIT F-2 Vanessa McKeown*)
  - B. January 2023 New Contracts Over 100K  
(*EXHIBIT F-3 Silvia Tiller*)
  - C. January 2023 Contract Amendments Over 100K  
(*EXHIBIT F-4 Silvia Tiller*)
  - D. January 2023 Interlocal Agreements  
(*EXHIBIT F-5 Silvia Tiller*)
  - E. RFP Proposed Contract Award-Insurance Agent of Record  
(*EXHIBIT F-6*)
  - F. Whole Home Generator Project

*(EXHIBIT F-7)*

**G. NEW/UNCHANGED**

1. Employment Policies  
*(EXHIBIT F8)*
2. Pharmacy Peer Review  
*(EXHIBIT F-9)*
3. Privacy Officer  
*(EXHIBIT F-10)*
4. Relief Service Employees  
*(EXHIBIT F-11)*
5. The Requisitioning and Purchasing of Goods and or Services  
*(EXHIBIT F-12)*

**H. REVISED/MINOR CHANGES**

1. Business Associate Policy  
*(EXHIBIT F-13)*
2. Employee Performance Evaluation  
*(EXHIBIT F-14)*
3. Nursing Peer Review: Incident Based or Safe Harbor  
*(EXHIBIT F-15)*
4. Personal Relationships in the Workplace  
*(EXHIBIT F-16)*
5. Petty Cash  
*(EXHIBIT F-17)*
6. Reporting Automobile Accidents  
*(EXHIBIT F-18)*
7. Telehealth/Telemedicine Services  
*(EXHIBIT F-19)*
8. Third Party Participation in Patient Services  
*(EXHIBIT F-20)*
9. Trauma Informed Practice  
*(EXHIBIT F-21)*
10. Workforce Reduction  
*(EXHIBIT F-22)*

- I. External Financial Report  
*(Whitley Pen)*

**VIII. REVIEW AND COMMENT**

- A. Legislative Update  
*(Carrie Rys/Amanda Jones)*
- B. IDD GR Interest List Update  
*(EXHIBIT F-23 Evanthe Collins)*

**IX. EXECUTIVE SESSION**

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

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

• **In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2023 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**

**X. RECONVENE INTO OPEN SESSION**

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

**XII. INFORMATION ONLY**

- A. January 2023 New Contracts Under 100K  
(EXHIBIT F-24)
- B. January 2023 Contract Renewals Under 100K  
(EXHIBIT F-25)
- C. January 2023 Contract Amendments Under 100K  
(EXHIBIT F-26)
- D. January 2023 Affiliation Agreements, Grants, MOU's and Revenues Information Only  
(EXHIBIT F-27)
- E. Financials by Clinic + NPC  
(EXHIBIT F-28)
- F. Supplier Diversity Report Q1 FY2023  
(EXHIBIT F-29)
- G. Revenue Management Metrics Q1 2023  
(EXHIBIT F-30)
- H. Board of Trustees Attendance  
(EXHIBIT F-31)
- I. Abbreviations List  
(EXHIBIT F-32)

**XIII. ADJOURN**

*Veronica Franco*

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



# **EXHIBIT F-1**

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

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

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

**PLACE OF MEETING:** Conference Room 10  
401 South West Freeway  
Houston, Texas 77024

**TYPE OF MEETING:** Regular

**DATE:** November 15, 2022

**TRUSTEES  
IN ATTENDANCE:**

- Mr. Chaukat Akaria, Chair
- Dr. George Santos, Vice Chairperson
- Dr. Lois Moore, Vice Chairperson
- Mr. Gerald Womack, Secretary
- Mr. Jim Sykes
- Dr. Robinearing PhD
- Judge Ronnie Hellums
- Mrs. Natali Hurtado
- Dr. Ma Miller

**TRUSTEES ABSENT:** Sheriff Donale

**I. Declaration of Quorum**

Mr. Chaukat Akaria, Chairperson, called the meeting to order at 8:52 a.m. noting that a quorum of the Board was in attendance.

**II. Public Comments**

Mr. Chaukat Akaria, Chairperson, announced the floor is open for public comments. There were no public comments made. Mr. Akaria reported Dr. Miller will be assigned to the Governance Committee and the Program Committee.

**III. Approval of Minutes**

**MOTION BY: MOORE SECOND: HELLUMS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Tuesday, October 25, 2022 as presented under Exhibit F-1 are approved.

**IV. Board Chair's Report****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- Mr. Womack Chair**

Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on November 8, 2022.

**B. Quality Committee Report and/or Action- Dr. Santos Chair**

Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on November 8, 2022.

**C. Program Committee Report and/or Action- Dr. Santos Chair**

The Program Committee was cancelled.

**D. Governance Committee Report and/or Action- Mr. Sykes Chair**

Mr. Sykes provided an overview of the topics discussed and the decisions made at the Audit Committee meeting on November 8, 2022.

**E. Foundation Committee Report and/or Action- Mr. Sykes Chair**

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

**VII. Consent Agenda****A. Approve FY'22 Year-to-Date Budget Report-October**

November 2022  Contracts Over 100K

**C. November 2022 Contract Amendments Over 100K****D. Calendar Zero Trust Remote Access Cyber Defense**

Furniture for the Zero Psychiatric Center RFP

**F. /nchanged**

1. Assurance of Individual Rights
2. Business Associate and Subcontractor
3. Compliance Plan FY23
4. Harris Center Advisory Committee
5. Mailing Services
  - Moonlighting
  - Nurse Staffing Advisory Committee

- 8. Personal Relationships in the Workplace
  - Plan of Care
- 10. Risk Management Plan
- 11. poenas
- 12. Time and Attendance
- 13. olunteer Program

Revised/Minor Changes

- 1. Agency Arevisions
- 2. Communication ith the Media and other ntities
- 3. Declaration of Mental Health Treatment
- 4. mergency CodesAlerts and Response
- 5. Financial Assessment
  - icenseCertification and Registration
  - Off PremisesEquipment sage
- 8. Medication toragepreparationand Administration Areas
  - Pharmaceutical Representatives
- 10. Pharmacy and nit Medication/Drug Inventory
- 11. upervision of Peer pecialist
- 12. Travel Policy

**MOTION: Dr. Moore moved to approve Consent Agenda items F-1 and F-9 through G-1 and G12. The Full Board removed F-10 from the Consent Agenda**

**SECOND: Mrs. Hellums seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items F-1 and F-9 through G-1 and G12 were approved agenda items.**

**VIII. Review and Take Action**

- A. oard of Trustees Calendar 2023

**MOTION BY: HURTADO SECOND: GEARING**

**With unanimous affirmative votes BE IT RESOLVED the Board of Trustees Calendar 2023 held on Tuesday, November 15, 2022 as presented under Exhibit F-32, are approved.**

- Te<sup>as</sup> Health Management-Contracts Amendments over 100 tand Alone

**MOTION BY: SANTOS SECOND: MOORE**

**With unanimous affirmative votes BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, November 15, 2022 as presented under Exhibit F-33, are approved.**

**IX. Review and Comment**

- A. **IT Update**-Mustafa Cochinala presented to the Full oard.
- Legislative Update**-Amanda ones presented to the Full oard.

**X. Executive Session -**

At 11:10 a.m. Chairperson Mr. Chaukat Shakaria announced the Board could enter into Executive Session for the following reasons:

- As authorized by §51.01 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.
- As authorized by §51.01 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. Sandra Thomas General Counsel Vanessa McKeon Chief Financial Officer and Kendal Hauck Fred Cornall Texas Municipal Capital Markets Group Inc.
- In accordance with §51.04 of the Texas Government Code Discussion of Personnel Matters related to the nomination of individual Board members for various offices and the preparation of the 2023 slate of Officers to be recommended to the Full Board for its consideration at the Regular Meeting of The HARRIS CENTER for METRO AREA HEALTH AND HUMAN SERVICES Board of Trustees in January 2023. Sykes Chair of Governance Committee
- Pursuant to Texas Government Code §51.04 Discussion regarding the Performance Evaluation of the Chief Executive Officer. Shakaria Board Chair

**XI. Reconvene into Open Session**

At 1:43 p.m. the Board of Trustees reconvened into open session.

**MOTION:**

Dr. Santos moved that the Board move to execute an underwriting agreement and any associated documents with Municipal Capital Markets for the purpose of exploring and advising The Harris Center on the best available financing options in the Texas Council Pool Bond Program for Construction Projects that meet the business needs of The Harris Center.

Dr. bearing second the motion.

**With unanimous affirmative votes, BE IT RESOLVED the Harris Center shall execute an underwriting agreement and any associated documents with the Municipal Capital Markets for the purpose of exploring and advising the Harris Center on the best available financing options for Construction Projects in the Texas Council Pool Bond Program that meet the business needs of the Harris Center.**

**XII. ADJOURN**

**MOTION: SANTOS SECOND: WOMACK**

**Motion passed with unanimous affirmative votes.**

The meeting was adjourned at **2:18 PM.**

Respectfully submitted

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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 Fourth Month and Year to Date Ended December 31, 2022  
Fiscal Year 2023

Presented to the Resource Committee of the Board of Trustees on January 17, 2023

## The Harris Center for Mental Health & IDD

January 17, 2023

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

The monthly financial report for December 31, 2022 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

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



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Vanessa McKeown  
Chief Financial Officer

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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 24,000	\$ 22,671	\$ 1,330
Expenditures	27,377	27,133	(244)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (3,377)</u>	<u>\$ (4,462)</u>	<u>\$ 1,085</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 2,297</u>	<u>\$ 823</u>	<u>\$ 1,474</u>

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

	Month Ended December 31, 2022				Four Months Ended December 31, 2022			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable \$	or (Unfavorable) %			Favorable \$	or (Unfavorable) %
<b>Total Revenues:</b>								
Harris County and Local	\$ 5,616,694	\$ 5,017,902	\$ 598,792	c 12%	\$ 21,530,561	\$ 20,074,705	\$ 1,455,856	7%
PAP / Samples	843,053	585,000	258,053	c 44%	3,444,147	2,435,000	1,009,147	41%
Interest	117,309	129,940	(12,631)	-10%	566,181	519,758	46,423	9%
State General	9,441,771	9,507,017	(65,246)	-1%	38,186,363	38,028,021	158,342	0%
State Grants	1,545,037	1,260,589	284,448	d 23%	4,796,139	5,042,356	(246,217)	-5%
Federal Grants	4,025,234	3,671,731	353,503	e 10%	13,060,340	14,725,783	(1,665,443)	-11%
3rd party billings	2,411,030	2,498,393	(87,363)	f -3%	9,005,298	9,993,621	(988,323)	-10%
<b>Total Revenue</b>	<b>24,000,128</b>	<b>22,670,572</b>	<b>1,329,556</b>	<b>g 6%</b>	<b>90,589,029</b>	<b>90,819,244</b>	<b>(230,215)</b>	<b>0%</b>
<b>Total Expenses:</b>								
Salaries and Fringe	19,663,410	19,391,848	(271,562)	h -1%	77,467,455	77,574,092	106,637	0%
Travel	138,344	136,983	(1,361)	-1%	526,501	616,298	89,797	15%
Contracts and Consultants	1,726,526	1,957,133	230,607	12%	6,899,469	7,830,068	930,599	12%
HCPC Contract	2,317,441	2,322,734	5,293	0%	9,269,764	9,290,936	21,172	0%
Supplies and Drugs	1,424,021	1,084,391	(339,630)	-31%	5,091,973	4,338,433	(753,540)	-17%
Equipment (Purch, Rent, Maint)	702,482	521,123	(181,359)	i. -35%	1,615,615	2,088,191	472,576	23%
Building (Purch, Rent, Maint)	527,346	494,759	(32,587)	-7%	1,474,312	1,979,825	505,513	26%
Vehicle (Purch, Rent, Maint)	87,480	85,248	(2,232)	-3%	254,135	341,082	86,947	25%
Telephone and Utilities	298,053	287,160	(10,893)	-4%	1,178,325	1,148,627	(29,698)	-3%
Insurance, Legal, Audit	182,779	176,404	(6,375)	-4%	657,556	720,904	63,348	9%
Other	304,971	661,625	356,654	54%	2,921,386	2,684,240	(237,146)	-9%
Claims Denials	4,276	13,345	9,069	68%	19,559	53,382	33,823	63%
<b>Total Expenses</b>	<b>27,377,129</b>	<b>27,132,753</b>	<b>(244,376)</b>	<b>j -1%</b>	<b>107,376,050</b>	<b>108,666,078</b>	<b>1,290,028</b>	<b>1%</b>
Excess of Revenues over (under)								
Expenditures before Other Sources	(3,377,001) a	(4,462,181)	1,085,180		(16,787,021)	(17,846,834)	1,059,813	
Funds from other sources:				k				
Use of fund balance - CapEx	271,021	-	271,021		408,868	-	408,868	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	483,276	483,276	-		1,933,104	1,933,104	-	
Directed Payment Program	817,840	817,840	-		3,271,360	3,271,360	-	
Charity Care Pool	3,366,382	3,366,382	-		13,465,528	13,465,528	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
Insurance Proceeds	2,209	-	2,209		5,404	-	5,404	
Proceeds from Sale of Assets	-	-	-		-	-	-	
<b>Excess of Revenues over (under)</b>								
Expenditures after Other Sources	\$ 1,563,727	\$ 205,317	\$ 1,358,410		\$ 2,297,243	\$ 823,158	\$ 1,474,085	

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

	Ending Balance		Increase/(Decrease)	
	November 30, 2022	December 31, 2022	December	
<b>Assets</b>				
Cash and Cash Equivalents	\$ 77,770,914	\$ 85,219,775	\$ 7,448,861	a
Inventory - includes RX	388,060	382,610	(5,450)	b
Prepaid Expenses	9,352,077	8,669,890	(682,187)	c
A/R Medicaid, Medicare, 3rd Party	14,300,782	14,012,278	(288,504)	
Less Bad Debt Reserve	(5,939,041)	(4,825,809)	1,113,232	
A/R Other	32,112,586	39,225,975	7,113,389	d
Total Current Assets	<u>127,985,378</u>	<u>142,684,719</u>	<u>14,699,341</u>	
Right of Use Asset (Lease)	1,933,770	1,933,770	-	
Land	12,654,193	12,654,193	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,175,215	21,175,215	-	
Furniture and Fixtures	6,909,682	6,909,682	-	
Vehicles	1,050,140	1,050,140	-	
Construction in Progress	21,347,300	21,600,961	253,661	
Total Property, Plant & Equipment	<u>90,459,794</u>	<u>90,713,455</u>	<u>253,661</u>	
TOTAL ASSETS	<u>\$ 218,445,172</u>	<u>\$ 233,398,174</u>	<u>\$ 14,953,002</u>	
<b>Liabilities and Fund Balance</b>				
Unearned Income	\$ 6,285,877	\$ 29,402,416	\$ 23,116,539	e
Accrued Payroll and Accounts Payables	24,042,111	14,811,644	(9,230,467)	f
Lease Liability - Current	511,404	511,404	-	
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>30,839,392</u>	<u>44,725,464</u>	<u>13,886,072</u>	
State Escheatment Payable	48,698	52,537	3,839	
Lease Liability - Long Term	957,736	957,736	-	
Lease-Accrued Interest	5,964	5,964	-	
Total Non Current Liabilities	<u>1,012,398</u>	<u>1,016,237</u>	<u>3,839</u>	
TOTAL LIABILITIES	<u>31,851,790</u>	<u>45,741,701</u>	<u>13,889,911</u>	
General Fund Balance	19,321,553	19,327,003	5,450	g
Nonspendable				
Investment in Inventories	388,060	382,610	(5,450)	
Investment In Fixed Assets	90,459,794	90,713,455	253,661	
Assigned:				
Current Capital Projects	9,271,942	9,000,921	(271,021)	
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECl Building Use	361,664	361,664	-	
Waiver 1115	56,932,590	56,449,314	(483,276)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	<u>185,859,866</u>	<u>185,359,230</u>	<u>(500,636)</u>	
Year to Date Excess Revenues over (under) Expenditures	733,516	2,297,243	1,563,727	
TOTAL FUND BALANCE	<u>186,593,382</u>	<u>187,656,473</u>	<u>1,063,091</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 218,445,172</u>	<u>\$ 233,398,174</u>	<u>\$ 14,953,002</u>	

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

- I. Comparison of Revenue and Expenses
- a. For the month of December 2022, the fourth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$3,377,001 before funds from other sources are considered.
  - b. The year-to-date amount translates to Excess Revenues over Expenses of \$2,297,243 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 \$598,792 due to timing of billable expenses compared to budget spread.
  - d. State Grants are favorable to budget by \$284,448 primarily due to activity associated with the State ECI grant.
  - e. Federal grants are favorable to budget by \$353,503 primarily due to federal grants received after approval of the original budget.
  - f. Third Party billings are unfavorable to budget by \$87,363.
  - g. Total Revenue is favorable to budget by \$1,329,556.
  - h. Salaries and Fringe are unfavorable to budget by \$271,562
  - i. Equipment is unfavorable to budget by \$181,359 due to timing of expenses in relation to budget.
  - j. Total Expenses are unfavorable to budget by \$244,376.
  - k. Funds from other sources used to fund current month expenses totaled \$4,940,728 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 December 31, 2022

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	11/30/2022	12/31/2022	December
Cash-General Fund Bank of America	7,751,719	6,919,554	\$ (832,165)
Cash-General Fund Chase	30,791,093	51,823,182	21,032,089
Cash-BOA ACH Vendor	107,208	972,466	865,258
Cash-Pharmacy Chase	24,416	50,705	26,289
Cash-FSA-Discovery	239,079	278,560	39,481
Petty Cash/Pharmacy Cash Drawer	5,950	6,550	600
Investments-TexPool General Fund	1,014,180	1,017,608	3,428
Investments-TexPool Self Insurance	2,317,725	2,325,560	7,835
Investments-TexPool Prime	19,658,483	11,309,616	(8,348,867)
Investments-Texas Class	15,861,061	10,515,974	(5,345,087)
	<u>\$ 77,770,914</u>	<u>\$ 85,219,775</u>	<u>\$ 7,448,861</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)
	11/30/2022	12/31/2022	December
Inventory-Central Supplies	2,561	2,561	\$ -
Supplies Purchased			\$ -
Supplies Used	(10,163)	(15,613)	(5,450)
Inventory-Drugs	395,662	395,662	-
Total Inventory	<u>\$ 388,060</u>	<u>\$ 382,610</u>	<u>\$ (5,450)</u>

- c. Prepaid Expenses decreased due to DPP-BHS activity.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in December.

	Ending Balance		Increase
	11/30/2022	12/31/2022	(Decrease) December
Villas at Bayou Park	95,312	95,312	-
Pear Grove	56,987	56,987	-
Pasadena Cottages	98,459	103,848	5,389
Employee	(39)	(39)	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	221,893	221,893	-
Foundation	3,348	236	(3,112)
NAMI of Greater Houston	498	540	42
General Accounts Receivable	858,815	867,682	8,867
Pharmacy PBM	40,263	41,551	1,288
Cobra Premiums	13,996	13,996	-
Harris County Projects	1,335,240	1,699,152	363,912
Harris County Juvenile Probation	576,571	520,582	(55,989)
Harris County Community Supervision	1,441,182	1,156,774	(284,408)
Harris County Sheriff's Department	7,137,411	7,904,242	766,831
ICFMR	226,755	177,488	(49,267)
TCOOMMI-Special Needs	979,458	1,156,478	177,019
TDCJ-Parole	123,000	102,500	(20,500)
TDCJ-Substance Abuse	66,664	83,331	16,667
TCOOMMI-Juvenile	169,750	152,593	(17,157)
Jail Diversion	2,180,284	2,894,916	714,632
ECI	905,076	1,298,850	393,774
ECI Respite	616	154	(462)
ECI SNAP	20,953	35,899	14,946
Federal CHH Navigation	-	-	-
Federal Aot	2,597	(8,125)	(10,722)
ARPA-COH-MCOT RR Expansion	580,803	1,001,825	421,022
ARPA-COH-Core HPD Expansion	155,407	245,936	90,529
Fed SAMHSA CCBHC Expansion	180,794	317,258	136,465
AR Fed ARPA TPWD Fam Well Ctr	23,979	102,255	78,275
AR Fed ARPA ECI	2,433	4,590	2,157
PATH-Mental Health Block Grant	219,544	264,834	45,290
MH Block Grant-Coordinated Specialty	137,934	194,619	56,685
Subtotal, A/R-Other	\$ 17,860,384	\$ 20,712,557	\$ 2,852,173

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

II. Accounts Receivable Other (Continued)	Ending Balance		Increase (Decrease)
	11/30/2022	12/31/2022	December
DSHS SAPT Block Grant	(58,494)	17,789	76,283
AR State TCMHCC	-	-	-
Enhanced Community Coordinator	67,562	96,922	29,360
DSHS Mental Health First Aid	7,500	14,380	6,880
HHSC ZEST-Zero Suicide	52,267	48,074	(4,193)
HCC Open Door	256,418	361,466	105,048
HCS	22,416	22,416	-
Tx Home Living Waiver	320,468	319,052	(1,416)
DPP-BHS	1,172,010	1,037,242	(134,767)
Charity Care Pool	10,099,146	13,465,528	3,366,382
Fed ARPA COF-CIRT HPD	5,751	6,855	1,104
Helpline Contracts	64,080	154,649	90,569
City of Houston-CCSI	126,341	75,805	(50,537)
City of Houston-DMD	20,663	10,332	(10,332)
City of Houston-911 CCD Amended	78,467	89,419	10,952
A/R - HHSC Projects	2,017,606	2,793,488	775,882
Local Be Well Be Connected	-	-	-
Grand Total A/R - Other	<u>\$ 32,112,586</u>	<u>\$ 39,225,975</u>	<u>\$ 7,113,390</u>

- e. Unearned Income increased due to receipt of Q1 2023 State GR funds.
- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations. Total DSRIP Reserves on hand at end of December equals \$56,449,314.
- i. Days of Operations in Reserve for Total Agency is 117 days versus 118 days for the prior month.

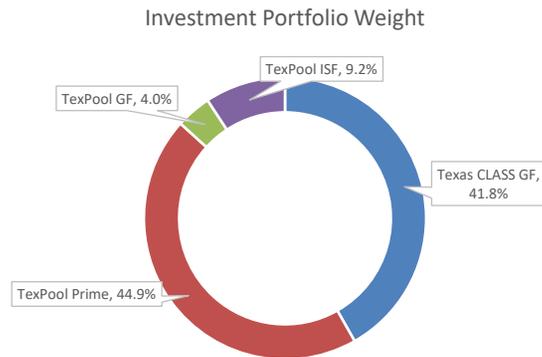
III. Investment Portfolio

- a. Total investments as of December 31, 2022 are \$25,168,758 of which 100% is in government pools. (Texas Class 42% and TexPool 58%)
- b. Investments this month yielded interest income of \$117,309.

The Harris Center for Mental Health and IDD  
 Investment Portfolio  
 12/31/2022

**Local Government Investment Pools (LGIPs)**

	<b>Beginning Balance</b>	<b>Transfer In</b>	<b>Transfer Out</b>	<b>Interest Income</b>	<b>Ending Value</b>	<b>Portfolio %</b>	<b>Yield</b>
<b>Texas CLASS</b>							
Texas CLASS General Fund	\$ 15,861,061	\$ -	\$ (5,400,000)	\$ 54,913	\$ 10,515,974	41.8%	4.317%
<b>TexPool</b>							
TexPool Prime	19,658,483	\$ -	\$ (8,400,000)	51,134	11,309,616	44.9%	4.285%
TexPool General Fund	1,014,180			3,428	1,017,608	4.0%	3.979%
TexPool Internal Service Fund	2,317,725			7,834	2,325,560	9.2%	3.979%
<i>TexPool Sub-Total</i>	<i>22,990,388</i>	<i>-</i>	<i>(8,400,000)</i>	<i>62,396</i>	<i>14,652,784</i>	<i>58.2%</i>	<i>4.215%</i>
<b>Total Investments</b>	<b>\$ 38,851,449</b>	<b>\$ -</b>	<b>\$ (13,800,000)</b>	<b>\$ 117,309</b>	<b>\$ 25,168,758</b>	<b>100%</b>	<b>4.258%</b>



**3 Month Weighted Average Maturity (Days)** **1.00**  
**3 Month Weighted Average Yield of The Harris Center Investment Portfolio** **3.773%**  
**3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)** **3.579%**

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of December 31, 2022 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved   
 Hayden Hernandez, Accounting and Treasury Manager

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

Report for December 2022

Vendor	Description	Monthly Not-To-Exceed*	Dec-22	YTD Total Through December
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$2,019,444	\$7,112,662
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,333,764	\$9,274,796

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

# EXHIBIT F-3

**January 2023**

**NEW CONTRACTS OVER 100k**





## Executive Contract Summary

### Contract Section

**Contractor\***

Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

**Contract ID #\***

2022-0599

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Diamond Pharmacy Services and The Harris Center for MH and IDD

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

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

**Procurement Method(s) \***

Check all that Apply

- 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 Tag-on to Harris County Job No. 220232

**Funding Information \***

- New Contract
- Amendment

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

1/1/2023

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

9/30/2023

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

not on agency fiscal; on county fiscal

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 140,000.00

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 20,000.00

**Funding Source \***

County

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

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

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

A pharmacy solution to better align and support the treatment delivery model at DDRP (residential vs. outpatient clinic) while concurrently providing opportunities for medical cost savings. New Tag-on to Harris County Agreement for pharmaceutical dispensing services. Harris County awarded new contract to Diamond Pharmacy.

**Contract Owner\***

Monalisa Jiles

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

- Yes
- No
- Unknown

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

2/1/22 - 9/30/22 Pharmacy Services

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Specify Name\***

Harris County

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**



**Name\***

Courtney Adams, Exe Asst to COO, Diamond Pharmacy

**Address\***

Street Address

645 Kolter Drive

Address Line 2

City

Indiana

Postal / Zip Code

15701

State / Province / Region

PA

Country

US

**Phone Number\***

1-800-882-6337 ext 1036

Email\*

cadams@diamondpharmacy.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 70,000.00	547001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6303	\$ 90,000.00	547001

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

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

n/a

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

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	12/16/2022

Budget Manager Approval(s)

Approved by

*Sheenia Williams-Wesley*

Approval Date  
12/16/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*om Jiles*

Approval Date  
12/16/2022

Contracts Approval

**Approve \***

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

**Approved by \***

A rectangular box containing a handwritten signature in cursive script that reads "Belinda Stude". The signature is written in black ink on a light-colored background.

**Approval Date \***

12/16/2022



## Executive Contract Summary

### Contract Section



**Contractor\***

Generators of Houston

**Contract ID #\***

2022-0600

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Generators of Houston 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"/> |

**Funding Information\***

- New Contract  Amendment

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

2/1/2023

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

8/31/2024

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 180,164.00

**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\* (?)**

whole home generators for the following IDD homes and PEERS house  
 NTE for FM22.1126.16 is \$180,164.00 = per quote \$156,146.00, contingency of \$24,000.00  
 for total cost of \$180,164.00

Capital Project FM22.1126.16 is currently approved for \$115,500.00, but due to price escalations the additional ask is \$64,664.00

**Facility Cost**

Applewhite \$25,800.00  
 Stonechase \$13,850.00  
 Westbury \$15,120.00  
 Jackson St. \$35,950.00  
 Pasadena Cottage A \$32,722.00  
 Pasadena Cottage B \$32,722.00  
 Total \$156,164.00

**Contract Owner\***

Todd McCorquodale

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Generators of Houston Quote Applewhite.pdf	3.36MB
Generators of Houston Quote Jackson St..pdf	3.33MB
Generators of Houston Quote Pasadena Cottage A.pdf	3.5MB
Generators of Houston Quote Pasadena Cottage B.pdf	3.52MB
Generators of Houston Quote Stonechase.pdf	1.54MB
Generators of Houston Quote Westbury.pdf	1.53MB

**Vendor/Contractor Contact Person** ▲

**Name\***

Generators of Houston

**Address \***

Street Address

6106 Milwee Street

Address Line 2

City

Houston

Postal / Zip Code

77092

State / Province / Region

TX

Country

US

**Phone Number \***

7138127285

**Email \***

assistant@generatorsfhouston.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 180,164.00	900040
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

see attached quote

NTE for FM22.1126.16 is \$180,164.00 = per quote

\$156,146.00, contingency of \$24,000.00 for total cost of \$180,164.00

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

FM22.1126.16 Whole Home Generator Install

**Requester Name**

Harper, Sarah

**Submission Date**

12/13/2022

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

12/13/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

*Sharon Brauner*

**Approval Date**

12/13/2022

Contract Owner Approval



Approved by

*Todd McCorquodale*

Approval Date

12/13/2022

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

12/16/2022



# Executive Contract Summary

## Contract Section

**Contractor\***

Meadows Mental Health Policy Institute for Texas,  
on behalf of The Hackett Center for Mental Health, a Regional Center

**Contract ID #\***

2022-0595

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Hackett Center for Mental 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                     |

**Funding Information\***

- New Contract  Amendment

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

12/15/2022

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

8/31/2023

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

1 year

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 98,000.00

**Funding Source\***

State

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

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

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

To provide support in the planning and implementation of The Harris Center for Mental Health and IDD-Youth and Family Wellness Center.

**Contract Owner\***

Tiffanie Williams-Brooks

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

SOW for The Harris Center\_draft mm 2\_qm (002).docx 59.7KB

**Vendor/Contractor Contact Person**

**Name\***

Meghan Lyons

**Address\***

Street Address

P.O. Box 130059

Address Line 2

City

Houston

Postal / Zip Code

77219-0059

State / Province / Region

TX

Country

USA

**Phone Number\***

512-810-2244

**Email\***

mlyons@mmhpi.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4780	\$ 98,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Loera, Angelica	

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

0.00

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

0.00

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	12/2/2022

**Budget Manager Approval(s)**

Approved by

*Debbie Chambers Shelby*

Approval Date  
12/8/2022

**Procurement Approval**

File Upload (?)

Approved by

Sign

Approval Date

**Contract Owner Approval**

Approved by

*Tiffany Williams-Bricks*

Approval Date  
12/8/2022

**Contracts Approval**

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*  
12/8/2022

# **EXHIBIT F-4**

**January 2023**  
**AMENDMENTS OVER 100k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 \$100,000.00 AND MORE

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>FY23 AMENDMENTS</b>									
<b>ADMINISTRATION</b>									
1	Aptean, Inc.	Software License, Support & Maintenance for On-line requisition & Approval System (Formerly Ross).	\$316,941.21	\$40,940.00	\$357,881.21	09/01/22-08/31/23		RFP	The amendment is requested because the budget was approved as part of the capital budget for FY23 as a carry over project (IT21.1147.06 ). Phase II is for miscellaneous remote consulting services on an hourly paid, as-needed basis for small task or projects that do not require standalone work order.
2	VC5 Partners d/b/a Rekruters	Temporary IT Recruitment and Placement Services	\$100,000.00	\$100,000.00	\$200,000.00	09/01/22-08/31/23	GR		Amendment is needed to increase the NTE to provide Pharmacy consultant for EPIC/Willow Support, and IT backfill for Fixed Assets management.
<b>CPEP/CRISIS SERVICES</b>									
<b>FORENSICS</b>									
3	Universal Protection Service, LP d/b/a Allied Universal Security Services	Agency Wide Security Services	\$897,133.80	\$177,166.00	\$1,074,299.80	09/01/22-08/31/23	County/State	RFP	Amendment is to increase the NTE to add security services at the new 24 hour Youth Diversion Center facility.
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH SERVICES</b>									



# Executive Contract Summary

## Contract Section



**Contractor\***

Aptean

**Contract ID #\***

6115

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2022

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

8/31/2023

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

**Current Contract Amount\***

\$ 316,941.21

**Increase Not to Exceed\***

\$ 40,940.00

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

\$ 357,881.21

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 357,881.21

**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\* (?)**

The amendment is requested due to the budget was approved as part of the capital budget for FY23 as a carry over project (IT21.1147.06 ).

Phase II For miscellaneous remote consulting services on an hourly paid, as-needed basis for small task or projects that do not require standalone work order.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

9/1/2022 - Present

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Aptean Capital Budget - FY23.msg

186KB

**Vendor/Contractor Contact Person**

**Name\***

Sammie Simpson

**Address\***

Street Address

4325 Alexander Drive

Address Line 2

Suite 100

City

Alpharetta

Postal / Zip Code

30022-3740

State / Province / Region

GA

Country

US

Phone Number\*

630-493-7878

Email\*

Sammie.Simpson@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 40,940.00	900021
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

\$150.00 per hour for 272.933 hours = 40,940.00

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

IT21.1147.06

Requester Name

Jones, Anthony

Submission Date

12/15/2022

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/15/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Mustafa Cochinnala*

Approval Date

12/15/2022

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

12/15/2022



# Executive Contract Summary

## Contract Section



**Contractor\***

VC5 d/b/a ReKruiters

**Contract ID #\***

7356

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center and VC5 d/b/a ReKruiters

**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\* (?)**

9/1/2022

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

8/31/2023

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

**Current Contract Amount\***

\$ 100,000.00

**Increase Not to Exceed\***

\$ 100,000.00

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

\$ 200,000.00

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

**Funding Source\***

General Revenue (GR)

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

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

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

Increase contract for Pharmacy backfill consultant - EPIC/Willow Support, and IT backfill for Fixed Assets management.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

FY18-FY23  
Staff augmentation/backfill and staffing services

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

Yes  No  Unknown

**Please provide the HUB status\***

WBE - Women owned business.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name\***

Gabe Quintanilla

**Address \***

Street Address

11111 Katy Freeway

Address Line 2

Suite 310

City

Houston

Postal / Zip Code

77079

State / Province / Region

TX

Country

United States

**Phone Number\***

8322434000

**Email \***

support@rekruters.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 50,000.00	542000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1158	\$ 50,000.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

\$150 per hour for pharmacy consultant  
 \$35 per hour for IT fixed assets support

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

EHR21\_1158\_02 - \$50,000

Requester Name	Submission Date
Hurst, Richard	12/12/2022

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**

12/12/2022

**Approved by**

*Erica Brown*

**Approval Date**

12/12/2022

### Procurement Approval



File Upload (?)

Approved by

Approval Date

Sign

### Contract Owner Approval



Approved by

Approval Date

*Mustafa Cochinnala*

12/13/2022

### Contracts Approval

Approve \*

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

Approved by \*

Approval Date \*

*Belinda Stude*

12/13/2022



# Executive Contract Summary

## Contract Section



**Contractor\***

Universal Protection Service, LP d/b/a Allied Universal Security Services

**Contract ID #\***

7798

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/24/2023

**Parties\* (?)**

The Harris Center for MH and IDD Services 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 <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\***

\$ 897,133.80

**Increase Not to Exceed\***

\$ 177,166.00

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

\$ 1,074,299.80

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 177,166.00

**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\* (?)**

New Youth Diversion program requires security at location site; requesting new program to be added to current agency pooled security contract.

**Contract Owner \***

Monalisa Jiles

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

Yes  No  Unknown

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

9/1/21 - 8/31/22 - security

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name \***

Kina Pierson-Green

**Address \***

Street Address

11181 North Freeway suite 810

Address Line 2

City

Houston

Postal / Zip Code

77060

State / Province / Region

TX

Country

US

Phone Number\*

2817573293

Email\*

kina.piersongreen@aus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 177,166.00	583000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Williams-Wesley, Sheenia	Adams, Betty	

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

n/a

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

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

12/5/2022

Budget Manager Approval(s)

Approved by

*Sheenia Williams-Wesley*

Approval Date

12/5/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Monalisa Tites*

Approval Date

12/5/2022

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/8/2022

# EXHIBIT F-5

**January 2023**  
**INTERLOCAL AGREEMENTS**





## Annual Renewal Evaluation

### Current Fiscal Year Contract Information ▲

**Current Fiscal Year**

2023

**Contract ID# \***

7089

**Contractor Name \***

Houston Downtown Management District (HDMD)

**Service Provided\* (?)**

HDMD program provides intensive case management and care coordination to individuals experiencing chronic homelessness and mental illness located in the business district of Downtown Houston.

**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 checked="" type="checkbox"/> Interlocal                           | <input type="checkbox"/> Consumer Driven   |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other <input style="width: 100px;" type="text"/> Revenue |

**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 style="width: 200px;" type="text"/> |

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

- Yes  
 No  
 Unknown

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

\$ 123,980.00

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

N/A

**Unit(s) Served\***

N/a

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

N/A

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

N/A

**Contract Requestor\***

Amber Honsinger

**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.*
9238	\$ 218,484.84	419080
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly

Fiscal Year* (?)	Amount* (?)
2023	\$ 218,484.84

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

Contract Funding Source\*

Private Grant

## Contract Content Changes



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

Yes  No

Will the scope of the Services change? \*

Yes  No

Please Explain \*

We are expecting to increase personnel by one peer, allowing us to now provide Peer services which we have not been able to provide previously.

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

Please Explain \*

Once it is determined that a Peer Specialist will be added, performance targets for that individual will be added.

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

*Jedid Oshman*

Contract Owner Approval

Approved by

*KIM KORNMAYER*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/19/2022

# **EXHIBIT F-6**

Transforming Lives



# Insurance Agent of Record Services for Property and Casualty Insurance RFP



January, 2023

Presented By:

Steve Evans, Controller



**Award Recommendation**  
**Insurance Agent of Record Services for Property and**  
**Casualty Insurance RFP**  
**Project# FY23-0182**

The Request for Proposal opened for Insurance Agent of Record Services for Property and Casualty Insurance RFP on Tuesday, December 6, 2022, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Eunice Davis, Director of Risk Management Services, Todd McCorquodale, Director Facilities Services, Anthony Robinson, Vice President Risk Management, Steve Evans, Controller, Darryl Coleman, Director Security, Ninfa Escobar, Talent Acquisition and Organizational Development and Mustafa Cochinwala, Chief Information Officer.

Twenty (20) vendors were contacted. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC) and Houston Business Journal.

Received two (2) responses and both were deemed responsive and evaluated by the project team.

**Recommended Vendor:**

**Frost Insurance**

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended Frost Insurance be selected based on best value and a good track record to the Agency.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended.

The total NTE (Not to Exceed) for the contract is \$335,000.00. Funding source is 1117-579000.

FY23 - \$75,000.00  
FY24 - \$65,000.00  
FY25 - \$65,000.00  
FY26 - \$65,000.00  
FY27 - \$65,000.00

Submitted By:

**James Blunt**  
Digitally signed by James  
Blunt  
Date: 2023.01.04  
15:23:23 -06'00'  
James Blunt, C.P.M.  
Buyer II

Recommended By:

**Sharon Brauner**  
Digitally signed by Sharon  
Brauner  
Date: 2023.01.04  
15:30:56 -06'00'  
Sharon Brauner, C.P.M., A.P.P.  
Purchasing Manager  
**Steve Evans**  
Digitally signed by Steve  
Evans  
Date: 2023.01.04  
15:39:13 -06'00'  
Steve Evans,  
Controller

# Competitive Sealed Proposals – Evaluation Criteria - Cont'd

Evaluation Category	Relative Weight
Overall Program Concept	10%
Understanding	10%
Financial Conditions	5%
History and Description of Firm	10%
Human Capital	10%
Performance Goals and Objectives	10%

# Competitive Sealed Proposals – Evaluation Criteria

Evaluation Category	Relative Weight
Service Potential	10%
Special Skills	10%
References	10%
Past Performance	10%
Cost	5%
Total	100%

# Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	4.45	3.45
Evaluator 2	4.45	4.45
Evaluator 3	4.45	3.90
Evaluator 4	3.45	3.55
Evaluator 5	4.00	4.50
Evaluator 6	4.20	4.00
Evaluator 7	4.05	3.55
<b>Total Average Evaluation Score</b>	<b>4.15</b>	<b>3.91</b>

# RFP – Pricing

	Vendor A	Vendor B
Pricing Proposal	\$335,000.00	\$828,843.00

# EXHIBIT F-7

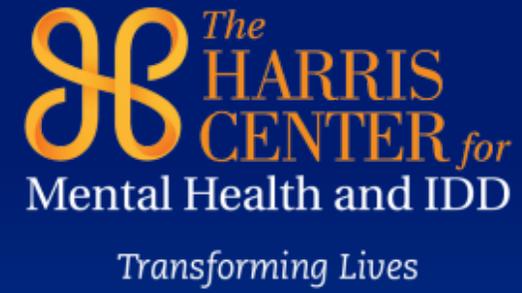
# Whole Home Generator Project *(FM22.1126.16)*

Todd McCorquodale, Director of Facilities Services

# Whole Home Generator Project (FM22.1126.16)

The agency performed an RFP to provide quotes for whole home generators for the IDD Homes and PEERS House. Two contractors responded to the request with no response from a third, they are:

<u>Company</u>	<u>Cost Estimate</u>	<u>Facility Cost</u>	
Generators Of Houston	\$156,164.00	• Applewhite	\$25,800.00
Total Energy Solutions	\$221,538.56	• Stonechase	\$13,850.00
Generator Supercenter	Did Not Submit Quote	• Westbury	\$15,120.00
		• Jackson St.	\$35,950.00
		• Pasadena Cottage A	\$32,722.00
		• Pasadena Cottage B	\$32,722.00
		<b>Total</b>	<b>\$156,164.00</b>
• The capitol project was approved for \$115,500.00 in FY'23, but due to price escalations the additional ask is \$64,664.00.			
• Facilities is asking for additional funds to complete the project, using Generators Of Houston as the contractor as:			
Approved Funds Remaining	\$115,500.00		
Generators of Houston Estimate	\$156,164.00		
Contingency	<u>\$ 24,000.00</u>		
<b>Shortage</b>	<b>(\$64,664.00)</b>		



**Thank You**

# **EXHIBIT F-8**

Status **Pending** PolicyStat ID **12432688**

Origination	03/1993
Last Approved	N/A
Effective	Upon Approval
Last Revised	03/1993
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR9A Employment

### 1. PURPOSE

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

### 2. POLICY

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to employment matters including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. Additionally, The Harris Center will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the Agency.

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

#### A. Creating a New Position

- B. Filling a New Position
- C. Filling a Vacant Position
- D. Changing a Current Position
- E. Posting of Vacancies
- F. Conditions of Employment

## 5. Related policies/Forms:

Employee Job Descriptions	PER: 7
Transfers, Promotions, Demotions	PER:15
Personnel Requisition Action Form	Attachment A
The Harris Center Application for Employment	Attachment B-online

## 6. References: Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	12/2022
Compliance Review	Anthony Robinson: VP	12/2022
Department Review	Joseph Gorczyca	12/2022
Initial Assignment	Toby Hicks	12/2022

# **EXHIBIT F-9**

Status **Pending** PolicyStat ID **12680522**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	1 year after approval

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

## MED35A Pharmacy Peer Review Policy

### 1. PURPOSE:

The purpose of this policy is to establish a pharmacy peer review process to evaluate the quality of pharmacy services, the competency of pharmacists, and identify opportunities to enhance patient care through the pharmacy systems.

### 2. POLICY:

It is the policy of The Harris Center to consistently assess pharmacy operations, the quality of pharmacy-related activities and causal factors underlying quality-related activities or error occurrences to ensure the highest quality of care for all patients of The Harris Center. The deliberations of the pharmacy peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations regarding the confidentiality and privileged nature of pharmacist peer review communications, records, reports, deliberations and proceedings. The Pharmacy Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

### 3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed pharmacists.

### 4. PROCEDURES:

A. Pharmacy Peer Review Procedure

## 5. RELATED POLICIES/FORMS:

Professional Review Committee Policy

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

Pharmacy Peer Review, Tex. Occ. Code §§564.001-564.006; §§564.101-564.106

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Final Legal Review	Kendra Thomas: Counsel	01/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2022
Initial Assignment	Tanya White: Mgr	11/2022

# **EXHIBIT F-10**

Status **Pending** PolicyStat ID **12577765**



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

## HIM20A Privacy Officer

### 1. PURPOSE

The purpose of this policy is to establish that the Privacy Officer will be responsible to ensure the protection of patient/individual privacy rights.

### 2. POLICY

It is the policy of The Harris Center to employ a Privacy Officer whose primary duty is to oversee the development, implementation, maintenance of, and adherence to privacy policies and procedures regarding the safe use and handling of protected health information (PHI) in compliance with federal and state HIPAA regulations.

### 3. APPLICABILITY/SCOPE

All agency employees, contractors, and patients/individuals of The Harris Center

### 4. PROCEDURES

1. Maintain up-to-date knowledge of federal and state privacy laws and HIPAA regulations to ensure Center compliance.
2. Implement a process for receiving, documenting, tracking, investigating, and action on all complaints concerning breaches in privacy policies and procedures.
3. Ensure that the Center maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials that reflect the Center's policies and regulatory requirements.

4. Establish a procedure to track access to PHI so that it can be reviewed during audits.
5. Work with all personnel involved in the release of PHI to ensure full coordination and cooperation under policies and procedures, federal and state privacy laws, and HIPAA regulations.
6. Oversee compliance with privacy practices and application of sanctions for failure to comply with privacy policies in relation to the Center's workforce, business associates, and in cooperation with administration and legal counsel as applicable.
7. Designate a contact person or office responsible for receiving privacy complaints and providing information about matters covered in the Notice of Privacy Practices.

## 5. RELATED POLICIES/ FORMS

Breach Notification	HIM2A
Confidentiality and Disclosure of Patient/ Individual Health Information	HIM6A
Sanctions for Breach of Security and/ or Privacy Violations of Health Information	HIM15A
Incident Reporting	EM4A

## 6. REFERENCES: RULES/REGULATIONS/ STANDARDS

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

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2

Texas Medical Practices Act, Texas Occupations Code, Title 3 Health Professions

Medical Records Privacy, Tex. Health & Safety Code Ch. 181

Mental Health Records, Texas Health and Safety Code Chapter 611

Medical or Mental Health Records, Texas Health and Safety Code Chapter 161, Subchapter M

Rights and Protection of Individuals Receiving Intellectual Disability Services-Protected Health Information, Title 40 Texas Administrative Code Part 1, Chapter 4 Subchapter A

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023

Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Mustafa Cochinwala: Dir	01/2023
Initial Assignment	Rita Alford: Dir	01/2023

# **EXHIBIT F-11**

Status **Pending** PolicyStat ID **11344088**

Origination 10/2020  
Last Approved N/A  
Effective Upon Approval  
Last Revised 10/2020  
Next Review 1 year after approval

Owner Toby Hicks  
Area Human Resources  
Document Type Agency Policy

## HR22A Relief Service Employees

### 1. PURPOSE:

This policy sets out procedures and protocols for the use of relief services employees at The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

### 2. POLICY:

The Relief Service Pool exists to provide internal temporary staffing services to The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) facilities.

Requests to hire relief service pool employees must be submitted by the Manager to the Position Justification Committee for approval.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

Operational Procedures

### 5. Related policies/Forms:

- Employment Policy

• Staff Training and Development	
• Orientation for New Employees	
• Relief Service Employee Time Sheet	
• Relief Service Employee Performance Evaluation	

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

The Harris Center's Policy and Procedure  
The Harris Center Employee Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Joseph Gorczyca	12/2022
Initial Assignment	Toby Hicks	12/2022

# **EXHIBIT F-12**

Status **Pending** PolicyStat ID **12504621**

Origination	N/A	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## FM19A The Requisitioning and Purchasing of Goods and / or Services

### 1. PURPOSE:

The Harris Center for Mental Health and IDD supports a purchasing environment that recognizes the unique purchasing needs of agency departments. This policy is provided to facilitate the purchase of goods and services needed to meet these requirements in a timely, efficient, and cost-effective manner.

### 2. POLICY:

It is the policy of The Harris Center to utilize standard guidelines in acquiring quality goods and / or services in a timely and professional manner while ensuring best use of funding from all sources at “best value” to The Harris Center for Mental Health and IDD.

The Harris Center for Mental Health and IDD is committed to increasing business opportunities for minority and women-owned businesses within the community. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses, are encouraged to participate in any competitive procurement request(s) for Goods and or Services.

Procedures associated with this policy establishes a systematic and fiscally sound method for procuring goods and services that allows departments within divisions agency-wide to function smoothly by providing needed materials and equipment, including servicing/maintenance of all equipment purchased.

It is the responsibility of the Purchasing Department to assure that procedures are compliant with applicable rules, laws, and standards in the purchase of all goods or services for The Harris Center

according to Texas Administrative Code (TAC), Texas Health and Human Services Commission (HHSC), Texas Grant Management Standards (TXGMS), Code of Federal Regulations (CFR), Purchasing Best Practices and standards set by the Chief Executive Officer.

### **3. APPLICABILITY/SCOPE:**

To be used by The Harris Center. This policy will allow departments agency-wide to function smoothly by providing needed materials and equipment, including servicing of all equipment purchased while operating at the highest standards of ethical conduct. This policy applies to all agency departments, and staff engaged in the process of securing goods or services on behalf of the agency.

### **4. PROCEDURES:**

- A. The Requisitioning and Purchasing of Goods and Services – **FM19B**
- B. The Requisitioning and Purchasing of Goods and/or Services Dollar Limit Threshold & Requirements – **FM20B**
- C. Guidelines for The Use of Contracts and Stand-Alone Purchase Orders

### **5. RELATED POLICIES/FORMS:**

Procedure: The Requisitioning and Purchasing of Goods and/or Services  
**FM19B**

Policy: The Requisitioning and Purchasing of Goods and/or Services  
**FM19A**

The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements  
**FM20B**

**Purchasing Card Policy**  
**FM12A**

**Purchasing Card Procedure**  
**FM12B**

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

- A. Texas Grant Management Standards (TXGMS)
- B. Texas Procurement and Contract Management Guide
- C. Federal Uniform Guidance, 2 C.F.R. Part 200
- D. Contracting and Delivery Procedures for Construction Projects, Texas Government Code Chapter 2269

- E. Purchasing: General Rules and Procedures, Texas Government Code Chapter 2155, Subchapter A
- F. Purchasing Methods, Texas Government Code Ch. 2156
- G. Purchasing: Purchase of Automated Information Systems, Texas Government Code Chapter 2157
- H. Purchasing: Miscellaneous Provisions for Purchase of Certain Goods and Services, Texas Government Code Chapter 2158
- I. Contract Management for Local Authorities, Title 25 Texas Administrative Code, Part 1, Chapter 412, Sub Chapter B
- J. Statewide Procurement and Support Services, Texas Administrative Code, Title 34, Part 1, Chapter 20
- K. Professional Services Procurement Act, Texas Government Code (TGC) Chapter 2254
- L. Historically Underutilized Businesses, Texas Government Code (TGC) Chapter 2161

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Steve Evans: Controller	01/2023
Initial Assignment	Nina Cook: Dir	01/2023

# **EXHIBIT F-13**

Status **Pending** PolicyStat ID **12880433**

Origination	10/2020	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2023		
Next Review	1 year after approval		

## LD1A - Business Associate Policy

### 1. PURPOSE:

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

### 2. POLICY:

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

### 3. APPLICABILITY/SCOPE

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

### 4. RELATED POLICIES/FORMS ~~(for reference)~~

**only):**

Business Associate Agreement

## **5. PROCEDURES:**

NA

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

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

### Approval Signatures

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Initial Assignment	Shannon Fleming: Counsel	01/2023
Initial Assignment	Kendra Thomas: Counsel	12/2022

# **EXHIBIT F-14**

Status **Pending** PolicyStat ID **12432674**

Origination 12/1993  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 12/2022  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR7A Employee Performance Evaluations

### 1. PURPOSE

The performance review policy outlines The Harris Center for Mental Health and IDD's ("The Harris Center") means to provide a formal review for every employee's performance through a collaborative effort, encouraging open communication across multiple levels of the agency.

### 2. POLICY

Each employee shall receive a regular, formal evaluation as it relates to established performance standards in their position description. The outcome of evaluations assists with potential rewards and recognition, communicating constructive feedback, setting professional growth goals, and determining development and training opportunities. Supervisors will evaluate job performance on an annual basis.

### 3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center for Mental Health and Intellectual and Developmental Disability including, both direct and contracted employees.

### 4. PROCEDURES

- A. Evaluation Timelines
- B. Evaluation Procedures

### 5. Related policies/Forms:

Employee Position Descriptions	PER:7
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Performance Evaluation

PER:22.001

## 6. References: Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	12/2022
Compliance Review	Anthony Robinson: VP	12/2022
Department Review	Joseph Gorczyca	12/2022
Initial Assignment	Toby Hicks	12/2022

# **EXHIBIT F-15**

Status **Pending** PolicyStat ID **11936827**

Origination	06/2019	Owner	Kia Walker: Chief Nursing Officer
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	12/2022		
Next Review	1 year after approval		

## MED7A - Nursing Peer Review: Incident Based or Safe Harbor

### 1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) is committed to ensuring high quality ~~healthcare~~ health care through the utilization of ~~Safe Harbor and the Peer Review processes~~ the nursing peer review process. The process is one of fact-finding, analysis, and study of events by nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event.

### 2. POLICY

The Nursing Peer Review Committee ("NPRC") shall evaluate nursing services, the qualifications of ~~any RN, LVN or APRN ("nurse"), the quality of patient care rendered by~~ a nurse, the quality of patient care rendered by nurses, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint ~~functioning as an employee~~. The NPRC may review the nursing practice of a LVN, consultant RN, or agent of The Harris Center APRN (RN with advanced practice authorization).

~~The Nursing Peer Review Committee shall also review any requests for Safe Harbor Nursing Peer Review when a nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform and the nurse believes could result in a violation of the Nurse Practice Act or Board rules.~~

The Nursing Peer Review Committee shall also convene if a nurse requests a safe harbor nursing peer review determination of whether the requested conduct or assignment violated the nurse's duty to a patient. The Harris Center's Nursing Peer Review Committee shall comply with state law and applicable

Board rules related to nursing peer review and safe harbor nursing peer review. [The NPRC is a subcommittee of the Professional Review Committee \("PRC"\).](#)

### 3. APPLICABILITY/SCOPE

The Harris Center for Mental Health and IDD [nurse employees and contractors.](#)

### 4. PROCEDURES

- Nursing Peer Review Procedure
- Safe Harbor Procedure

### 5. RELATED POLICIES/FORMS:

- Notice of Receipt of Report to Peer Review Committee
- Confidentiality Guidelines for Participants in Nursing Peer Review Process
- Detailed Summary of Peer Review Committee Findings
- Peer Review Committee's Final Report to Administration
- BON Safe Harbor Quick Request Form
- BON Comprehensive Written Request for Safe Harbor Nursing Peer Review
- Safe Harbor Request to Question the Medical Reasonableness of a Physician's Order

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

- Nursing Practice Act, Texas Occupations Code Chapter 301
- Nursing Peer Review, Texas Occupations Code Chapter 303
- Licensure, Peer Assistance and Practice, Title 22 Texas Administrative Code, §§217.19,

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#### Attachments

[BONComprehensiveWrittenRequestforSafeHarborNursingPeerReview.pdf](#)

[BONSafeHarborQuickRequestForm.pdf](#)

[BONSafeHarborResourcesforFacilities.pdf](#)

[SHNPR-Resource.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2022
Final Legal Review	Kendra Thomas: Counsel	11/2022
Initial Legal Review	Shannon Fleming: Counsel	11/2022
Compliance Review	Anthony Robinson: VP	11/2022
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2022
Initial Assignment	Kia Walker: Chief Nursing Officer	10/2022

# **EXHIBIT F-16**

Status **Pending** PolicyStat ID **12859011**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR32A Personal Relationships in the Workplace

### 1. PURPOSE:

The purpose of this policy is to communicate standards of acceptable behavior concerning personal relationships in the workplace, convey the Harris Center's response to romantic or dating relationships and manage risks presented by romantic or dating relationships between employees, contractors, volunteers, and interns.

### 2. POLICY:

In order to minimize the risk of conflicts of interest and promote fairness, the Harris Center maintains the following policy in respect to romance and dating in the workplace:

No person in a management or supervisory position shall have a romantic or dating relationship with an employee whom he or she directly supervises or whose terms or conditions of employment he or she may influence (examples of terms or conditions of employment include promotion, termination, discipline, and compensation). In addition, no employees working in the same department (or unit) shall have such a relationship. A department (or unit) is defined as a group of employees who report directly to the same supervisor. [Any exceptions must be approved by the Chief Executive Officer.](#)

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

Personal Relationships in the Workplace Procedure

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

Sexual Harassment Policy

Employee Handbook

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

Employment Discrimination, Tex. Labor Code Ch. 21, Subchapter C-1

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e-2 et seq.

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Joseph Gorczyca	01/2023
Initial Assignment	Toby Hicks	01/2023

# **EXHIBIT F-17**

Status **Pending** PolicyStat ID **12434427**



Origination 09/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 12/2022  
 Next Review 1 year after approval

Owner Steve Evans:  
 Controller  
 Area Fiscal Management  
 Document Agency Policy  
 Type

## FM17A Petty Cash

### 1. PURPOSE:

The purpose of this policy to provides Harris Center employee with guidelines for establishing, maintaining, and closing a petty cash fund.

### 2. POLICY:

The Harris Center authorizes to Departments the use of a petty **easecash** fund to expedite disbursements when other disbursement methods cannot be used. Petty cash funds can provide cash to local units to cover minor business-related expenses, such as reimbursement of staff members and visitors for small expenses such as taxi fares, postage, office supplies, petty expenditures (purchases). The following standards apply to the use of a petty cash fund:

- The petty cash fund must be in the custody of one person who will assume the operating responsibilities of the fund including safeguarding and reconciling the fund monthly.
- Petty cash funds are not to be used for cashing checks or funding short-term borrowings (I.O.U.'s).
- Agency funds are not to be disbursed on goods or services for personal consumption or use.
- The "Responsible Person" or the Agency's internal or external auditors may count the petty cash fund, at unannounced intervals. These cash counts should take place only in the presence of a second person: the custodian or, if necessary, another department representative designated by the custodian's supervisor.
- Theft or suspected irregularities involving petty cash should be reported directly and immediately to the **Agency's Auditor**[Internal Audit Director](#).

- Petty cash fund may be created upon the written request of business unit manager following approval by Chief Financial ~~and Administrative~~ Officer
- The Controller may require the closing of a petty cash account if proper operating procedures are not followed.
- The sum total of all petty cash funds within the agency may not exceed \$15,000 combined.

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

[LD4B Signature for Authorization](#)

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

- [FM12A Purchasing Card Policy](#)
- [FM12B Purchasing Card Procedure](#)
- ~~BUS-F/B: 16.002~~-Petty Cash Reconciliation Form
- ~~BUS-F/B: 16.003~~-Log of Petty Cash Disbursements

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

#### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2022
Legal Review	Kendra Thomas: Counsel	12/2022
Compliance Review	Anthony Robinson: VP	12/2022
Department Review	Steve Evans: Controller	12/2022
Initial Assignment	Steve Evans: Controller	09/2022

# **EXHIBIT F-18**

Status **Pending** PolicyStat ID **12961077**



Origination 11/2012  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Anthony Robinson: VP  
 Area Environmental Management  
 Document Type Agency Policy

## EM5A Reporting Automobile Accidents

### 1. PURPOSE

To ensure all motor vehicular accidents are documented and reported.

### 2. POLICY

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

### 3. APPLICABILITY/SCOPE

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

### ~~4. DEFINITIONS~~

N/A

### 5. PROCEDURES

- [EM4A Incident Reporting Procedures](#)

### 6. RELATED POLICIES/FORMS:

- Employee On-The-Job Inquiries and Illnesses [INC:3](#)

- Supervisor's Accident Report
- [Incident Reporting](#)

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

- The Harris Center Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Department Review	Anthony Robinson: VP	01/2023
Initial Assignment	Anthony Robinson: VP	01/2023

# **EXHIBIT F-19**

Status **Pending** PolicyStat ID **11936824**

Origination	07/2021
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Sylvia Muzquiz-Drummond: VP
Area	Medical Services
Document Type	Agency Policy

## MED13A - Telehealth & Telemedicine Services

### 1. PURPOSE

The purpose of this policy is to articulate The Harris Center's intent to provide care without limitations to Harris County residents seeking treatment for mental health, IDD, substance use, physical health and related services; and, to ensure the implementation of standard policies and procedures for treating consumers via electronic telecommunications.

### 2. POLICY

The Harris Center considers telehealth and telemedicine a cost-effective adjunct to in-person care. Telehealth and telemedicine are service delivery modalities that permit the Harris Center to deliver care to patients according to the same standards of care that would apply to the provision of services in an in-person setting. The Harris Center must obtain patients informed consent prior to ~~the~~ providing telehealth and telemedicine services.

The goal of telehealth and telemedicine is to supplement face-to-face care and allows The Harris Center to expand its treatment programs. All clinicians involved in the delivery of care to patients through telehealth and/or telemedicine will adhere to all laws and related procedures. Telemedicine is provided under the clinical oversight of the Chief Medical Officer.

### 3. APPLICABILITY/SCOPE

This policy applies to all staff and contractors of The Harris Center.

## 4. PROCEDURES

[MED1B Medical Services](#)

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

None

[MED1A Medical Services](#)

[RR1P Compliance Plan FY23](#)

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

- Telehealth, Tex. Occupations Code, [Subchapter J](#), §51.501
- Mental Health Telemedicine and Telehealth Services, [Title 3](#) Tex. Occupations Code Ch. 113
- ~~Purchased Services~~-Advanced Telecommunication Services, Title 1 Tex. Admin. Code ~~Ch~~[Chapter 354](#), ~~354~~, Subchapter A, [Division 33](#).
- Telemedicine, Title 22 Tex. Admin. Code, Chapter 174, ~~Subchapter A~~.
- [Mental Health Community Services Standards of Care](#)- Telemedicine Services, Title 26 Tex. Admin. Code ~~§~~, [Chapter 301](#), [Subchapter G](#), [Rule 301.359](#).

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Final Legal Review	Kendra Thomas: Counsel	01/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Sylvia Muzquiz-Drummond: VP	12/2022

# **EXHIBIT F-20**

Status **Pending** PolicyStat ID **12354106**



Origination 01/2004  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 11/2022  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Leadership  
 Document Type Agency Policy

## LD9A - Third Party Participation in Patient Services

### 1. PURPOSE:

The purpose of this policy is to promote and support patients' right to participation in treatment options and decisions about their behavioral ~~healthcare~~health care.

### 2. POLICY:

It is the policy of The Harris Center to support patients' right to consent to the presence and participation of legally authorized representatives, friends, relatives, and advocates in the provision of clinical services. The presence of an attorney or the agent of an attorney in any clinical activity, scheduled or unscheduled, must receive approval from the General Counsel, after consultation with the appropriate Chief Medical Officer or designee before such an event occurs.

### 3. APPLICABILITY/SCOPE

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

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

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

Protection of Clients and Staff-Mental Health Services, Rights of Persons Receiving Mental Health

Services- 25 Tex. Admin. Code, ~~Subchapter E~~, Rule 404.154, Subchapter E

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2022
Legal Review	Kendra Thomas: Counsel	12/2022
Compliance Review	Anthony Robinson: VP	12/2022
Initial Assignment	Shannon Fleming: Counsel	11/2022
Initial Assignment	Kendra Thomas: Counsel	11/2022

# **EXHIBIT F-21**

Status **Pending** PolicyStat ID **12961076**



Origination 08/2019  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Shiela Oquin:  
 ExecAsst  
 Area Assessment,  
 Care & Continuity  
 Document Type Agency Policy

## ACC6A Trauma-Informed Practice

### 1. PURPOSE

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

### 2. POLICY

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

### 3. APPLICABILITY/SCOPE

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

### 4. RELATED POLICIES/FORMS:

NA

### 5. RELATED PROCEDURES:

[ACC6B Trauma-Informed Practice](#)

### 6. REFERENCES: RULES/REGULATIONS/

# STANDARDS:

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

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Departmental Review	Keena Pace: Exec	01/2023
Initial Assignment	Shiela Oquin: ExecAsst	01/2023

# **EXHIBIT F-22**

Status **Pending** PolicyStat ID **12354104**

Origination	08/2018	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2023		
Next Review	1 year after approval		

## HR28A - Work Force Reduction

### 1. PURPOSE

The purpose of this policy is to provide for an orderly and equitable transition in staffing when a work force reduction is necessary.

### 2. POLICY

As a result of budget constraints, business necessity, program redirections, or related justifications, administrative actions may be taken to reduce the number of budgeted positions and/or Agency employees. A key management concern will be to achieve targeted staffing levels in the least disruptive manner to the delivery of consumer services and affected employees. The Chief Executive Officer, working with the Board of Trustees, shall determine and approve programs, functions, or units to be discontinued or consolidated. It is the policy of The Harris Center [for Mental Health & Intellectual and Developmental Disability \(hereinafter "The Harris Center"\)](#) decisions regarding workforce reduction will be coordinated by the Chief Executive Officer, appropriate Division Chief, General Counsel and the Vice President of Human Resources.

### 3. APPLICABILITY/SCOPE

This policy applies to all staff employed by The Harris Center ~~for Mental Health & Intellectual and Developmental Disability (The Harris Center)~~ including, both direct and contracted employees.

### 4. PROCEDURES

#### A. Reduction Alternatives

- B. Workforce Reduction
- C. Veterans/Reservists
- D. Reduced Employee References

## **5. References:**

**Rules/Regulations/Standards**

## **6. RELATED POLICIES**

HR9A Employment

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

NA

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Joseph Gorczyca	12/2022
Initial Assignment	Toby Hicks	12/2022

# **EXHIBIT F-23**

Transforming Lives



# IDD GR Interest List

90-Day Update

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

# How Funding Affects Waiting



## General Revenue – State Tax

### HHCS EXPECTS/ALLOWS WAITLIST PRE/POST ELIGIBILITY DETERMINATION

*Since resources are insufficient to meet the service needs of every individual in the priority population, services should be provided to meet the most intense needs first*

- (a) an individual is in danger or at risk of losing his or her support system, especially the living arrangement or supports needed to maintain self;*
- (b) an individual is at risk of abuse or neglect;*
- (c) an individual demonstrates repeated criminal behavior.*

## Medicaid - Federal

### FEDS DO NOT ALLOW WAITLIST POST ELIGIBILITY DETERMINATION

*The LIDDA must complete the enrollment process by the enrollment due date described below or have an enrollment extension approved by HHSC.*

- 75 calendar days from the date of HHSC's notice for a person who is residing in their own home or family member's home; or*
- 90 calendar days from the date of HHSC's notice for a person who is currently residing in a facility, including a nursing facility, state hospital, state supported living center or intermediate care facility.*

### What's with the acronyms?

HHSC – Health and Human Services Commission (aka HHS)  
LIDDA – Local IDD Authority (The Harris Center's IDD Division)

# GR Waitlist

## STEP 1 ELIGIBILITY

DID  
 Report Writing  
 Financials  
 Service Assessment

### Number waiting to receive a DID assessment

	July	October	November	December
Beginning of month*	5,831	5,775	5,710	5602
Added	-	37	22	34
Removed	-	102	130	15
<b>TOTAL WAITING</b>	<b>5,831</b>	<b>5,710</b>	<b>5,602</b>	<b>5583</b>

\*contains invalid data

## STEP 2 SERVICE COORDINATION

Discovery  
 Person-Directed Plan  
 Monitoring

### Number waiting to receive a GR Service Coordinator

**118**  
 as of January 9, 2023

\*data has been validated and is post DID

## STEP 3 GR SERVICES

HHSC Contracted Services  
 Internal/External Providers  
 Community Linkages

### Number waiting to access an authorized GR service

In-home respite	9
Out-of-home respite	0
Day Habilitation	2
Employment Services	0
Feeding Clinic	24
Outpatient Biopsychosocial Services (OBI)	99
<b>TOTAL WAITING</b>	<b>134</b>

as of January 9, 2023

\*data has been validated and is post DID

### What's with the acronyms?

GR – General Revenue (state tax dollars)

DID – Determination of Intellectual Disability (HHSC required assessment to determine eligibility for GR services at The Harris Center.

# (OCTOBER SLIDE) Data-Evaluation-Actions

HOW MANY ARE WAITING & FOR WHAT?		EVALUATION RESULTS	ACTIONS + NEXT 90 DAYS
5,752	<b>Determination of Intellectual Disability</b>	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	<b>In-Home Respite</b>	Families without known/accessible provider	Established Respite Task Force Vetting 3 options: External/Internal/Ownership
427	<b>Behavioral Supports</b>	Personnel shortage	Included in RFP Open Enrollment
189	<b>Community Supports</b>	No barriers. In-person and virtual permitted	Plan to begin January 2023
174	<b>Day Habilitation</b>	Service will convert in March 2023 to ISS	Will hold until new HHSC rules are released
120	<b>Employment Training/Support</b>	Lack of capacity/funding to expand	Created agreement with The Center for admin fee + TWC funding Included in RFP Open Enrollment
117	<b>Out-of-Home Respite</b>	Lack of provider network	Included in RFP Open Enrollment (in addition to crisis out-of-home respite) Exploring use of ICF owned beds/home



# The Past 90 Days

## DID APPOINTMENTS

### Ball-Pen Method

Based on focus group feedback:

- Appointments are distributed based on the next available psychologist.

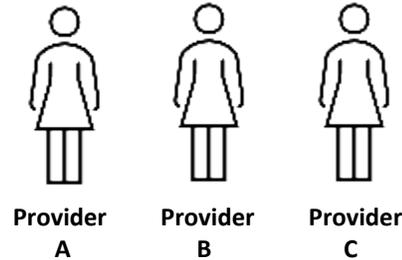
Why is this important?

- Equitable workload = less downtime due to no-shows = greater productivity

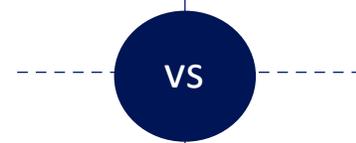
**FYI**

Current number of DID Providers: 6.5  
Current DID Contract Companies: 2  
Monthly DID Group Target: 120

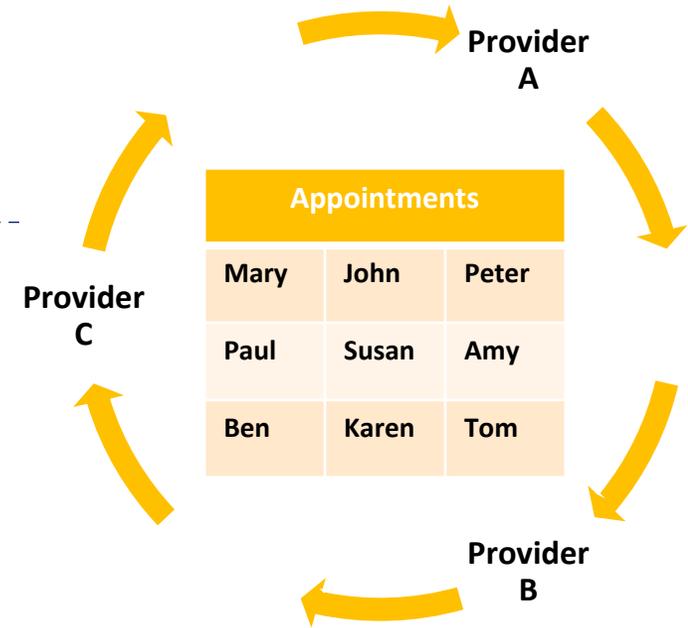
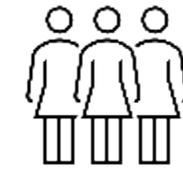
### PREVIOUS



Appointments		
<del>Mary</del> No Show	John	Peter
Paul	Susan	<del>Amy</del> No Show
Ben	<del>Karen</del> No Show	<del>Tom</del> No Show
Ken	<del>Heather</del> No Show	<del>Don</del> No Show



### CURRENT



Appointments		
Mary	John	Peter
Paul	Susan	Amy
Ben	Karen	Tom

**What's with the acronyms?**

HHSC – Health and Human Services Commission (aka HHS)  
GR – General Revenue (state tax dollars)  
DID – Determination of Intellectual Disability (HHSC required assessment to determine eligibility for GR services at The Harris Center.

# The Past 90 Days



Process  
Efficiency  
Outcome



Report Writing	Contract Agencies	DID Evaluators	Revised Reporting	Revised Definitions
 <p><b>DID Assessments</b></p> <p>Previous: 10 days Current: 15 – 20 days</p> <p>Improve quality of DID reports</p> <p><i>*November average 22 days</i></p>	 <p><b>DID Assessments</b></p> <p>Previous: Summer months Current: Year-round</p> <p>Ability to meet agency’s contracting requirements versus individual LSSPs</p>	 <p><b>Certification</b></p> <p>Previous: Mixture of certified and non-certified Proposed: Certified only</p> <p>Reduce report completion time. Increased ability to provide independent assessments.</p>	 <p><b>Production</b></p> <p>Previous: No departmental reporting Current: Weekly production report measuring achievement of team goal</p> <p>Shared accountability</p>	 <p><b>Waitlist/Crisis</b></p> <p>Crisis: adhere to HHSC contract definitions</p> <p>Waitlist: intake packet received and unable to schedule appointment within 3 months</p>

**What’s with the acronyms?**

HHSC – Health and Human Services Commission (aka HHS)  
DID – Determination of Intellectual Disability (HHSC required assessment to determine eligibility for GR services at The Harris Center.  
LSSP – Licensed Specialist in School Psychology

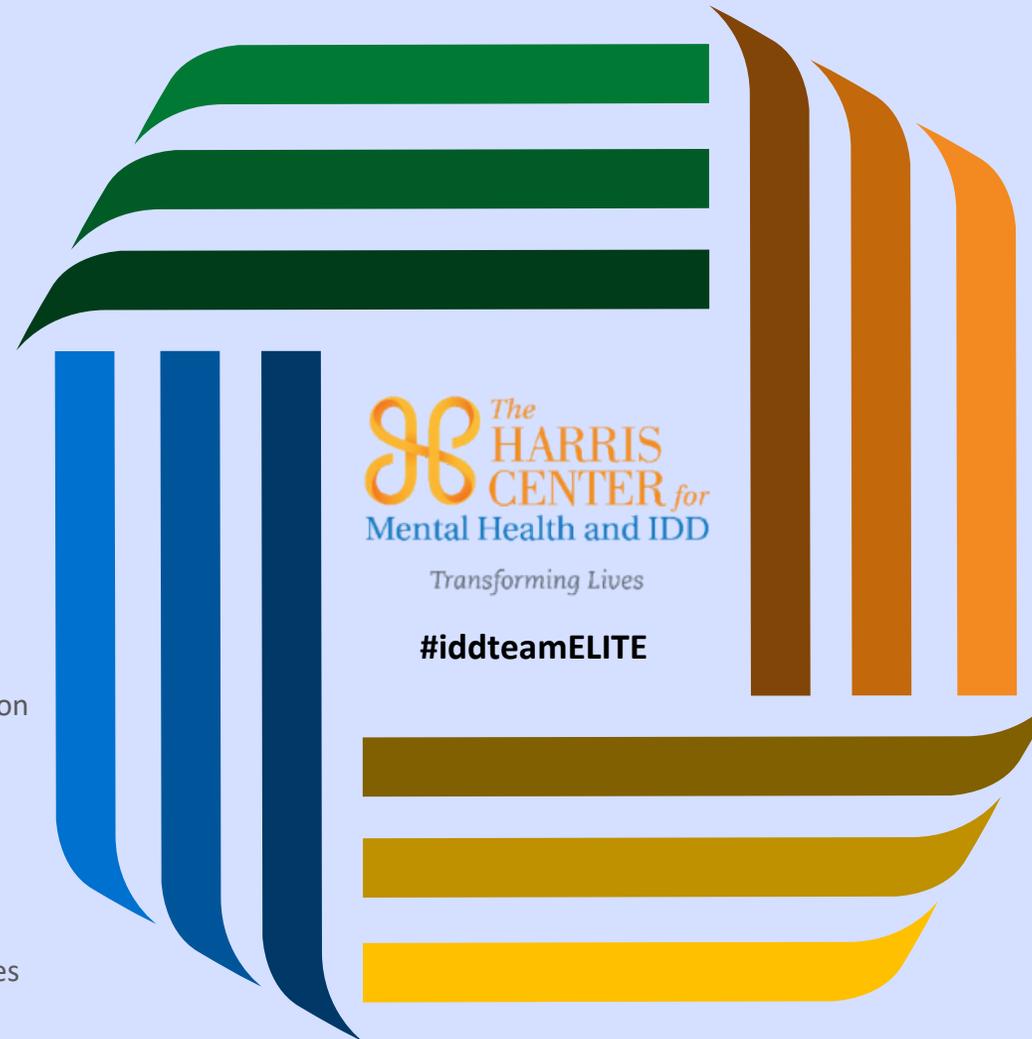


## Waitlist Clean-Up Project

- 12-week project
- 2 temporary staff
- 2 calls/1 certified letter/EPIC documentation
- 30-day max disposition
- Target 60 calls per day/per staff
- Onboarding January 2023

## Barrier-Free Intake Packet

- Overhaul of current 30-page packet requiring printing and manual completion
- PC/Smartphone/Tablet completion and submission (including ability to upload historical records)
- Reduction of questions
- Removal of certain assessments (e.g. tobacco usage) without direct benefit to DID process
- Required assessments electronically completed upon appointment check-in
- Capped lobby wait time, not to exceed 30 minutes worth of assessments



## Information & Referral (I&R)

- Re-institute 2 positions
- Educator for individuals seeking services
- With consent, aid in securing historical records needed for DID
- Vet cases appropriate for virtual vs. in-person DID
- With exception of crisis and Medicaid, no case is scheduled without I&R involvement

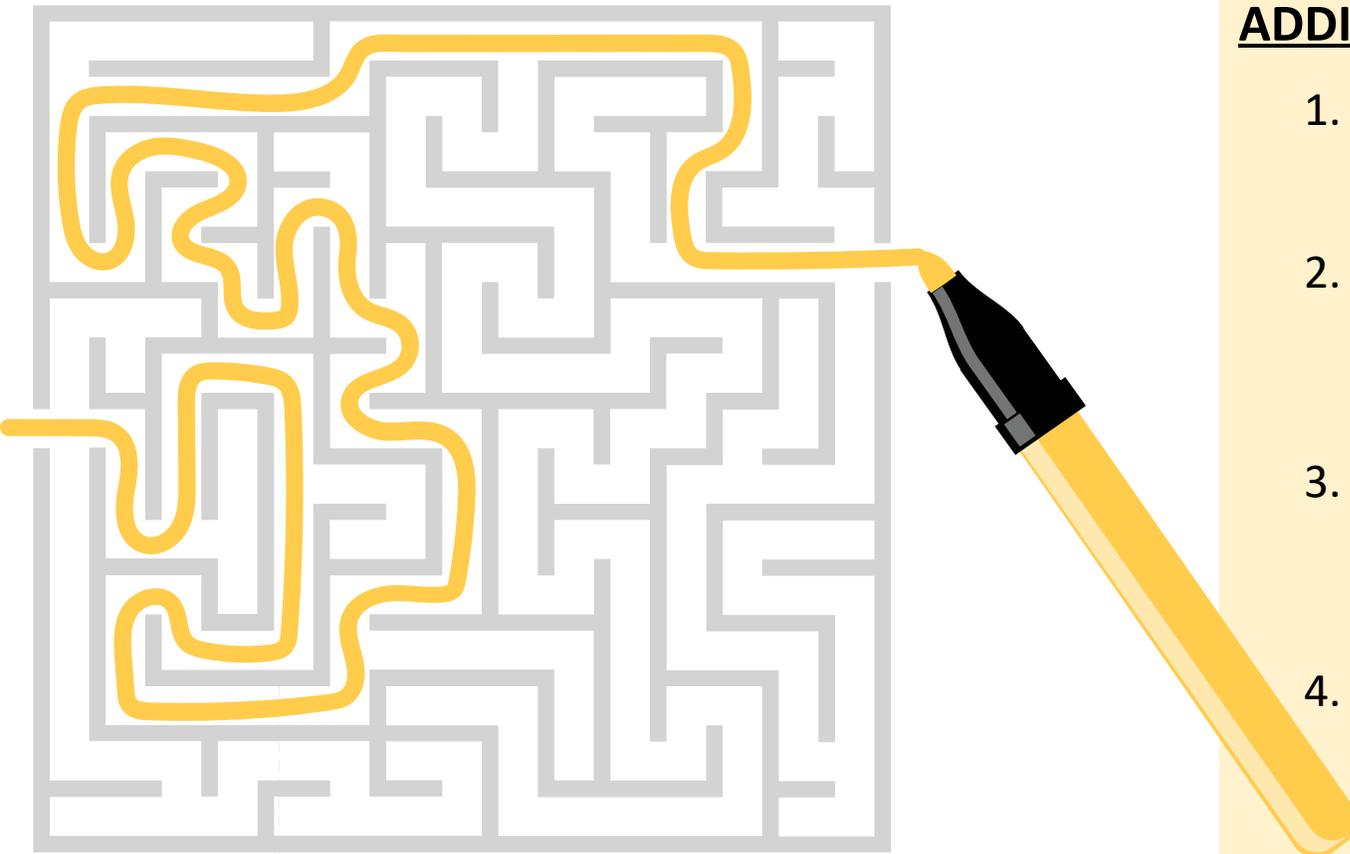
## Access-to-Care

- MTM Services – consultation began in December. Full report and recommendations expected February 2023.
- Focus group to determine appropriate wait times (not contingent upon funding) for all three GR components – Eligibility/Service Coordination/GR Services
- Combine change management model with MTM recommendations

### What's with the acronyms?

PC – Personal Computer

DID – Determination of Intellectual Disability (HHSC required assessment to determine eligibility for GR services at The Harris Center.



## ADDITIONAL STEPS TOWARDS ACHIEVING SUCCESS

### 1. Revisions to intake scheduling

- Previous – all calls scheduled
- Current – submission of intake packet

### 2. Resource list for non-HHSC GR assessment requests

- Previous – assessments for TEA and governmental benefits
- Current – resource list of alternate providers
- Partnership with SSA to educate families monthly beginning February 2023

### 3. Revisions to agency/Board scorecards

- Previous – singular measure, incorrectly representing IDD access to care.
- Current – metrics representative of all three domains required by HHCS to access IDD services

### 4. Re-establish presence at state-level meetings and committees

- IDD Consortia (quarterly collaboration between 39 LIDDAs, HHSC, and Texas Council)
- IDD System Redesign Advisory Committee/SRAC (\*commissioner elected – quarterly to advise HHSC on the implementation of acute care and long-term services and supports)
- American Association on Intellectual and Developmental Disabilities-Texas Chapter (\*Board of Directors – interdisciplinary membership organization of professionals)

#### What's with the acronyms?

HHSC – Health and Human Services Commission (aka HHS)

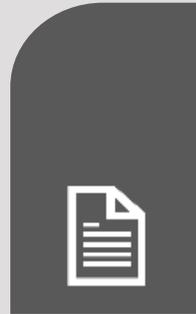
GR – General Revenue (state tax dollars)

LIDDA – Local IDD Authority (The Harris Center's IDD Division)

# IDD Access-to-Care: 6 Steps

## 1. INITIAL CALL

- Self
- Community
- Internal Division
- QR code



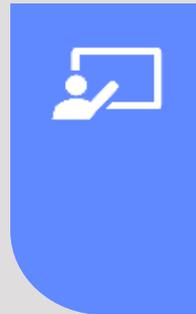
## 2. INFORMATION & REFERRAL

- Intake packet submission
- Historical documents
- Virtual/In-Person



## 3. DID SCHEDULED

- Ball-Pen Method
- 15-20 day report completion
- Benefits Assessment



## 4. SERVICE COORDINATION

- Assigned service coordinator
- Authorized person directed plan

## 5. GR SERVICES

- Internal provider and/or
- Community-based provider

## 6. MONITORING

Completed by service coordinator every 30 days

### What's with the acronyms?

DID – Determination of Intellectual Disability (HHSC required assessment to determine eligibility for GR services at The Harris Center.



# Questions & Answers

# **EXHIBIT F-24**

**January 2023**

**NEW CONTRACTS UNDER 100k**

SNAPSHOT SUMMARY  
NEW CONTRACTS  
LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>FY23 NEW CONTRACTS</b>							
<b>ADMINISTRATION</b>							
1	Medical Practice Consultants, Inc.	Consulting Services for Medical Coding and Training	\$8,000.00	12/01/22-08/31/23	Private Pay Source	Request for Quote	Consultant services to provide coding/compliance review training and education services two physicians.
2	Phactory Consulting, LLC	Consulting Services for Housing Development	\$39,000.00	09/01/22-08/31/23	GR	N/A	Housing Development Consulting services for the development of 26 housing units located at 6160 South Loop East, Houston, TX.
3	Robert McIntyre	Crisis Line Debriefing Group Facilitation	\$6,000.00	10/31/22- 08/31/23	State Grant	N/A	This new Vendor will provide Crisis Line Debriefing Group Facilitation Services for up to 6 debriefing groups per month for FY22/23.
<b>CPEP/CRISIS SERVICES</b>							
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
<b>LEASES</b>							
<b>MENTAL HEALTH SERVICES</b>							



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Medical Practice Consultants, Inc.

**Contract ID #\***

2022-0593

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Medical Practice Consultants, Inc. and The Harris Center

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

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

**Procurement Method(s)\***

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 <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em; vertical-align: middle;"></span> |

**Funding Information\***

- New Contract  Amendment

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

11/28/2022

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

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 6,000.00

**Funding Source\***

Private Pay Source

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

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

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

Coding review for two physicians and provide training and education

**Contract Owner\***

Eva Honeycutt

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

Yes  No  Unknown

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

09/01/2019-08/31/2021

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

MPC Coding Consultant Inquire.docx

113.96KB

**Vendor/Contractor Contact Person**

**Name\***

Renee M. Brown

**Address\***

Street Address

1900 Northwest Expressway, Suite 625

Address Line 2

City

Oklahoma City

State / Province / Region

OK

Postal / Zip Code

73118-1802

Country

US

**Phone Number\***

405-848-8558

**Email\***

renee@mpcinc.biz

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1134	\$ 6,000.00	542000
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Brown, Erica	

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

\$2,000 per provider, outside of this hourly rate of \$375.00 with a 10% reduction.

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

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Honeycutt, Eva	11/28/2022

**Budget Manager Approval(s)**

**Approved by**

*Ricardo Campbell*

**Approval Date**  
11/28/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Eva Honeycutt*

**Approval Date**  
11/29/2022

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
11/29/2022



# Executive Contract Summary

## Contract Section

**Contractor\***

PHactory Consulting, LLC

**Contract ID #\***

New

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

PHactory Consulting and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2022

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

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 39,000.00

**Funding Source\***

General Revenue (GR)

Budget Unit Number\*

1101

Amount Charged to Unit\*

\$ 39,000.00

Expense/GL Code No.\*

54200

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

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

Straight rate of \$195 per hour/NTE \$39,000.00

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

n/a

Requester Name

Franco, Veronica

Submission Date

12/21/2022

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

12/21/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Carrie Rys*

Approval Date

1/4/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

1/4/2023

**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 \* (?)**

Housing Development Consultant Services for the development of 26 housing units located at 6160 South Loop East, Houston, TX

**Contract Owner \***

Carrie Rys

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

Yes  No  Unknown

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

09/01/2022-08/31/2022

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

Yes  No  Unknown

**Community Partnership \* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ^

**Name \***

PHactory Consulting, LLC

**Address \***

Street Address

14511 Broadgreen Drive

Address Line 2

City

Houston

Postal / Zip Code

77079-6505

State / Province / Region

TX

Country

US

**Phone Number \***

713-998-3577

**Email \***

tgunsolley@PHactoryConsulting.com

**Budget Section** ^

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



## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Robert McIntyre

**Contract ID #\***

2022-0580

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Robert McIntyre

**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="Provided by Janice Cote"/> |

**Funding Information\***

- New Contract  Amendment

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

10/31/2022

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

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 6,000.00

**Funding Source\***

State Grant

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

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

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

Vendor will be replacing current provider (Allay Counseling, Training, and Supervision Services) ID#2022-0421 for Crisis Line Debriefing Group facilitation. Up to 6 debriefing groups would be provided per month for the duration of contract.

**Contract Owner\***

Jennifer Battle

**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 (?)**

Robert McIntyre Debriefing Group Service Quote.docx 1.55MB

**Vendor/Contractor Contact Person**

**Name\***

Robert McIntyre

**Address\***

Street Address

3010 East Nasa Parkway

Address Line 2

#1305

City

Seabrook

State / Province / Region

TX

Postal / Zip Code

77586

Country

US

**Phone Number\***

346-495-4268

**Email\***

robertmac215@aol.com

**Budget Section**

Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
7001	\$ 6,000.00	549005
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

Rate is \$100 per debriefing session.

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

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Smith, Janai	10/25/2022

**Budget Manager Approval(s)**

**Approved by**

*Kevin Ilejay*

**Approval Date**  
10/25/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Jennifer Battle*

**Approval Date**  
10/25/2022

**Contracts Approval**

**Approve \***

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

**Approved by \***

*Shasthya Behn*

**Approval Date \***  
10/25/2022

# **EXHIBIT F-25**

# **January 2023**

## **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
<b>FY23 CONTRACT RENEWALS</b>								
<b>ADMINISTRATION</b>								
1	Empowered Systems Holdings, LLC dba Empowered Systems, LLC	Software License Agreement	\$1,100.00	\$1,200.00	09/01/22- 08/31/23	GR	Software License Agreement	Annual renewal of Auto Audit Software, License, Training and Maintenance Software Agreement.
2	Lorman Education Services	Online Continuing Education Training Resources for Legal and Contract Services.	\$2,990.00	\$3,140.00	12/31/22- 12/31/23	GR	N/A	Annual renewal agreement of online continuing education training Agreement for the Legal and Contract Services Departments.
3	eQuest	Job Description Services via UKG Workforce Dimension System	\$3,850.00	\$6,600.00	04/01/22-04/01/23	GR	N/A	Annual renewal of Agency's of job distribution services Agreement.
<b>CPEP/CRISIS SERVICES</b>								
4	Lanier Parking Meter Services, LLC D/B/A REEF Park	Parking Lease at 1200 Baker Street	\$85,000.00	\$78,970.00	01/01/23-12/31/23	County	N/A	Annual renewal of parking lease located at 1200 Baker Street for Agency's Staff. Rate: \$70.00 per parking space per month.
<b>FORENSICS</b>								
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
<b>LEASES</b>								



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

### Current Fiscal Year

2023

### Contract ID# \*

6840

### Contractor Name \*

Empowered Systems Holdings, LLC DBA Empowered Systems, LLC

### Service Provided \* (?)

AutoAudit Software License, AutoTraining and Maintenance.

### Renewal Term Start Date \*

9/1/2022

### Renewal Term End Date \*

8/31/2023

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

### Agenda Item Submitted For: (?)

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

### Procurement Method(s) \*

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

**Contract NTE \* (?)**

\$ 1,100.00

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

\$255.00 per Quarter License Fee

**Unit(s) Served \***

1102

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

553002

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

CT142085

**Contract Requestor \***

David Fojtik ▼

**Contract Owner \***

David Fojtik ▼

**File Upload (?)**

**Evaluation of Current Fiscal Year Performance** ⬆

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

- Yes  No

**Were Services delivered as specified in the contract? \***

- Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Renewal Determination



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

Yes  No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1101	\$ 1,200.00	542000

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

Add Another Unit

Fiscal Year * (?)	Amount * (?)
2023	\$ 1,200.00

Add another year

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 (?)

Upload

### Contract Owner



Contract Owner \* (?)

Please Select Contract Owner

David Fojtik



### Budget Manager Approval(s)



Approved by

*Erica Brown*

### Contract Owner Approval



Approved by

*David W. Fojtik*

### Contracts Approval

Approve \*

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

Comments

Submit



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2022-0359

**Contractor Name\***

eQuest

**Service Provided\* (?)**

eQuest is our current provider of job distribution services via the UKG Workforce Dimension human capital management system.

**Renewal Term Start Date\***

4/1/2022

**Renewal Term End Date\***

4/1/2023

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

## Contract NTE\* (?)

\$ 3,850.00

## Rate(s)/Rate(s) Description

\$6,600 for 4/1/2022 - 4/1/2023; FY22 NTE = \$2,750 and  
FY23 NTE = \$3,850

## Unit(s) Served\*

1147

## G/L Code(s)\*

900021

## Current Fiscal Year Purchase Order Number\*

FY22 PO CT141942

## Contract Requestor\*

Ninfa Escobar

## Contract Owner\*

Ninfa Escobar

## File Upload (?)

eQuest - ID 2022-0359 - FY22 Professional Services Agreement - Fully Executed.pdf 384.24KB

## Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination



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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 6,600.00	553002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Campbell, Ricardo	Brown, Erica	

Fiscal Year* (?)	Amount* (?)
2022	\$ 6,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*MSH*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

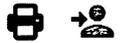
Approval Date\*

11/21/2022

# Contracts Approval

ECS - Jones, Anthony - LabUsa - 11/10/2022

Save draft



## Executive Contract Summary

### Contract Section

---

#### Contracts Approval

ECS - Jones, Anthony - LabUsa - 11/10/2022

**Summary**   **Action History**

#### Task Information

Assigned to: Stude, Belinda [ [Reassign](#) ]

Date assigned: 8:51 AM

Due date: No due date

Priority: None

Team: No team

#### Summary Details

**contractor**

LabUsa

**conOwner**

**parties**

LabUsa and The Harris Center for Mental Health  
and IDD

**reqName**

Jones, Anthony



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2021-0282

**Contractor Name\***

Lorman Education Services

**Service Provided\* (?)**

Online Continuing Education Training Resources for Legal and Contract Services. (Note: Automatic Renewal)

**Renewal Term Start Date\***

12/31/2022

**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

- 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 None

**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\* (?)

\$ 2,990.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1110, 1119

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

CT141730

Contract Requestor\*

Christina Gerardo

Contract Owner\*

Kendra Thomas

File Upload (?)

## Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Please Explain\*

N/A

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1110	\$ 942.00	549005

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1119	\$ 2,198.00	549005

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,140.00

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

**Contract Funding Source \***

General Revenue (GR)

**Contract Content Changes**

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

**Contract Owner**

**Contract Owner\* (?)**

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)



Approved by

*Erica Brown*

Approved by

*Ricardo Campbell*

Contract Owner Approval



Approved by

*Kendra Thomas*

Contracts Approval

Approve \*

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

Approved by \*

*Shasthya Bohn*

Approval Date \*

10/31/2022



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Current Fiscal Year

2023

### Contract ID#\*

7717

### Contractor Name\*

Lanier Parking Meter Services, LLC D/B/A REEF Park

### Service Provided\* (?)

Parking Lease for Spaces at 1200 Baker Street for The Harris Center staff

### 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

- 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 None

### 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\* (?)

\$ 84,000.00

Rate(s)/Rate(s) Description

\$70 per parking space, per month. Contracted for 100 spaces.

Unit(s) Served\*

6202

G/L Code(s)\*

544005

Current Fiscal Year Purchase Order Number\*

CT142356

Contract Requestor\*

Sheenia Williams-Wesley

Contract Owner\*

Monalisa Jiles

File Upload (?)

### Evaluation of Current Fiscal Year Performance



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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination



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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 78,960.00	544005
<b>Budget Manager*</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager*</b> Jiles, Monalisa

Fiscal Year* (?)	Amount* (?)
2023	\$ 78,960.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

County

Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

*Shermie Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Jiles*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/13/2022

# **EXHIBIT F-26**

# **January 2023**

## **AMENDMENTS UNDER 100k**

SNAPSHOT SUMMARY  
 CONTRACT AMENDMENTS  
 LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY23 AMENDMENTS</b>								
	<b>ADMINISTRATION</b>								
1	Datix (USA) Inc. d/b/a RLDatix	Incident Reporting System and Site Hosting Services	\$15,238.00	\$44,654.00	\$59,892.00	11/19/22- 11/18/23	GR	N/A	This Amendment is to move \$44,654 from one PO to another PO, which already has the hosting fee of \$15,238 for the Incident Reporting System and Site Hosting Services.
2	Everbridge, Inc.	Agency's Mass Notification Incident Management Services	\$40,537.50	\$2,447.74	\$42,985.24	09/01/22-08/31/23	GR	RFQ	This Amendment is to increase the NTE to add additional functionality enhancement to the existing communications/notification system.
3	MSX GROUP, LLC	Proprietary Budget Software to Maintain Internal Controls of Financial Operations	\$5,151.00	\$1,404.00	\$6,555.00	09/01/22-08/31/23	GR	RFQ	This Amendment is to increase the NTE to purchase one Additional Power User(s) license for Prospero for the new Budget Manager assigned to ECI.
4	Lab Information Technology Incorporated d/b/a LABUSA	Mobil App. Internet/Web Architect (PSI) Deployment Services	\$49,059.00	\$4,140.00	\$53,199.00	09/01/22-08/31/23	GR	Tag-On to TIPS RFP No. 200601	This Amendment is to increase the NTE to cover maintenance and provide on-going support for the Mobile App.
	<b>CPEP/CRISIS SERVICES</b>								
5	Stericycle, Inc.	Agency Wide Medical Waste Removal	\$5,675.00	\$1,300.00	\$6,975.00	09/01/22-08/31/23	GR	RFQ	Amendment is needed to cover the cost of increased medical waste generated at the JAIL.
6	X-Ray Mobile Texas, Inc.	Mobile X-Ray Services for CPEP/NPC	\$8,499.99	\$5,200.00	\$13,699.99	09/01/22-08/31/23	State	RFQ	Amendment is to increase the NTE due to a high demand of services; pay outstanding invoices, and pay program costs for the remainder of the fiscal year.
	<b>FORENSICS</b>								
7	Texas Medical Center Hospital Laundry Cooperative Association	Linen Services	\$95,500.00	\$3,060.00	\$99,560.00	09/01/22-08/31/23	County	Tag-On to Harris County	Amendment is to increase the NTE to add laundry services at the new 24 hour Youth Diversion Center program. [12 Bed Facility]
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
	<b>INTERLOCALS</b>								



# Executive Contract Summary

## Contract Section



**Contractor\***

RLDatix

**Contract ID #\***

7824

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Datix/RLDatix and The Harris Center

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

11/19/2022

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

11/18/2023

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

**Current Contract Amount\***

\$ 15,238.00

**Increase Not to Exceed\***

\$ 44,654.00

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

\$ 59,892.00

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\* (?)

We have 2 contracts with RLDatix. CT142562 and CT142506. This request is to move line 2 from CT142562 for \$44,654 to CT142506. The \$44,654 on CT142562 is for the Incident Reporting System software, which is contract ID 7824, not Contract ID 7841. CT142506 already has the hosting fee for \$15,238 on it. Therefore, CT142562, Contract ID 7841 should be for a total of \$65,448, and CT142506, Contract ID 7824 should be for a total of \$59,892.00 - 1130/551003-\$15,238.00 and 1102/553002-\$44,654.00

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

- Yes
- No
- Unknown

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

FY22 - PolicyStat and Incident Reporting System

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

- Yes
- No
- Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name\*

Adam Scott

Address\*

Street Address

311 South Wacker Drive

Address Line 2

Suite 4900

City

Chicago

State / Province / Region

IL

Postal / Zip Code

60606

Country

US

Phone Number\*

8887377444

Email\*

ascott@rldaix.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1102	\$ 44,654.00	553002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

N/A

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

N/A

Requester Name

Hurst, Richard

Submission Date

10/26/2022

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

10/26/2022

Contract Owner Approval

Approved by

*Mustafa Cochunwala*

Approval Date

10/26/2022

Contracts Approval

**Approve\***

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

**Approved by\***

*Shakyla Belm*

**Approval Date\***

10/27/2022



## Executive Contract Summary

### Contract Section

**Contractor \***

Everbridge

**Contract ID # \***

7807

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

1/10/2023

**Parties \* (?)**

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

**Funding Information \***

- New Contract  Amendment

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

9/1/2022

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

8/31/2023

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

**Current Contract Amount \***

\$ 40,537.50

**Increase Not to Exceed \***

\$ 2,447.74

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

\$ 42,985.24

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 42,985.24

**Funding Source\***

General Revenue (GR)

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

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

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

The amendment to the existing contract is required to add additional functionality to the existing communications/notification system.

Everbridge Incident Management ensures the right processes are followed and sends consistent, error-free, and complete messages for the same incident every time to responders and stakeholders.

The system will allow management to broadcast to virtually any communication device and channel, including audio, text, and mobile. Easily select your audience – individuals or groups – through lists or geo-targeting. Facilitate two-way communication so you know your people are safe.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

9/1/2021 - 8/31/2022

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Everbridge Incident Management. EfD.11.15.22.pdf

150.95KB

**Vendor/Contractor Contact Person****Name\***

Deborah Rutledge

**Address\***

Street Address

25 Corporate Drive

Address Line 2

Suite 400

City

Burlington

Postal / Zip Code

01803

State / Province / Region

MA

Country

US

**Phone Number\***

312-543-3514

**Email\***

Deborah.Rutledge@everbridge.com

**Budget Section**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 2,266.43	551002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 181.31	553003

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

Incident Management - Incident Communications = \$2,266.43

Set Up Fee = \$181.31

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

N/A

**Requester Name**

Jones, Anthony

**Submission Date**

11/16/2022

**Budget Manager Approval(s)**

**Approved by**



**Approval Date**

11/17/2022

**Procurement Approval**

**File Upload (?)**

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

11/21/2022

Contracts Approval

Approve\*

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

Approved by\*

Approval Date\*

*Belinda Stude*

11/23/2022



## Executive Contract Summary

### Contract Section

**Contractor\***

MSXGROUP

**Contract ID #\***

ID 7414

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2022

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

8/31/2023

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

**Current Contract Amount\***

\$ 5,151.00

**Increase Not to Exceed\***

\$ 1,404.00

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

\$ 6,555.00

Fiscal Year\* (?)

Amount\* (?)

2023

\$ 6,555.00

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 amendment is needed to purchase one Additional Power User(s) license for Prospero new Budget Manager in ECI.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

9/1/2022 - Present

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Quote to The Harris Center for Additional Power User 2022.1201.pdf 358.28KB

Vendor/Contractor Contact Person

Name\*

Noah Moseley

Address\*

Street Address  
100 South Pace Blvd  
Address Line 2

City  
Pensacola

State / Province / Region  
FL

Postal / Zip Code  
32502

Country  
United States

Phone Number\*

(877) 456-7632

Email\*

noah.moseley@msxgroup.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,200.00	551001

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 204.00	553002

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Campbell, Ricardo	Brown, Erica

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

scription Software Purchase  
 1 Additional Power User(s) \$1,200  
 Annual Support & Maintenance \$204  
 License-Support & Maintenance TOTAL \$1,404

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

N/A

<b>Requester Name</b>	<b>Submission Date</b>
Jones, Anthony	12/7/2022

Budget Manager Approval(s)

Approved by



**Approval Date**  
12/8/2022

Procurement Approval

File Upload (?)

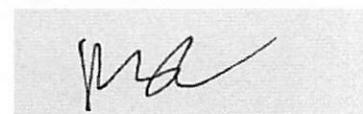
Approved by

Sign

**Approval Date**

Contract Owner Approval

Approved by



**Approval Date**  
12/8/2022

Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

12/13/2022



## Executive Contract Summary

### Contract Section

#### Contractor\*

Lab Information Technology Incorporated d/b/a LabUsa

#### Contract ID #\*

2022-0398

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

1/17/2023

#### Parties\* (?)

LabUsa 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 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 TIPS RFP No. 200601 |

#### 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\*

\$ 49,059.00

#### Increase Not to Exceed\*

\$ 4,140.00

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

\$ 53,199.00

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 53,199.00

**Funding Source\***

General Revenue (GR)

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant                                |
| <input type="checkbox"/> Consumer Driven Contract                  | <input type="checkbox"/> New Contract/Agreement                    |
| <input type="checkbox"/> Memorandum of Understanding               | <input 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 amendment to the existing contract is required to cover maintenance and on-going support for the Mobile App.

Professional services support for Mobile App. Internet / Web Architect (PS1) Deployment - Program Manager Coordinator between multiple projects and business units. Implement solutions for managing and maintaining systems and software for full mobile app development.

Internet / Web Architect (PS1) - Support and Maintenance Mobile app support and maintenance cover Appstore and Playstore and all-around enhancement of mobile apps to achieve reliable performance and keep their functionality up-to-date.

**Contract Owner\***

Mustafa Cochinwala

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

Yes  No  Unknown

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

9/1/2021 - 8/31/2022

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

Yes  No  Unknown

**Please provide the HUB status\***

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

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Inv\_13819\_from\_LAB\_Information\_Technology\_Incorporated\_23008.... 75.39KB

**Vendor/Contractor Contact Person****Name\***

Martin Laster

**Address \***

Street Address

4419 Cedar Elm Lane

Address Line 2

City

Manvel

Postal / Zip Code

77578-2043

State / Province / Region

TX

Country

US

**Phone Number\***

281.393.8003

**Email \***

martin@labusa.com

**Budget Section**

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 4,140.00	900022
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Brown, Erica	Campbell, Ricardo	

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

\$103.30 x 40 hours = \$4,140.00

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

IT22.1147.01

**Requester Name**

Jones, Anthony

**Submission Date**

11/10/2022

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**

11/11/2022

**Procurement Approval**

**File Upload (?)**

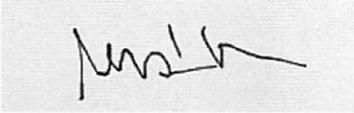
**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

Approved by



Approval Date

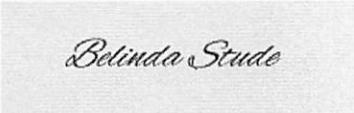
11/14/2022

Contracts Approval

Approve\*

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

Approved by\*



Approval Date\*

11/23/2022



## Executive Contract Summary

### Contract Section

**Contractor\***

STERICYCLE, INC

**Contract ID #\***

7529

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

STERICYCLE, 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\***

\$ 5,675.00

**Increase Not to Exceed\***

\$ 1,300.00

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

\$ 6,975.00

**Fiscal Year\* (?)**  
2023

**Amount\* (?)**  
\$ 6,975.00

**Funding Source\***  
General Revenue (GR)

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

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

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

To cover increased medical waste generated at the JAIL, UNIT #9403

**Contract Owner\***

Kia Walker

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

Yes  No  Unknown

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

the past 10+ years

**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

**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	\$ 450.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9407	\$ 250.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 150.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 0.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9501	\$ 150.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 150.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9267	\$ 150.00	543026

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

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

\$28.69 container/minimum no waste stop fee

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

na

Requester Name  
Arceneaux, Linda

Submission Date  
11/21/2022

Budget Manager Approval(s) 

Approved by

*Priscilla M. Ramirez*

Approval Date

11/21/2022

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

*Kia Walker*

Approval Date

12/7/2022

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

12/7/2022



## Executive Contract Summary

### Contract Section

**Contractor \***

X-Ray Mobile

**Contract ID # \***

7848

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

11/15/2022

**Parties \* (?)**

The Harris Center for Mental Health & IDD and X-Ray Mobile

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

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

**Procurement Method(s) \***

Check all that Apply

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

**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 \***

\$ 8,499.99

**Increase Not to Exceed \***

\$ 5,200.00

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

\$ 13,699.99

**Fiscal Year\* (?)** 2023 **Amount\* (?)** \$ 13,699.99

**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\* (?)**

The 6160 facility added several new programs during FY22 and the Jail Diversion program census has increased thus, the program is serving more consumers than previously projected. Due to high demand, the NTE needs to be increased to cover outstanding invoices as well as the gap to get the programs to fiscal year end.

**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, xray mobile services

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Patrick A. Truax

**Address\***

Street Address

P.O. Box 1555

Address Line 2

City

Sugar Land

Postal / Zip Code

77487

State / Province / Region

TX

Country

US

**Phone Number\***

(979) 258-6610

**Email\***

txportablexray@gmail.com

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 2,950.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9407	\$ 150.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9264	\$ 1,200.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9501	\$ 300.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9502	\$ 300.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9267	\$ 300.00	543031

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ramirez, Priscilla	Puente, Giovanni

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

No change. Rates are outlined per the existing contract.

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

n/a

**Requester Name**

Ramirez, Priscilla

**Submission Date**

11/8/2022

**Budget Manager Approval(s)**

Approved by

*Priscilla M. Ramirez*

Approval Date

11/11/2022

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

*Kim Kornmayer*

Approval Date

11/21/2022

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

11/21/2022



## Executive Contract Summary

### Contract Section


**Contractor\***

Texas Medical Center Hospital Laundry Cooperative Association

**Contract ID #\***

7134

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center for MH and IDD Services and Texas Medical Center Hospital Laundry Cooperative Association

**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\***

\$ 96,500.00

**Increase Not to Exceed\***

\$ 3,060.00

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

\$ 99,560.00

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 3,060.00

**Funding Source \***

County

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

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

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

New 24 hour Youth Diversion Center program in need of laundry services for 12 bed facility

**Contract Owner\***

Monalisa Jiles

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

Yes  No  Unknown

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

9/1/21 - 8/31/22 - laundry services

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ↕

**Name\***

David Fox

**Address\***

Street Address

9494 Fannin Street

Address Line 2

City

Houston

Postal / Zip Code

77045-4561

State / Province / Region

TX

Country

US

Phone Number\*

713-795-5186

Email\*

dfox@tmclaudry.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 3,060.00	543032
<b>Budget Manager</b> Williams-Wesley, Sheenia	<b>Secondary Budget Manager</b> Adams, Betty	

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

n/a

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

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

12/14/2022

Budget Manager Approval(s)

Approved by

*Sheenia Williams-Wesley*

Approval Date

12/14/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Monalisa Fites*

Approval Date

12/14/2022

Contracts Approval

Approve\*

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

Approved by \*

*Belinda Stude*

Approval Date \*

12/16/2022

# **EXHIBIT F-27**

**January 2023**  
**Affiliation Agreements, Grants,**  
**MOU's and Revenues**  
**Information Only**

SNAPSHOT SUMMARY  
AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY23 CONTRACTS</b>						
<b>AFFILIATION AGREEMENTS</b>						
1	University of Texas Rio Grande Valley	Clinical Field Placements	New	11/01/22- 11/30/27	GR	This new Affiliation Agreement will allow students enrolled at University of Texas Rio Grande Valley School of Social Work to complete clinical field placements at the Harris Center as part of their degree requirements.
2	Houston Christian University (Formerly Known as Houston Baptist University)	Clinical Field Placements	New	12/01/22-11/30/27	GR	This new Affiliation Agreement will allow students enrolled in Houston Christian University's School of Nursing and Allied Health to complete clinical field placements at the Harris Center as part of their degree requirements.
3	University of St. Thomas	Clinical Field Placements	New	11/01/22-11/30/27	GR	This new Agreement will allow students enrolled at the University of St. Thomas Mental Health Counseling Program to complete clinical field placement as part of their degree requirement. The student will utilize the skills gained through education while adhering to Agency policy and procedures.
<b>GRANTS</b>						
<b>REVENUE</b>						
4	Ibn Sina Foundation	Consultative, Referral, and Therapy Services	New Revenue (\$59,893.00)	10/21/22- 08/31/23	GR	This new Revenue Agreement is to provide a Masters Level Clinician to provide consultative, referral, and therapy services two days weekly for the Ibn Sina Foundation. The Foundation will pay up to \$ 59,893.00 (40%) of the MLC's salary plus fringe.
5	Communities In Schools of Houston, Inc.	Crisis Line	New Revenue (\$39,700.00)	11/14/22- 08/31/23	Private Pay Source	This new Revenue Agreement is a request for Communities in Schools for The Harris Center to set-up and answer Crisis Line calls on behalf of CIS.
6	Volunteers of America Texas	Day Habilitation Services	New Revenue	12/14/22-08/31/23	State	New revenue agreement to provide Day Habilitation Services through the Harris Center's IDD Day Program for the benefit of Consumer [Consumer Driven].
<b>RIFTON CHAIR LOANERS</b>						



## Executive Contract Summary

Contract Section **Contractor\***

The University of Texas Rio Grande Valley

**Contract ID #\***

2022-0581

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD &amp; University of Texas Rio Grande Valley (School of Social Work)

**Amendment Submitted For\* (?)** (Total NTE Amount is Less than \$100,000.00)

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

11/1/2022

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

11/30/2027

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

**Justification/Purpose of Contract/Description of Services Being Provided\* (?)** This agreement will allow students enrolled at the University of Texas Rio Grande Valley School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

Partners in Field Roles and Responsibilities.docx 18.84KB

**Vendor/Contractor Contact Person** 

**Name\***

Mayra Reyes

**Address\***

Street Address

1201 West University Drive

Address Line 2

City

Edinburg

State / Province / Region

TX

Postal / Zip Code

78541-0000

Country

US

**Phone Number\***

956-227-1835

**Email\***

Mayra.reyes@utrgv.edu

**Budget Section** 

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 0.00	N/A

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Brown, Erica	Campbell, Ricardo

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Williams, JeDonne	10/31/2022

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**  
10/31/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Nirja Escobar*

**Approval Date**  
10/31/2022

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Shashya Behu*

**Approval Date\***  
10/31/2022



## Executive Contract Summary

### Contract Section

**Contractor\***

Houston Christian University (formerly Houston Baptist University)

**Contract ID #\***

2022-0592

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center for Mental Health And IDD & Houston Christian University School of Nursing & Allied Health

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

12/1/2022

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

11/30/2027

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT HOUSTON CHRISTIAN UNIVERSITY TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY POLICY AND PROCEDURES.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ▲

**Name\***

JESSICA MURRAY

**Address\***

Street Address

7502 Fondren Road

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

TX

Country

US

**Phone Number\***

281-649-3447

**Email\***

jmurray@hbu.edu

**Budget Section** ▲

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 0.00	N/A

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Brown, Erica	Campbell, Ricardo

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Williams, JeDonne	11/3/2022

**Budget Manager Approval(s)**

**Approved by**

*Erica Brown*

**Approval Date**  
11/3/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Ninfa Escobar*

**Approval Date**  
11/28/2022

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
11/28/2022



## Executive Contract Summary

### Contract Section



**Contractor\***

University of St. Thomas

**Contract ID #\***

2022-0590

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD & University of St. Thomas Mental Health Counseling Program

**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\* (?)**

11/1/2022

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

11/30/2027

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

THIS AGREEMTN WILL ALLOW STUDENTS ENROLLED AT THE UNIVERSITY OF ST. THOMAS MENTAL HEALTH COUNSELING PROGRAM TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY POLICY AND PROCEDURES.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

BLANK AFFILIATION agree\_2022.docx 31.86KB

**Vendor/Contractor Contact Person**

**Name\***

Salimah Khan

**Address\***

Street Address  
3800 Montrose Boulevard  
Address Line 2

City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77006	US

**Phone Number\***

713-525-3863

**Email\***

skhan4@stthom.edu

**Budget Section**

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

Budget Unit Number\*

1108

Amount Charged to Unit\*

\$ 0.00

Expense/GL Code No.\*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

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

N/A

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

N/A

Requester Name

Williams, JeDonne

Submission Date

11/15/2022

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

11/15/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

11/15/2022

Contracts Approval

Approve\*

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

Approved by\*

*Shasthya Behn*

Approval Date\*

11/17/2022



# Executive Contract Summary

## Contract Section



**Contractor\***

Ibn Sina Foundation

**Contract ID #\***

2022-0579

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Ibn Sina Foundation and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

1 year

**Fiscal Year\* (?)**

2023

**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\* (?)**

Ibn Sina Foundation is requesting a Masters Level Clinician to provide consultative, referral, and therapy services two days weekly at their location.

**Contract Owner\***

Lance Britt

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

- Yes
- No
- Unknown

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

09/01/2022 to 08/31/2023, current MOU in force and attached

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

IBN SINA ID 2022-XXXX FY23 New MOU (v.1).docx

34.75KB

**Vendor/Contractor Contact Person**

**Name\***

Dr. Hina Azam, CEO

**Address\***

Street Address

11226 South Wilcrest Drive

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77099-4313

Country

US

**Phone Number\***

281-977-7462

**Email\***

info@ibnsinafoundation.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 0.00	n/a

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Shelby, Debbie	Loera, Angelica

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

Ibn Sina Foundation agrees to pay The Harris Center for Mental Health and IDD 40% of applicable Master Level Clinician staff salary (\$59,893) and fringe benefits (31.60%) monthly not to exceed a yearly total of \$31,520.

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

n/a

<b>Requester Name</b>	<b>Submission Date</b>
Britt, Lance	10/21/2022

**Budget Manager Approval(s)**

**Approved by**

*Debbie Chambers Shelby*

**Approval Date**  
10/24/2022

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Lance Britt*

**Approval Date**  
10/24/2022

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Shasteyia Belu*

**Approval Date\***  
10/25/2022



# Executive Contract Summary

## Contract Section



**Contractor\***

Communities In Schools of Houston, Inc.

**Contract ID #\***

2022-0583

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

1/17/2023

**Parties\* (?)**

Communities In Schools of Houston, Inc. & The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

11/14/2022

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

8/31/2023

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

**Fiscal Year\* (?)**

2023

**Funding Source\***

Private Pay Source

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

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

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

Communities in Schools is requesting that a dedicated crisis line be setup and answered by The Harris Center for their program.

**Contract Owner\***

Jennifer Battle

**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 (?)**

DRAFT 2022-23 CIS Provider Agreement and Harris Center.docx	42.05KB
---	---------

**Vendor/Contractor Contact Person**

**Name\***

Matt Garcia-Prats

**Address\***

Street Address

1111 North Loop West Freeway

Address Line 2

Suite 300

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008

Country

US

**Phone Number\***

713-654-1515

**Email\***

mgarcia-prats@cis-houston.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
7001	\$ 39,700.00	420015

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Ilejay, Kevin	Campbell, Ricardo

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

Partner (Communities in Schools) will pay:  
 One-time setup fee: \$10,000.00  
 Monthly base fee: \$3,300.00 (up to 200 calls per month)  
 Overage fee: \$25 per call exceeding 200 calls per month

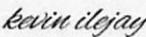
**Project WBS (Work Breakdown Structure)\* (?)**

NA

<b>Requester Name</b>	<b>Submission Date</b>
Smith, Janai	11/3/2022

**Budget Manager Approval(s)** 

**Approved by**

	<b>Approval Date</b>
	11/3/2022

**Procurement Approval** 

**File Upload (?)**

**Approved by**

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

**Contract Owner Approval** 

**Approved by**

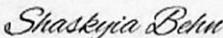
	<b>Approval Date</b>
	11/3/2022

**Contracts Approval**

**Approve\***

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

**Approved by\***

	<b>Approval Date*</b>
	11/3/2022



## Executive Contract Summary

### Contract Section

**Contractor\***

Volunteers of America Texas

**Contract ID #\***

2022-0598

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

12/9/2022

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Volunteers of America 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 type="checkbox"/> Other <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

12/9/2022

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

8/31/2023

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

NA

**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\* (?)**

The consumers from this provider has requested to receive Day Habilitation Services from The Harris Center for Mental Health and IDD Day Programs.

**Contract Owner\***

Lily Pan

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

Yes  No  Unknown

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

Fiscal Year 2021

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

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

**Vendor/Contractor Contact Person**

**Name\***

Beanca Williams

**Address\***

Street Address

4808 Yale Street

Address Line 2

City

Houston

Postal / Zip Code

77018-2202

State / Province / Region

TX

Country

US

**Phone Number\***

713.460.0781 fax# 832.304.5231

**Email\***

Bwilliams@voatx.org

**Budget Section**

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

Budget Unit Number\*

3585

Amount Charged to Unit\*

\$ 0.00

Expense/GL Code No.\*

000

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

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

See uploaded document

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

NA

Requester Name

Wills, Thomas

Submission Date

12/9/2022

Budget Manager Approval(s)

Approved by

*Mamie Adams-Austin*

Approval Date

12/9/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Lily Pan*

Approval Date

12/14/2022

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

12/14/2022

# **EXHIBIT F-28**

Transforming Lives



# Financials by Clinic + NPC

Q1 FYTD FY2023



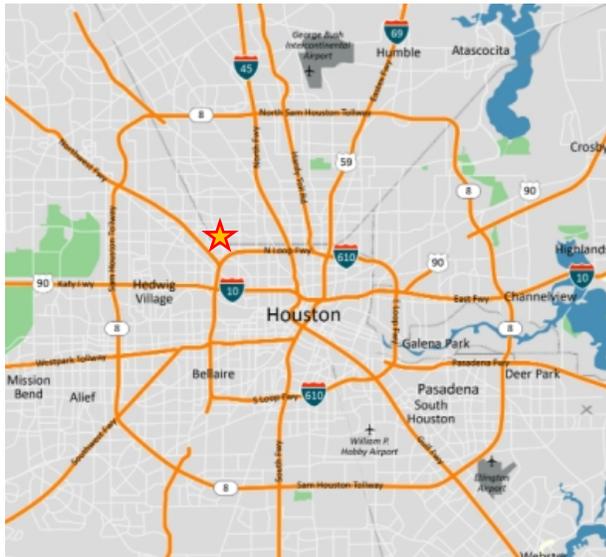
January 17, 2023

Presented By: Vanessa McKeown, Chief Financial Officer

# Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 5,343
- **FTEs** 159
- **Facility Size** 40,000 sq ft

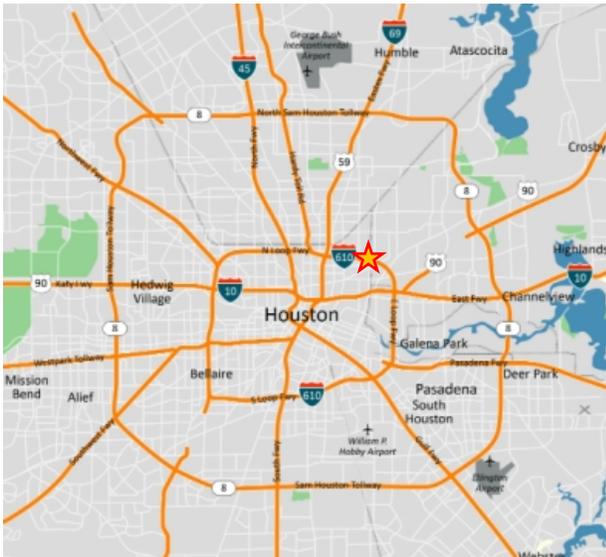
Q1 FYTD 2023 Financial Performance		
+ Revenues	\$	3,476,756
- Expenses		4,490,148
+ Other Sources		1,930,515
= Gross Margin	\$	917,124



# Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 2,475
- **FTEs** 74
- **Facility Size** 18,000 sq ft

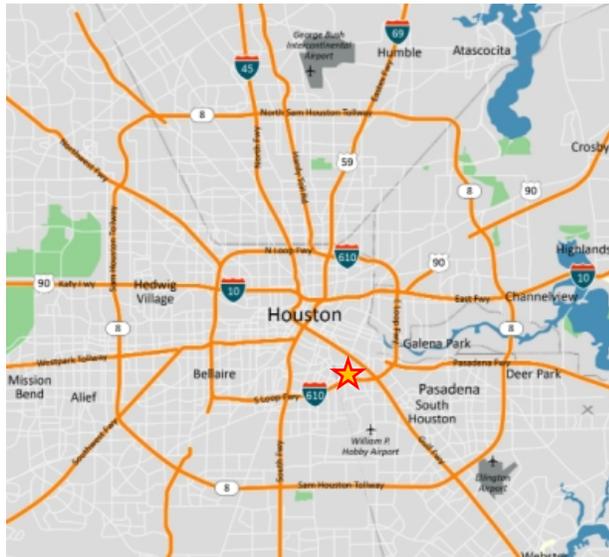
Q1 FYTD 2023 Financial Performance		
+ Revenues	\$	1,548,734
- Expenses		2,296,822
+ Other Sources		1,510,851
= Gross Margin	\$	762,763



# Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 5,809
- **FTEs** 172
- **Facility Size** 45,000 sq ft

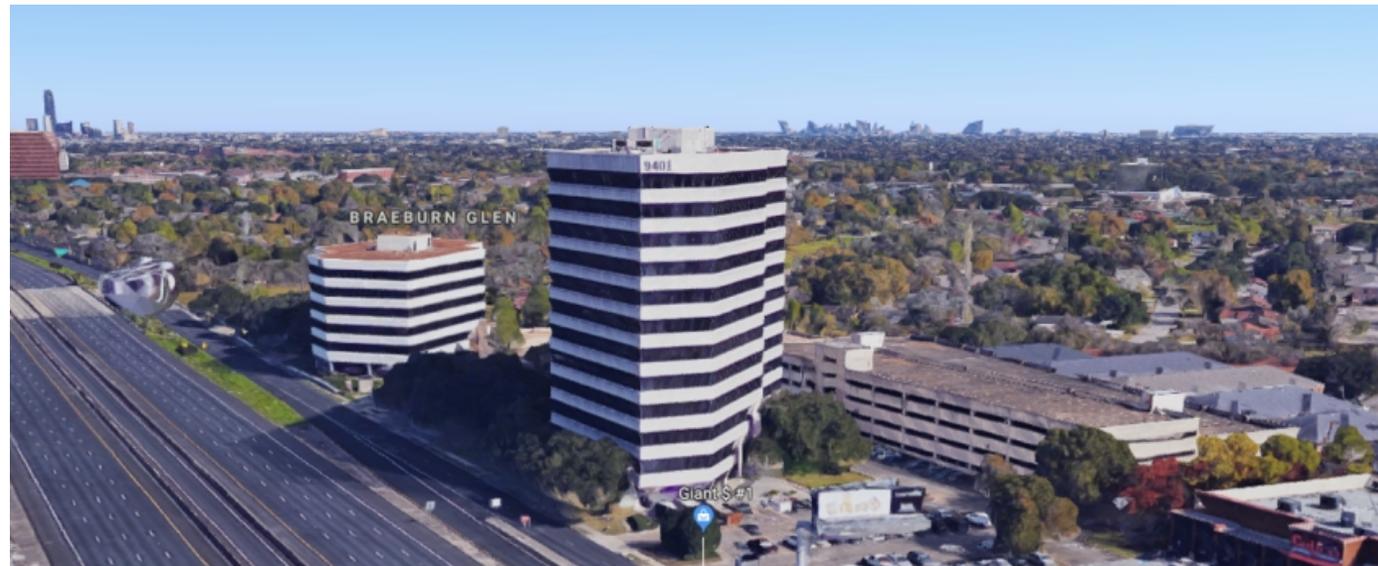
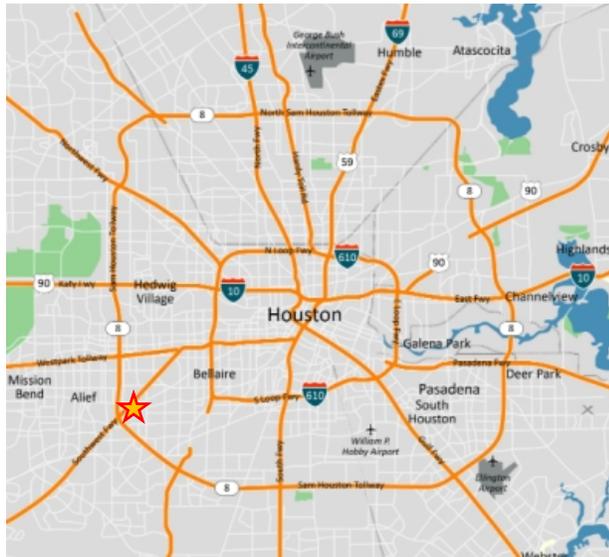
Q1 FYTD 2023 Financial Performance	
+ Revenues	\$ 4,358,237
- Expenses	4,235,028
+ Other Sources	603,513
= Gross Margin	\$ 726,722



# Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 4,565
- **FTEs** 199
- **Facility Size** 37,770 sq ft (clinic space)

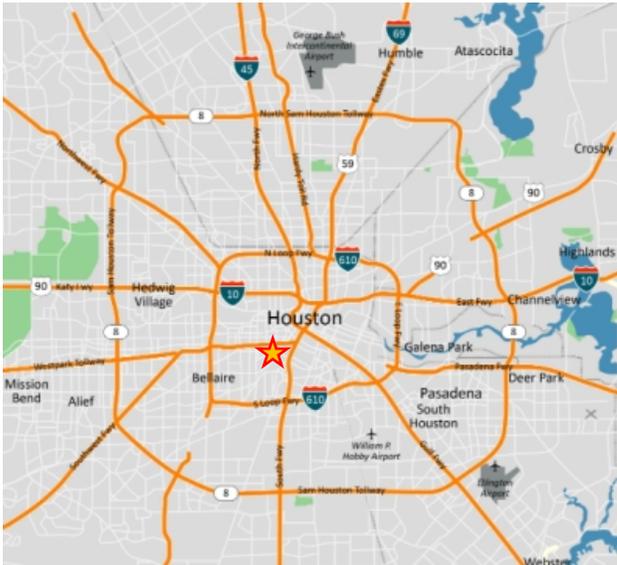
Q1 FYTD 2023 Financial Performance	
+ Revenues	\$ 3,982,245
- Expenses	4,562,128
+ Other Sources	<u>1,373,646</u>
= Gross Margin	\$ 793,762



# Neuro Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 1,972
- **FTEs** 169
- **Facility Size** 37,308 sq ft

Q1 FYTD 2023 Financial Performance	
+ Revenues	\$ 3,246,057
- Expenses	4,592,164
+ Other Sources	<u>1,980,177</u>
= Gross Margin	\$ 634,070



# Q1 FYTD 2023 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
<b>Revenues</b>					
Harris County and Local	\$ 50,061	\$ 12,468	\$ 88,358	\$ 82,171	\$ 1,536,601
PAP / Samples	645,392	487,867	634,256	469,936	15,136
State General	1,970,515	750,948	2,262,339	2,310,213	2,250,264
State Grants	602,876	-	-	-	-
Federal Grants	337,518	75,756	801,981	597,308	129,056
3rd Party Billings	(129,606)	221,696	571,303	522,617	(685,000)
<b>Total Revenues</b>	<b>3,476,756</b>	<b>1,548,734</b>	<b>4,358,237</b>	<b>3,982,245</b>	<b>3,246,057</b>
<b>Expenses</b>					
Salaries and Fringe	3,255,463	1,366,146	2,936,679	3,428,076	4,054,033
Travel	6,049	677	9,493	13,662	3,326
Contracts and Consultant	428	193	993	1,616	139,524
Supplies and Drugs	864,591	590,431	822,678	629,108	100,878
Equipment	126,894	231,661	256,208	272,551	104,063
Building	188,931	84,960	152,127	150,099	90,847
Vehicle	-	-	674	3,520	1,110
Telephone and Utilities	25,810	14,938	39,472	44,787	10,632
Insurance, Legal, Audit	7,519	3,516	7,658	10,867	8,818
Other	9,793	3,565	3,851	6,625	78,933
Claims Denials	4,669	734	5,194	1,217	-
<b>Total Expenses</b>	<b>3,255,463</b>	<b>1,366,146</b>	<b>2,936,679</b>	<b>3,428,076</b>	<b>4,054,033</b>
<b>Other Sources</b>					
Fund Balance DSRIP	31,290	12,741	28,650	29,502	291,966
DIRCTD PMT PROG - BEHAV HEALTH	1,528,006	1,205,292	112,362	1,081,420	1,358,236
FED CHARITY CARE POOL (CCP)	371,219	292,818	462,502	262,724	329,974
<b>Total Other Sources</b>	<b>1,930,515</b>	<b>1,510,851</b>	<b>603,513</b>	<b>1,373,646</b>	<b>1,980,177</b>
<b>Gross Margin</b>	<b>\$ 917,124</b>	<b>\$ 762,763</b>	<b>\$ 726,722</b>	<b>\$ 793,762</b>	<b>\$ 634,070</b>

# **EXHIBIT F-29**

Transforming Lives



# Supplier Diversity Report

Q1 FY 2023



January 17, 2023

Presented By: Vanessa McKeown, Chief Financial Officer

# Overview

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- **RFP Advertisement - Examples**
- **HUB Spend Report**





# Q1 FY2023 HUB Report (1 of 2)

Vendor Name	Q1 FY2023 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Rekruters	198,145	IT staffing	x	x	x
Ultra Medical Cleaning	134,332	Janitorial services	x	x	x
Ascend HR	91,101	Recruitment	x	x	x
Metropolitan Landscape*	65,789	Landscape	x	x	x
Physician Resources, INC	60,223	Temporary Staffing and Direct Hire Placement	x	x	x
Right Now Pest	54,240	Pest Control and Exterminator	x	x	x
PPG Global LLC	41,068	PPE	x	x	x
Elite Personnel Consultants	38,386	Personnel staffing		x	x
Innovative Solution*	36,200	PPE	x	x	x
Innovative Network	27,675	Networks, storage & cloud migration	x	x	x
The Warring Group	24,000	PR/Media Relations	x	x	x
TCB Services	22,550	Reseller of Computer Hardware and Software Products	x	x	x
Dura Pier Facilities Services, LTD	11,472	Facility services - construction	x	x	x
A-Rocket Moving & Storage	10,979	Moving services	x	x	x
E&C Engineers & Consultants	9,680	Engineering analysis, consulting and design	x	x	x
RAM Telecom LLC	8,168	Construction Management	x	x	x
Crystal Communications Ltd	4,550	Data, IP, and video communications systems integration	x	x	x
Modern Psychological & Allied	4,200	Psychological services	x	x	x
SHI Government Solutions, Inc	3,905	Computer Software &, Hardware	x	x	x
MasterWord Services Inc	2,390	Translation and interpretation services	x	x	x
Houston Defender	483	African-American Newspaper	x	x	x
<b>Total HUB Spend</b>	<b>\$ 849,535</b>				

\* Did not renew HUB certification during FY2023

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area.

# Q1 FY2023 HUB Report (2 of 2)

- Q1 FY2023 HUB spend = **\$849,535**
- Q1 FY2023 discretionary spend = **\$4,237,324**
- HUB spend % = **20%**
- *Exclusion categories from discretionary spend*
  - *Intergovernmental contracts*
  - *Key service contracts with non-profits (Easterseals)*
  - *University systems (BCM for residency program)*
  - *Enterprise software (EHR, ERP)*
  - *Leases*
  - *Supported housing*
  - *Pharmaceuticals*
  - *Utilities*
  - *Physician services*
  - *Trade organizations (National Council, Texas Council)*
  - *Employee reimbursements*
  - *Employee benefits*
  - *Consumer-chosen individuals for respite services*

# **EXHIBIT F-30**

Transforming Lives



# Revenue Management Metrics



January 17, 2023

Presented By: Vanessa McKeown, Chief Financial Officer

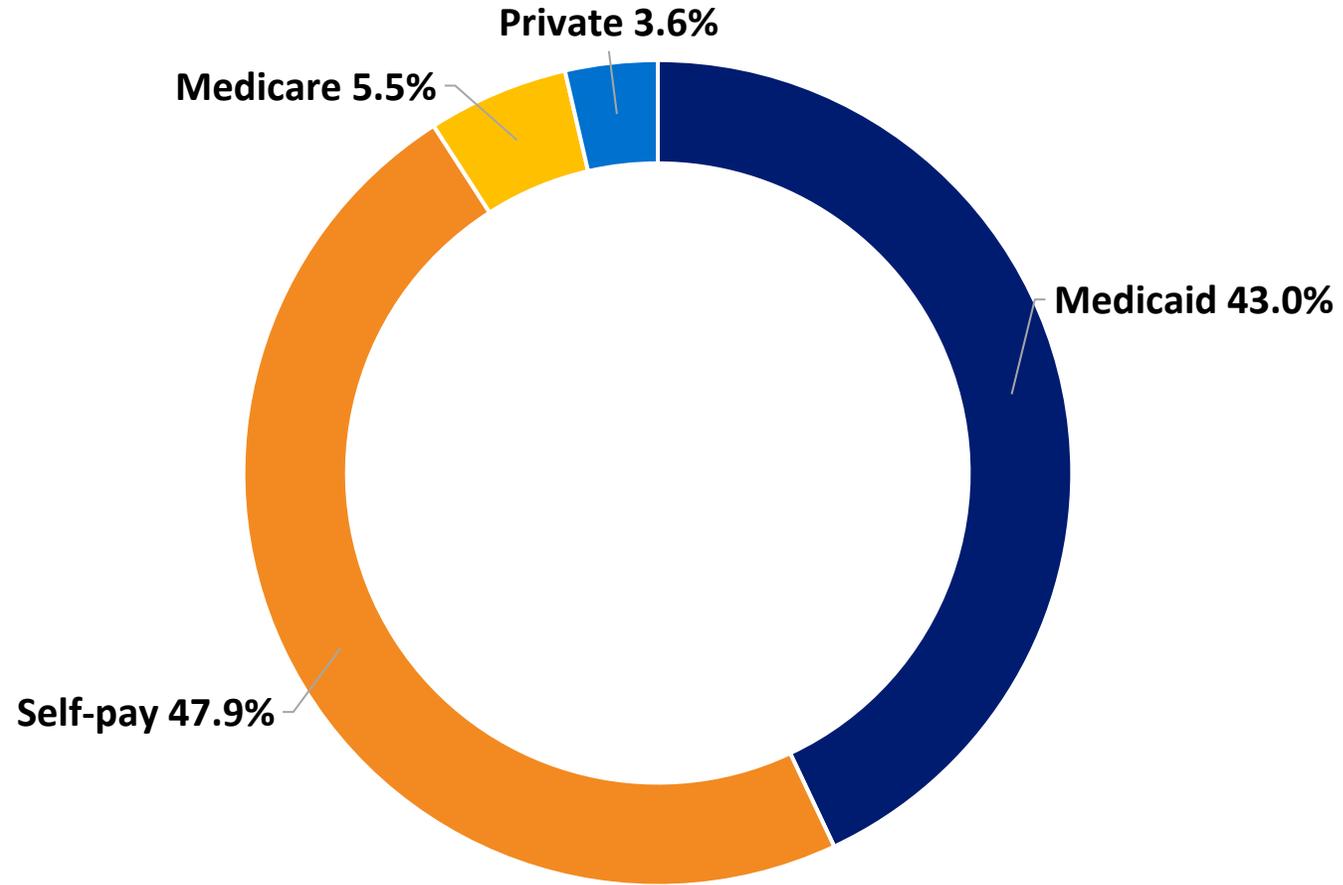


# Overview

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- **Payor Mix**
- **Revenue Cycle Performance Metrics**
  - Days in Accounts Receivable
  - Claims and Collections

# Payor Mix

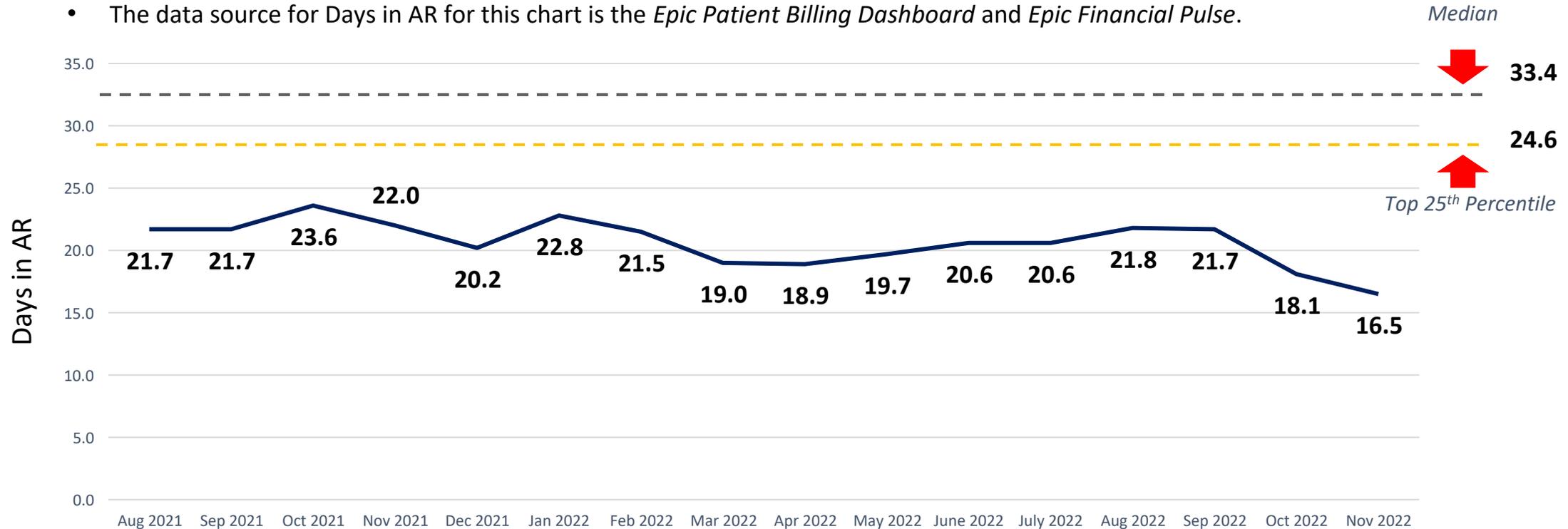


*Note: Payor Mix based on patient visit coverage in Q3 FY2023*

# Revenue Cycle Performance Metrics

# Days in Accounts Receivable

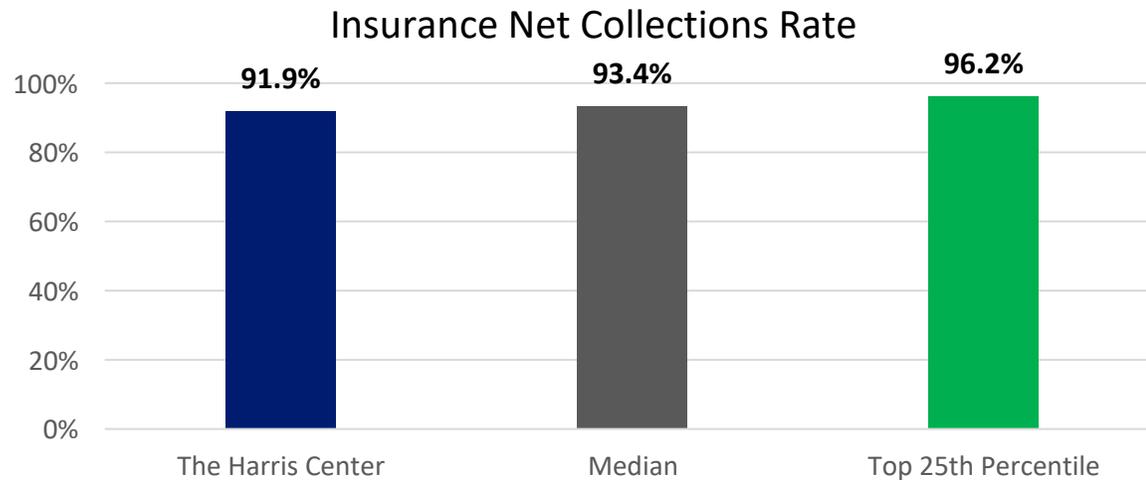
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



- *Transition to Epic EHR took place in April 2021*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (148 service areas)*

# Claims and Collections

Average Monthly Count of Claims				
Q1 FY2023	FY 2022	FY 2021	FY 2020	FY 2019
32,258	32,020	30,761	32,920	32,559



Insurance Net Collections Rate by Financial Class\*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	95%
Managed Medicaid	94%
Traditional Medicare	67%
Managed Medicare	67%
MMP	85%
CHIP	68%
Commercial	54%

\* Q1 FY2023

- *Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).*
- *The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.*

# **EXHIBIT F-31**

**The Harris Center Board of Trustee's Attendance Report  
Calendar Year 2022**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Mtgs	% Attendance
<b>Resource Committee</b>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	11	
Santos	P	P	P	P	P	P	P	P	P	P	P		11	100%
Womack	P	P	P	P	P	P	P	P	P	P	A		10	91%
Zakaria	P	P	A	P	P	A	P	P	P	P	P		9	82%
Lykes	P	P	A	P	P	A	A	A	P	P	P		7	64%
Gearing	P	P	A	P	A	P	A	P	P	P	P		8	73%
<b>Quality Committee</b>	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	10	
Zakaria	P	P	A	P	P		P	P	P	P	P		9	90%
Santos	P	P	P	P	P		P	P	P	P	P		10	100%
Moore	P	P	P	P	P		A	A	P	P	P		8	80%
Gearing	P	P	A	P	A		A	P	P	P	P		7	70%
Lykes	P	P	A	P	P		A	P	P	P	P		8	80%
<b>Program Committee</b>	Y	Y	N	Y	Y	N	Y	N	Y	Y	N	N	7	
Moore	P	P		P	P		A		P	P			6	86%
Lykes	A	P		A	P		A		P	A			3	43%
Gearing	P	P		P	A		A		P	P			5	71%
Hurtado	N/A	N/A		N/A	N/A		N/A		N/A	P			1	100%
Hellums	P	P		P	P		P		P	P			7	100%
<b>Audit Committee</b>	Y	N	N	Y	N	N	N	N	N	Y	N	N	3	
Santos	P			P						P			3	100%
Moore	P			P						P			3	100%
Womack	P			P						A			2	67%
Hellums	P			P						P			3	100%
Lykes	P			P						P			3	100%
<b>Governance Committee</b>	Y	Y	N	N	Y	N	N	Y	Y	N	Y	N	6	
Zakaria	P	P			P			P	P		P		6	100%
Womack	P	P			P			P	P		P		6	100%
Lykes	P	P			P			P	P		P		6	100%
Miller	N/A	N/A			N/A			N/A	P		P		2	100%
Gearing	A	P			P			P	P		P		5	83%
<b>Full Board Meeting</b>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	11	
Santos	P	P	P	P	P	P	P	P	P	P	P		11	100%
Moore	P	P	P	P	P	P	A	P	P	P	P		10	91%
Womack	P	P	P	P	P	P	P	P	P	P	P		11	100%
Zakaria	P	P	P	P	P	A	P	P	P	P	P		10	91%
Hellums	P	P	A	P	P	P	P	P	P	P	P		10	91%
Gearing	A	P	P	P	P	P	P	P	P	P	P		10	91%
Lykes	P	P	P	P	P	P	P	P	P	P	P		11	100%
Miller	N/A	P	P	P	P		4	100%						
Hurtado	N/A	N/A	N/A	N/A	N/A	N/A	P	P	P	P	P		5	100%

N/A = Not yet active member of Board or Committee

P=Present

A=Absent

O=Observed

# **EXHIBIT F-32**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

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

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

**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**

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

**N****N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**