

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

> Resource Committee Meeting February 21, 2023 8:30 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, January 17, 2023 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'23 Year-to-Date Budget Report- January (EXHIBT R-2 Vanessa McKeown)
- B. February 2023 New Contracts Over 100K (EXHIBIT R-3 Silvia Tiller)
- C. February 2023 Amendments Over 100K (EXHIBIT R-4 Silvia Tiller)
- D. February 2023 Renewals Over 100K (EXHIBIT R-5 Silvia Tiller)
- E. February 2023 Interlocal Agreements (EXHIBIT R-6 Silvia Tiller)
- F. Mobile Medical Vehicle (EXHIBIT R-7 Vanessa McKeown/Stanley Williams)

V. REVIEW AND COMMENT

A. Facilities Capital Project Update (EXHIBIT R-8 Anthony Robinson)

VI. EXECUTIVE SESSION-

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

• In accordance with §551.072 of the Texas Government Code, discussion about the purchase of real property for the Southeast Clinic replacement and expansion. Wayne Young, CEO

• In accordance with §551.072 of the Texas Government Code, discussion of the proposed lease at 2000 Crawford. Silvia Tiller, Director of Contracts & Real Estate.

VII. RECONVENE INTO OPEN SESSION

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

IX. INFORMATION ONLY

- A. February 2023 New Contracts Under 100K (EXHIBIT R-9)
- B. February 2023 Renewals Under 100K (EXHIBIT R-10)
- C. February 2023 Amendments Under 100K (EXHIBIT R-11)
- D. February 2023 Affiliation, Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-12)
- X. ADJOURN

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Veronica Franco, Board Liaison Gerald Womack, Chairman Resource Committee THE HARRIS CENTER for Mental Health and IDD Board of Trustees



EXHIBIT R-1

BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, JANUARY 17, 2023 MINUTES

Mr. Gerald Womack, Chairman, called the meeting to order at 8:33 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack, Dr. G. Santos, Mr. J. Lykes, Mr. S. Zakaria

Committee Member Absent: Dr. R. Gearing

Other Board Member Present: Mrs. B. Hellums, Dr. L. Moore

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Gerald Womack designated Mrs. Hellums and Dr. L. Moore as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:33 a.m. Mr. Zakaria declared a quorum was present. Mr. Zakaria designated Dr. Moore and Mrs. B. Hellums as voting members of the Resource Committee.

3. PUBLIC COMMENTS

There were no Public Comments.

4. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday November 8, 2022.

MOTION: MOORE SECOND: SANTOS

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 8, 2022, as presented under Exhibit R-1, are approved and recommended to the Full Board.

5. CONSIDER AND RECOMMEND ACTION

A. FY'23 Year-to-Date Budget Report-December 2022

MOTION: SANTOS SECOND: ZAKARIA

With unanimous affirmative votes,

BE IT RESOLVED FY'23 Year-to-Date Budget Report-December, is approved under exhibit R-2 and recommended to the Full Board.

B. January 2023 New Contracts Over 100K MOTION: SANTOS SECOND: ZAKARIA

VOTE: Yes-5 No: 1

With majority affirmative votes,

BE IT RESOLVED January 2023 New Contracts Over 100K, under Exhibit R-3 are approved and recommended to the Full Board.

C. January 2023 Contract Amendments Over 100K

MOTION: SANTOS SECOND: ZAKARIA

With unanimous affirmative votes,

BE IT RESOLVED January 2023 Contract Amendments Over 100K, under Exhibit R-4 are approved and recommended to the Full Board.

D. January 2023 Interlocal Agreements

MOTION: ZAKARIA SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED January 2023 Interlocal Agreements, under Exhibit R-5 are approved and recommended to the Full Board.

E. RFP Proposed Contract Award-Insurance Agent of Record

MOTION: ZAKARIA SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED RFP Proposed Contract Award-Insurance Agent of Record, under Exhibit R-6 are approved and recommended to the Full Board.

F. Whole Home Generator Project

MOTION: ZAKARIA SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED Whole Home Generator Project and all associated expenses, under Exhibit R-7 are approved and recommended to the Full Board.

6. REVIEW AND COMMENT

A. **Southeast Pharmacy Relocation**- Anthony Robinson, Todd McCorquodale and Angela Babin presented to the Resource Committee the Southeast Pharmacy Relocation project.

7. EXECUTIVE SESSION-

Mr. Womack announced the Resource Committee would enter into executive session at 9:35am for the following reason:

• 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, specifically Exhibits R3 and R4.

8. RECOVENE INTO OPEN SESSION-

The Resource Committee reconvened into open session at 9:41 am.

9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

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

10. ADJOURN

MOTION: HELLUMS SECOND: MOORE

There being no further business, the meeting was adjourned at 9:41 am.

Veronica Franco, Board Liaison Gerald W. Womack, Secretary/Chairman Resource Committee THE HARRIS CENTER for Mental Health and IDD Board of Trustees

EXHIBIT R-2



Financial Report For the Fifth Month and Year to Date Ended January 31, 2023

Fiscal Year 2023

Presented to the Resource Committee of the Board of Trustees on February 21, 2023

The Harris Center for Mental Health & IDD

February 21, 2023

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

The monthly financial report for January 31, 2023 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.

Vanm

Vanessa McKeown Chief Financial Officer

The Harris Center for Mental Health and IDD Financial Summary For the Fifth Month and Year to Date Ended January 31, 2023

M	onth (,000)					
		Actual	E	Budget	Va	ariance
Revenues	\$	22,382	\$	22,625	\$	(244)
Expenditures		28,138		27,132		(1,006)
Excess of Revenues over (under) Expenditures before Other Sources	\$	(5,757)	\$	(4,507)	\$	(1,250)

Year-to-date (,000)									
	A	Actual	Βι	udget	Var	riance			
Excess of Revenues over (under) Expenditures after Other Sources	\$	1,250	\$	984	\$	267			
					·				

The Harris Center for Mental Health and IDD Comparison of Revenue and Expenses - Actual to Budget For the Fifth Month and Year to Date Ended January 31, 2023

		Month Ended Jan	uary 31, 2023	Five Months Ended January 31, 2023				
			Variance Favorable or (Un				Varianc Favorable or (Ur	
	Actual	Budget	<u>\$</u>	%	Actual	<u>Budget</u>	<u>\$</u>	<u>%</u>
Total Revenues: Harris County and Local	\$ 5,334,848	\$ 5,017,705	\$ 317.143 c	6%	\$ 26.865.408	\$ 25,092,410	\$ 1.772.998	7%
PAP / Samples	817,882	540,000	277,882	51%	4,262,029	2,975,000	1,287,029	43%
Interest	124,621	129,940	(5,319)	-4%	690,802	649,698	41,104	6%
State General	9,564,325	9,507,023	57,302	1%	47,750,688	47,535,044	215.644	0%
State Grants	1,008,344	1,260,590	(252,246) d	-20%	5,804,483	6,302,946	(498,463)	-8%
Federal Grants	3,694,833	3,671,734	23.099	1%	16,755,172	18,397,517	(1,642,345)	-9%
3rd party billings	1,836,842	2,498,408	(661,566) e	-26%	10,842,141	12,492,029	(1,649,888)	-13%
Total Revenue	22,381,695	22,625,400	(243,705) f	-1%	112,970,723	113,444,644	(473,921)	0%
Total Operating Expenses:								
Salaries and Fringe	20,507,658	19,391,852	(1,115,806) g	-6%	97,975,111	96,965,944	(1,009,167)	-1%
Travel	153,816	137,002	(16,814)	-12%	680,318	753,300	72,982	10%
Contracts and Consultants	1,797,038	1,957,145	160,107	8%	8,696,507	9,787,213	1.090.706	11%
HCPC Contract	2,325,236	2,322,734	(2,502)	0%	11,595,000	11,613,670	18,670	0%
Supplies and Drugs	1,270,367	1,084,416	(185,951)	-17%	6,362,340	5,422,849	(939,491)	-17%
Equipment (Purch, Rent, Maint)	506,680	521,139	14,459	3%	2,091,775	2,609,330	517,555	20%
Building (Purch, Rent, Maint)	455,125	494,789	39,664	8%	1,551,090	2,474,614	923,524	37%
Vehicle (Purch, Rent, Maint)	89,271	85,252	(4,019)	-5%	343,406	426,334	82.928	19%
Telephone and Utilities	340,214	287,172	(53,042)	-18%	1,518,539	1,435,799	(82,740)	-6%
Insurance, Legal, Audit	178,790	176,342	(2,448)	-1%	836,346	897,245	60,899	7%
Other	510,769	661,277	150,508	23%	3,432,155	3,345,517	(86,638)	-3%
Claims Denials	3,371	13,346	9,975	75%	22,930	66,728	43,798	66%
Total Operating Expenses	28,138,335	27,132,466	(1,005,869) h	-4%	135,105,517	135,798,543	693,026	 1%
Excess of Revenues over (under)								
Operating Expenditures before Other Sources	(5,756,640) a	(4,507,066)	(1,249,574)		(22,134,794)	(22,353,899)	219,105	
Capital Expenses from fund balance Capex	747,986	-	(747,986)		1,156,854	-	(1,156,854)	
Funds from other sources:			i					
Use of fund balance - CapEx	747,986	-	747,986		1,156,854	-	1,156,854	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	483,276	483,276	-		2,416,380	2,416,380	-	
Directed Payment Program	817,840	817,840	-		4,089,201	4,089,200	1	
Charity Care Pool COVID-19 FMAP Allocation	3,366,382	3,366,382	-		16,831,910	16,831,910	-	
Insurance Proceeds	- 31,849	-	- 31,849		- 37,253	-	37,253	
Proceeds from Sale of Assets	10,285	-	10,285		10,285	-	10,285	
Excess of Revenues over (under)								
Total Expenditures after Other Sources	\$ (1,047,008) =======	\$ 160,432	\$ (1,207,440)		\$ 1,250,235 I	b \$ 983,591	,	

The Harris Center for Mental Health and IDD Comparative Balance Sheet As of January 31, 2023

		Ending I	Increase/(Decrease)			
	Dec	ember 31, 2022	uary 31, 2023		January	
Assets			 , ,			
Cash and Cash Equivalents	\$	85,219,775	\$ 73,281,411	\$	(11,938,364)	
Inventory - includes RX		382,610	380,660		(1,950)	b
Prepaid Expenses		8,669,890	7,590,562		(1,079,328)	С
A/R Medicaid, Medicare, 3rd Party		14,012,278	12,719,424		(1,292,854)	
Less Bad Debt Reserve		(4,825,809)	(4,893,516)		(67,707)	
A/R Other		39,225,975	44,677,197		5,451,222	d
Total Current Assets		142,684,719	 133,755,738		(8,928,981)	-
		, ,	 		(-,,,	
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	6,919,784		10,102	
Vehicles		1,050,140	1,029,774		(20,366)	
Construction in Progress		21,600,961	22,365,302		764,341	
Total Property, Plant & Equipment		90,713,455	 91,467,532		754,077	
Total Property, Plant & Equipment		90,713,435	 91,407,332		734,077	
TOTAL ASSETS	\$	233,398,174	\$ 225,223,270	\$	(8,174,904)	
Liabilities and Fund Balance						
Unearned Income	\$	29,402,416	\$ 17,287,114	\$	(12,115,302)	е
Accrued Payroll and Accounts Payables		14,811,644	20,267,800		5,456,156	f
Lease Liability - Current		511,404	511,404		-	
Current Portion Long Term Debt		-			-	
Total Current Liabilities		44,725,464	 38,066,318		(6,659,146)	
State Escheatment Payable		52,537	53,471		934	
Lease Liability - Long Term		957,736	957,736		-	
Lease-Accrued Interest		5,964	5,964		-	
Total Non Current Liabilities		1,016,237	 1,017,171		934	
TOTAL LIABILITIES		45,741,701	39,083,489		(6,658,212)	
General Fund Balance		19,327,003	19,336,454		9,451	g
Nonspendable						•
Investment in Inventories		382,610	380,660		(1,950)	
Investment In Fixed Assets		90,713,455	91,467,532		754,077	
Assigned:						
Current Capital Projects		9,000,921	8,252,935		(747,986)	
Future Purchases of Real Property and IT Infrastructure		1,365,842	1,365,842		-	
Self Insurance		2,000,000	2,000,000		-	
ECI Building Use		361,664	361,664		-	
Waiver 1115		56,449,314	55,966,038		(483,276)	h
COVID-19 eFMAP Reserve		904,067	904,067		-	
Compensated Absences		4,854,354	 4,854,354		-	
Total		185,359,230	184,889,546		(469,684)	
Year to Date Excess Revenues over						
(under) Expenditures		2,297,243	1,250,235		(1,047,008)	
TOTAL FUND BALANCE		187,656,473	 186,139,781		(1,516,692)	
TOTAL LIABILITIES AND FUND BALANCE	\$	233,398,174	\$ 225,223,270	\$	(8,174,904)	

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Reports For Month and Year to Date Ended January 31, 2023

- I. Comparison of Revenue and Expenses
 - a. For the month of January 2023, the fifth month of the fiscal year, the Harris Center is reporting excess Expenditures over Revenues of \$5,756,640 before funds from other sources are considered.
 - b. The year-to-date amount translates to Excess Revenues over Expenses of \$1,250,235 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 \$317,143 primarily due to grants received after approval of the original budget.
 - d. State Grants are unfavorable to budget by \$252,246 primarily due to timing of construction expenses funded by the Healthy Community Grant.
 - e. Third Party billings are unfavorable to budget by \$661,566.
 - f. Total Revenue is unfavorable to budget by \$243,705.
 - g. Salaries and Fringe are unfavorable to budget by \$1,115,806 primarily due to positions filled with grant funds awarded after approval of the original budget.
 - h. Total Operating Expenses are unfavorable to budget by \$1,005,869 primarily due to salaries and fringe benefits.
 - Funds from other sources used to fund current month expenses totaled \$5,457,618 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 January 31, 2023

- II. Comparative Balance Sheet
 - a. Cash and Cash Equivalents The Agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents decreased from the prior month primarily because of the use of State General Revenue dollars received in December.

					Increase	
		Ending E	Balance	(Decrease)		
	1	12/31/2022	1/31/2023		January	
Cash-General Fund Bank of America		6,919,554	7,302,827	\$	383,273	
Cash-General Fund Chase		51,823,182	31,707,091		(20,116,091)	
Cash-BOA ACH Vendor		972,466	779,358		(193,108)	
Cash-Pharmacy Chase		50,705	26,113		(24,592)	
Cash-FSA-Discovery		278,560	166,093		(112,467)	
Petty Cash/Pharmacy Cash Drawer		6 <i>,</i> 550	6,550		-	
Investments-TexPool General Fund		1,017,608	1,021,276		3,668	
Investments-TexPool Self Insurance		2,325,560	2,333,943		8,383	
Investments-TexPool Prime		11,309,616	16,868,741		5,559,125	
Investments-Texas Class	_	10,515,974	13,069,419		2,553,445	
	\$	85,219,775	\$ 73,281,411	\$	(11,938,364)	

 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:

						Increase	
	Ending Balance				(Decrease)		
		12/31/2022		1/31/2023	January		
Inventory-Central Supplies		2,561		2,561	\$	-	
Supplies Purchased					\$	-	
Supplies Used		(15,613)		(17,563)		(1,950)	
Inventory-Drugs		395,662		395,662		-	
Total Inventory	\$	382,610	\$	380,660	\$	(1,950)	

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 January 31, 2023

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in January.

		Ending Bal	lance	e	Increase (Decrease)
	-	12/31/2022		1/31/2023	January
Villas at Bayou Park		95,312		98,887	3,575
Pear Grove		56,987		60,284	3,297
Pasadena Cottages		103,848		106,211	2,363
Employee		(39)		(44)	(5)
Pecan Village		4,401		4,401	-
Acres Homes Garden		221,893		225,523	3,630
Foundation		236		659	423
NAMI of Greater Houston		540		746	206
General Accounts Receivable		850,432		844,533	(5 <i>,</i> 899)
Pharmacy PBM		58,801		66 <i>,</i> 588	7,787
Cobra Premiums		13,996		13,996	(0)
Harris County Projects		1,699,152		1,858,891	159,740
Harris County Juvenile Probation		520,582		717,349	196,767
Harris County Community Supervision		1,156,774		1,181,901	25,127
Harris County Sheriff's Department		7,904,242		9,039,793	1,135,551
ICFMR		177,488		251,244	73,756
TCOOMMI-Special Needs		1,156,478		878,234	(278,244)
TDCJ-Parole		102,500		123,000	20,500
TDCJ-Substance Abuse		83,331		83,335	4
TCOOMMI-Juvenile		152,593		168,616	16,023
Jail Diversion		2,894,916		3,584,404	689,488
ECI		1,298,850		1,404,059	105,209
ECI Respite		154		-	(154)
ECI SNAP		35,899		36,045	146
Federal CHH Navigation		-		-	-
Federal Aot		(8,125)		52,889	61,014
ARPA-COH-MCOT RR Expansion		1,001,825		1,054,268	52,443
ARPA-COH-Core HPD Expansion		245,936		242,539	(3,397)
Fed SAMHSA CCBHC Expansion		317,258		209,456	(107,802)
AR Fed ARPA TPWD Fam Well Ctr		102,255		236,178	133,923
AR Fed ARPA ECI		4,590		16,944	12,354
PATH-Mental Health Block Grant		264,834		259,842	(4,992)
MH Block Grant-Coordinated Specialty		194,619		203,820	9,201
Subtotal, A/R-Other	\$	20,712,557	\$	23,024,591	\$ 2,312,034

The Harris Center for Mental Health and IDD Notes to the Preliminary Financial Statements For Month and Year to Date Ended January 31, 2023

					Increase
II.	Accounts Receivable Other (Continued)	Ending	Balance	(Decrease)
		12/31/2022	1/31/2023		January
	DSHS SAPT Block Grant	17,789	72,280		54,491
	AR State TCMHCC	-			-
	Enhanced Community Coordinator	96,922	92,568		(4 <i>,</i> 354)
	DSHS Mental Heath First Aid	14,380	15,580		1,200
	HHSC ZEST-Zero Suicide	48,074	33,226		(14,848)
	HCC Open Door	361,466	311,775		(49,691)
	HCS	22,416	22,416		(0)
	Tx Home Living Waiver	319,052	313,516		(5 <i>,</i> 536)
	DPP-BHS	1,037,242	798,140		(239,102)
	Charity Care Pool	13,465,528	16,831,910		3,366,382
	Fed ARPA COF-CIRT HPD	6,855	2,208		(4,647)
	Helpline Contracts	154,649	99,924		(54 <i>,</i> 725)
	City of Houston-CCSI	75,805	25,268		(50,537)
	City of Houston-DMD	10,332	18,667		8,335
	City of Houston-911 CCD Amended	89,419	58,562		(30,857)
	A/R - HHSC Projects	2,793,488	2,956,566		163,078
	Local Be Well Be Connected	-	-		
	Grand Total A/R - Other	\$ 39,225,975	\$ 44,677,197	\$	5,451,222

- e. Unearned Income decreased due to use of Q1 2023 State GR funds.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to operations.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations. Total DSRIP Reserves on hand at end of month equals \$55,966,038.
- i. Days of Operations in Reserve for Total Agency is 111 days versus 117 days for the prior month.

III. Investment Portfolio

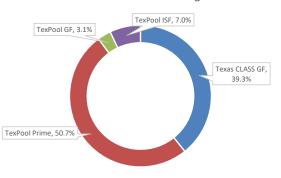
- a. Total investments as of January 31, 2023 are \$33,293,379 of which 100% is in government pools. (Texas Class 39% and TexPool 61%)
- b. Investments this month yielded interest income of \$124,621.

The Harris Center for Mental Health and IDD Investment Portfolio 01/31/2023

Local Government Investment Pools (LGIPs)

	Begi	nning Balance	Transfer In	Transfer Out	Ir	nterest Income	Ending Value	Portfolio %	Yield
Texas CLASS Texas CLASS General Fund	\$	10,515,974	\$ 5,500,000	\$ (3,000,000)	\$	53,445	\$ 13,069,419	39.3%	4.574%
TexPool									
TexPool Prime TexPool General Fund		11,309,616 1.017.608	\$ 5,500,000	\$ -		59,125 3,668	16,868,741 1.021.276	50.7% 3.1%	4.520% 4.244%
TexPool Internal Service Fund		2,325,560				8,383	2,333,943	7.0%	4.244%
TexPool Sub-Total		14,652,784	5,500,000	-		71,176	20,223,960	60.7%	4.474%
Total Investments	\$	25,168,758	\$ 11,000,000	\$ (3,000,000)	\$	124,621	\$ 33,293,379	100%	4.513%

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio	4.211%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	3.995%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of January 31,2023 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 a

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 January 2023

Vendor	Description	Monthly Not-To- Exceed*	Jan-23	YTD Total Through January	
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,833,382	\$8,996,044	
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,597,551	\$11,872,347	

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

EXHIBIT R-3

February 2023 NEW CONTRACTS OVER 100k

SNAPSHOT SUMMARY NEW CONTRACTS \$100,000.00 AND MORE

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23 NEW CONTRACTS						
ADMINISTRATION						
Quantum Market Research, Inc. d/b/a Quantum Workplace	Employee Engagement Survey Tool Software and Subscription Services	\$50,000.00	36 Months from Date of Full Execution	GR	Request for Quotes and Sole Proprietor	Due Diligence was performed in December 2022 at the request of Human Resources for an Employee Engagement Survey Tool. The request is for a three (3) year SaaS subscription with Quantum Market Research, Inc. d/b/a Quantum Workplace for an engagement survey implementation and administration for all employees. The Harris Center's Human Resources Department will utilize the survey data to address Employee Engagement initiatives, specifically in support of the 2022-2024 Strategic Plan. FY23 NTE: \$50,000.00; FY24 NTE: \$50,000.00; and FY25 NTE: \$50,000.00; Total NTE: \$150,000.00 for a 3 Year Subscription Term.
CPEP/CRISIS SERVICES						
FORENSICS					*	
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
LEASES						
MENTAL HEALTH SERVICES						



DUE DILIGENCE 3 QUOTES/SOLE PROPRIETOR PROJECT NUMBER FY23-0257 EMPLOYEE ENGAGEMENT SURVEY

Purchasing received a request from the Talent Acquisition & Organizational Development Director for an Employee Engagement Survey tool in December 2022. The request is for a three (3) year SaaS subscription with Quantum Market Research, Inc dba Quantum Workplace for an annual engagement survey implementation and administration for all employees.

Quotes were requested from Quantum Workplace, Great Places to Work and Qualtrics. Quantum Workplace is the sole proprietor to the survey data that The Harris Center provided when we completed the Best Places to Work survey with the Houston Business Journal. The vendor will transfer the 2022 Houston Best Places to Work contest data including comments along with theme and sentiment analysis.

Great Places to Work: \$140,400.00 Qualtrics: \$86,400.00 Quantum Workplace: \$150,000.00

The recommendation from Talent Acquisition & Organizational Development is to move forward with Quantum Workplace as no other vendor has the survey information. The Harris Center will utilize the survey data to address the Employee Engagement initiatives, specifically as it pertains to the 2022-2024 Strategic Plan.

Year One Total NTE: \$50,000.00 Year Two Total NTE: \$50,000.00 Year Three Total NTE: \$50,000.00 Three Year Total NTE: \$150,000.00

The Funding Source is Unit 1108 (Personnel Management).

—DocuSigned by: Sharon Brauner

Sharon Brauner on behalf of Frances Otto, CTCD Buyer II —DocuSigned by: Sharon Branner

258C3C5A6FE9418

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

DocuSigned by:

Vanessa Mckeown

Vanessa McKeown, CPA Chief Financial Officer

EXHIBIT R-4

FEBRUARY 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
FY23 AMENDMENTS								
ADMINISTRATION								
CTEK Security, Inc.	HIPAA Privacy & Security Risk Analysis (Internal)	\$26,100.00	\$78,300.00	\$104,400.00	09/01/2022-08/31/2023	GR		Contract is amended to add upstart payment of \$52,200 and thereafter Quarterly Installment Payments for CAPP Project.
CPEP/CRISIS SERVICES								
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
LEASES								
MENTAL HEALTH SERVICES								

Harris Executive Contract Summary

Contract Section

Contractor*

CTEK Security, Inc.

Contract ID #* 7284

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties^{* (?)} CTEK SECURITY THC

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?) 9/1/2022 Contract Term End Date * (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

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

Current Contract Amount* \$ 26,100.00

Increase Not to Exceed* \$ 78,300.00 1

Revised Total Not to Exceed (NTE)*

Fiscal Year ^{* (?)}	Amount ^{* (?)}
2022	\$ 78,300.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description o	f Services Being Provided * (?)
"CAPP Project, initial invoice in the amount of	
\$52,200 due upon contract signing.	
Invoicing in Years 1 & 3 & 5 (1/1/19-	
8/31/19, 9/1/20-8/31/21, 9/1/22-8/31/23)	
the amount of \$26,100 will continue	
quarterly. Years 2 & 4 (9/1/19-8/31/20, 9/1/21-8/31/22) will be invoiced	
\$6,500/quarter. Early Termination applies.	
as detailed in the SOW."	
Contract Owner*	
Contract Owner*	ontractor*
Contract Owner* Mustafa Cochinwala	ontractor*
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co	
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co Yes No Unknown	
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co Yes ONO Unknown Please add previous contract dates and what se	ervices were provided *
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co Yes No Unknown Please add previous contract dates and what so CT142521	ervices were provided *
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co Yes No Unknown Please add previous contract dates and what so CT142521 Vendor/Contractor a Historically Underutilized I	ervices were provided *
Contract Owner * Mustafa Cochinwala Previous History of Contracting with Vendor/Co • Yes No Unknown Please add previous contract dates and what se CT142521 Vendor/Contractor a Historically Underutilized I • Yes No Unknown	ervices were provided *
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co • Yes No Unknown Please add previous contract dates and what se CT142521 Vendor/Contractor a Historically Underutilized H • Yes No Unknown Community Partnership* (?) • Yes No Unknown Supporting Documentation Upload (?)	ervices were provided *
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co • Yes No Unknown Please add previous contract dates and what se CT142521 Vendor/Contractor a Historically Underutilized H • Yes No Unknown Community Partnership* (?) • Yes No Unknown	ervices were provided *
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co • Yes No Unknown Please add previous contract dates and what se CT142521 Vendor/Contractor a Historically Underutilized I • Yes No Unknown Community Partnership* (?) • Yes No Unknown Supporting Documentation Upload (?) Invoice_11213_from_CTEK_Security_Inc.pdf	ervices were provided * Business (HUB) * (?)
Contract Owner* Mustafa Cochinwala Previous History of Contracting with Vendor/Co • Yes No Unknown Please add previous contract dates and what se CT142521 Vendor/Contractor a Historically Underutilized H • Yes No Unknown Community Partnership* (?) • Yes No Unknown Supporting Documentation Upload (?)	ervices were provided * Business (HUB) * (?)

\ddress*		
treet Address		
1940 Jollyville Road		
ddress Line 2		
Sity Austin	State / Province / Re TX	igion
Postal / Zip Code	Country	
/8759	US	
Phone Number*		
124028550		
Email*		
voices@cynergistek.com		
Budget Section		
Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
130	\$ 78,300.00	553003
Budget Manager	Secondary Bu	dget Manager
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE	Brown, Erica	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023.	Brown, Erica ons if applicable [*] (?) Structure) [*] (?)	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da	ate
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023	ate
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023	ate
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approv	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 /al(s) Approval Date	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approv	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approv	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 Val(S) Approval Date 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approv Approved by <i>Ricatdo Campbell</i>	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 /al(S) Approval Date 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approve Approved by <i>Ricardo Campbell</i> Contract Owner Approve	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 /al(S) Approval Date 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approve Approved by <i>Ricardo Campbell</i> Contract Owner Approve	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 /al(S) Approval Date 1/17/2023	
Campbell, Ricardo Provide Rate and Rate Descripti SEE ATTACHED INVOICE Project WBS (Work Breakdown S RFP Project No. 18/0023. Requester Name Boswell, Shawnti Budget Manager Approve Approved by <i>Ricardo Campbell</i> Contract Owner Approve	Brown, Erica ons if applicable * (?) Structure) * (?) Submission Da 1/17/2023 /al(S) Approval Date 1/17/2023	

Approve*

Yes

⊖ No, reject entire submission

⊖ Return for correction

Approved by *

Belinda Studo

Approval Date* 1/18/2023

STATES OF THE OWNER OF THE

12.

)

EXHIBIT R-5

February 2023 RENEWALS OVER 100k

SNAPSHOT SUMMARY CONTRACT RENEWALS \$100,000.00 AND MORE

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23 CONTRACT RENEWALS							
ADMINISTRATION							
Cardinal Health Pharmacy 1 Services, LLC	Remote Order Pharmacy Support Services	\$120,000.00	\$120,000.00	04/012023 - 03/31/2024	GR	Request For Quote	Annual renewal of agreement.
CPEP/CRISIS SERVICES							
FORENSICS							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
LEASES							
						an and a second	
MENTAL HEALTH SERVICES							

HINRIS Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year 2023

Contract ID#*

7828

4/1/2023

Contractor Name* Cardinal Health Pharmacy Services, LLC

Service Provided * (?) Remote Order Pharmacy Support Services

Renewal Term Start Date*

Renewal Term End Date* 3/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other
- 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* (?) \$ 120,000.00 Rate(s)/Rate(s) Description Unit(s) Served* 1135 G/L Code(s)* 553002 Current Fiscal Year Purchase Order Number* FY23 PO CT142404 Contract Requestor* Teri Gleason Contract Owner* Angela Babin File Upload (?) [http][SS77DE060D1RWE][][v][Cardinal Health - ID 7828 - Le] (5).pdf 302.45KB 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? $^{\star}\left(?\right)$

🖲 Yes 🔘 No

Renewal Information for Next Fiscal Year

Budget Unit Number* 1135	Amount Charged to Unit* \$ 120,000.00	Expense/GL Code No.* 553002
Budget Manager* Campbell, Ricardo	Secondary B Brown, Erica	udget Manager [*]
Fiscal Year [*] (?)	Amount* (?)	
2023	\$ 120,000.00	
Contract Funding Source * General Revenue (GR)		
Contract Content Cha	nges	
Are there any required chang	es to the contract language?* (?)	
Yes No		
Will the scope of the Services	change?*	
Yes No		
Is the payment deadline differ	ent than net (45)?*	
Yes No		
Please provide the net days*		
	Performance Targets?*	
Are there any changes in the		
🔵 Yes 🖲 No	Submission deadlines for notes or su	oporting documentation?*
🔵 Yes 🖲 No	Submission deadlines for notes or su	pporting documentation?*
Yes INO Are there any changes to the	Submission deadlines for notes or su	pporting documentation?*
 Yes No Are there any changes to the Yes No 	Submission deadlines for notes or su	pporting documentation?*
 Yes No Are there any changes to the Yes No File Upload (?) 	Submission deadlines for notes or su	pporting documentation?*

Approved by	
Ricardo Campbell	
Contract Owner Approval	$\mathbf{\hat{\circ}}$
Approved by	
ANGELA BABIN	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	1/19/2023

EXHIBIT R-6

February 2023 INTERLOCAL AGREEMENTS

SNAPSHOT SUMMARY INTERLOCALS

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
	FY23 CONTRACTS					
	INTERLOCALS					
1	Texas Department of Family and Protective Services	Interlocal Agreement	New Interlocal Agreement	02/01/2023-02/01/2024	State	Interlocal Agreement to address the regional referral process, coordination of services and sharing of information between The Harris Center and Department of Family and Protective Services
2	Harris County Sheriff's Office	MH Crisis Assessments and Telehealth Program through (CORE)	Renewal (Revenue \$853,600)	03/01/2023-02/29/2024	County	First renewal of HSCO CORE Agreement for FY23.
3	Harris County Hospital District d/b/a Harris Health System	MOU for Office Based Addiction Treatment (OBAT) program and Substance Use Disorder Outreach Program (SUDOP)	MOU	01/09/2023-08/31/2023	GR	New MOU to provide services for Office Based Addiction Treatment (OBAT) program and Substance Use Disorder Outreach Program (SUDOP)
4	Gulf Coast Center	Crisis Intervention Helpline Services to provide MH and IDD Resources and Support	Renewal (Total Revenue \$90,000)	03/01/2023-02/29/2024	Private Pay	Annual renewal of agreement. FY23 \$45,000 FY24 \$45,000
5	Spindletop Center	Crisis Intervention Helpline Services to provide MH and IDD Resources and Support	Renewal (Total Revenue \$110,400)	03/01/2023-02/29/2024	Private Pay	Annual renewal of agreement. FY23 \$55,200 FY24 \$55,200
6	University of Houston School of Social Work (MH-RITES)	External Program Evaluation	Amendment (Revised \$212,400.00)	02/01/2022- 09/30/2024	County	Amendment to increase the NTE due to revised budget for FY23. External program evaluation of ARPA program(s) funding as required by Harris County.

HEALT Executive Contract Summary

Contract Section

Contractor*

Department of Family and Protective Services

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/19/2023

Parties* (?)

The Harris Center for Mental Health & IDD Department of Family and Protective 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 MOU Only

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)

Funding Information*

	New	Contract	Amendment
--	-----	----------	-----------

Contract Term Start Date* (?) 2/1/2023 Contract Term End Date* (?) 2/1/2024

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

If contract is off-cycle, specify the contract term (?) September 1, 2024 through August 31, 2023

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

Funding	Source*
State	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract Memorandum of Understanding	New Contract/Agreement Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Being Provided * (?)
To address the regional referral process, coordin between The Harris Center and Department of F	ation of services and sharing of information
Contract Owner*	
Sandra Brock	
Previous History of Contracting with Vendor/	Contractor*
🗑 Yes 🔍 No 💿 Unknown	
Vendor/Contractor a Historically Underutilized	d Business (HUB)* (?)
🤍 Yes 🔍 No 💿 Unknown	
Community Partnership ^{* (?)}	
Yes No Unknown	
Specify Name*	
Department of Family & Protective Services	
Supporting Documentation Upload (?)	
DFPS MOU Draft.docx	36.52KB
Vendor/Contractor Contact Persor	n
Name*	
Sandra Brock	
Address*	
Street Address	
9401 Southwest Fwy.	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77074	US
Phone Number*	
7139703307	
Email*	
sandra.brock@theharriscenter.org	
Budget Section	

Budget Unit Number* 2200	Amount Charged to Unit [*] \$ 0.00	Expense/GL Code No.* 000000	*
Budget Manager		Budget Manager	
Shelby, Debbie	Loera, Angel		
Provide Rate and Rate Descriptio	ns if applicable * (?)		
NA			
Project WBS (Work Breakdown S	tructure) ^{* (?)}		
Requester Name	Submission	Date	
Brock, Sandra	1/19/2023		
Budget Manager Approva	al(s)		\odot
Approved by			
Debbie Chambers Shelby	Approval Da 1/19/2023	ate	
Revie Chamers Cheury	1/13/2023		
Procurement Approval			\odot
File Upload (?)			
Approved by			
Sign	Approval Da	ate	
Contract Owner Approva			<u></u>
Approved by			
	Approval Da	ate	
Sandra Brock	1/20/2023		
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction		X	
Approved by *			
Belinda Stude	Approval Da 1/24/2023	ate *	

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Rimmers Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year 2023

Contract ID#* 2022-0477

Contractor Name* Harris County Sheriff's Office (HCSO)

Service Provided* (?)

Interlocal and Revenue Agreement with HCSO where the Agency provides mental health crisis assessments through the Clinician and Officer Remote Evaluation (CORE) Telehealth Program and Harris County Commissioners Court has appropriated funds for the CORE Program. Program Director: Kisha Lorio.

Renewal Term Start Date*

3/1/2023

2/28/2024

Renewal Term End Date*

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)

Contract Description / Type

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

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* (?) \$ 853,000.00

Rate(s)/Rate(s) Description (\$853,000.00)

Unit(s) Served* 9259

G/L Code(s)* 403024

Current Fiscal Year Purchase Order Number*

Contract Requestor*

Patricia Singh

Contract Owner* Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🔘 Yes 🖲 No

Were Services delivered as specified in the contract?*

🖲 Yes 🕕 No

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

💿 Yes 🔘 No

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

```
Yes No
```

Were reports, billing and/or invoices submitted in a timely manner? $\ensuremath{^{(?)}}$

```
Yes No
```

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

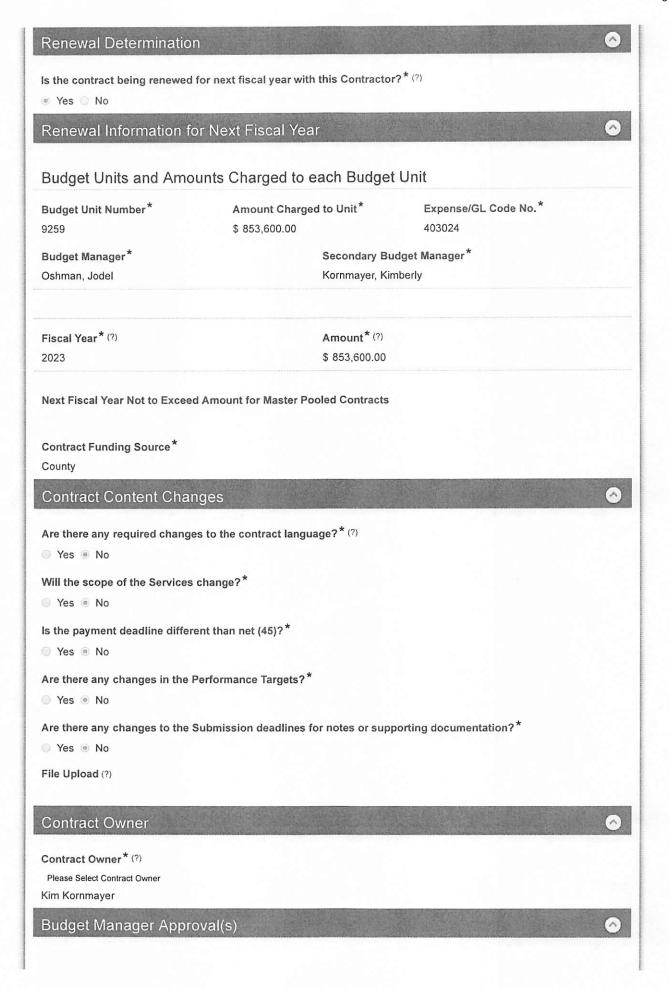
🖲 Yes 🔘 No

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

🖲 Yes 🔵 No

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

🖲 Yes 🔘 No



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A	p	p	roved	by
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Jodel Oshman

Contract Owner Approval

Approved by

Kim KOPNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 1/11/2023

Mental Health and IDD	HARRIS CENTER	Executive	Contract	Summary
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Contract Section

Contractor*

Harris County Hospital District d/b/a Harris Health System

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Harris Health System - Office Based Addiction Treatment (OBAT) program and The Harris Center for Mental Health and IDD - Substance Use Disorder Outreach Program (SUDOP)

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)

Funding Information*

۲	New	Contract	Amendment
---	-----	----------	-----------

Contract Term Start Date* (?) 1/9/2023 Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?)	Amount [*] (?)	
2023	\$ 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 SUDOP to collaborate with The Harris Health System Office Based Addiction Treatment (OBAT) for Opioid Use Disorder (OUD) and Mental Health with the Harris Center. The OUD clients are acquired from outreach, engagement, referral, and given the opportunity for retention through linkage to treatment for Opioid Use, Mental Health, and Medical Services to Texas residents living with an Opioid Use Disorder (OUD). Also it allows all clients with OUD priority access to treatment. The Harris Health System "Gold Card" will pay for all prescription render for SUDOP Consumers prescribed by their physician.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

🌒 Yes 🔍 No 💿 Unknown

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

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Specify Name* Harris Health System OBAT

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Rachel Ibanez, BSN, RN Program Director

Address*

Street Address 818 Ringold Street Address Line 2 City Houston Postal / Zip Code 77088-6368

Phone Number* 281-260-3374

Email* rachel.ibanez@harrishealth.org State / Province / Region TX Country US

Budget Section Budget Units and Amo	unts Charged to each Budget Unit
Budget Unit Number* 9263	Amount Charged to Unit* Expense/GL Code No.* \$ 0.00 0
Budget Manager Oshman, Jodel	Secondary Budget Manager Macleod, Ann
Provide Rate and Rate Descrip na	tions if applicable * (?)
Project WBS (Work Breakdowr na	n Structure) * (?)
Requester Name Singh, Patricia	Submission Date 1/4/2023
Budget Manager Appro	oval(s)
Approved by <i>Todel Oshman</i>	Approval Date 1/4/2023
Procurement Approval	(
Approved by	Approval Date
Contract Owner Appro	val
Approved by <i>Kim KopNmAvEp</i>	Approval Date 1/4/2023
Contracts Approval	
Approve* Yes No, reject entire submission Return for correction Approved by *	Approval Date*
Belinda Stude	1/4/2023

Renewal Evaluation

Current Fiscal Year Contract Information	on
Current Fiscal Year	
023	
Contract ID#*	
409	
Contractor Name*	
Gulf Coast Center	
Service Provided * (?)	
Crisis Intervention Helpline/Access Services provided t	o Callers
Renewal Term Start Date*	Renewal Term End Date *
/1/2023	2/28/2024
erm for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$1	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
	Other
Not Applicable (If there are no funds required)	
Not Applicable (If there are no funds required) Contract Description / Type	
	Consultant
Contract Description / Type	 Consultant New Contract/Agreement
Contract Description / Type Personal/Professional Services	
Contract Description / Type Personal/Professional Services Consumer Driven Contract	New Contract/Agreement
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	 New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA	 New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	 New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	 New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease Other

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

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Monthly fee of Seven Thousand Five Hundred Dollars (\$7,500.00) for call volume between 501 to 750 calls per month and a daily call report for the crisis hotline services. If volume of call(s) exceeds 10% of the current contracted range, then said volume will be billed at Fourteen Dollars (\$14.00) per call for calls beyond the range of 501 to 750 calls per month.

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

Contract Requestor* Jennifer Battle

Contract Owner* Jennifer Battle

File Upload (?)

ID 7409 Gulf Coast Center - FY23-24 Renewal Content (Helpline).docx 28.73KB

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 Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 420015 \$ 90,000.00 7001 Secondary Budget Manager* Budget Manager* Campbell, Ricardo Ilejay, Kevin Amount* (?) Fiscal Year* (?) 2023 \$ 45,000.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* **Private Pay Source** > Contract Content Changes Are there any required changes to the contract language?* (?) Yes No Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No File Upload (?) **Contract Owner** Contract Owner* (?)

Please Select Contract Owner Jennifer Battle

Budget Manager Approval(s)		
Approved by		
kevin ilejay		
Contract Owner Approval		O
Approved by		
Tennifer Battle		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	1/11/2023	

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2023	
Contract ID#*	
424	
Contractor Name*	
Spindletop Center	
Service Provided * (?)	
) recourses and support
Telephonic Crisis Line Services to provide MH and IDD	resources and support.
Renewal Term Start Date *	Renewal Term End Date *
3/1/2023	2/28/2024
Ferm for Off-Cycle Only (For Reference Only)	
 Board Approval (Total NTE Amount is \$100,000.00- Grant Proposal Revenue SOW-Change Order-Amendment# Other 	+)
Procurement Method(s)*	
Check all that Apply	
Check all that Apply Competitive Bid	Competitive Proposal
Check all that Apply Competitive Bid Request for Proposal	Sole Source
Check all that Apply Competitive Bid Request for Proposal Request for Application	 Sole Source Request for Qualification
Check all that Apply Competitive Bid	Sole Source
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	 Sole Source Request for Qualification Tag-On Consumer Driven
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	 Sole Source Request for Qualification Tag-On Consumer Driven
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Monthly fee of Nine Thousand Two Hundred Dollars (\$9,200.00) for call volume between 751 to 1,000 calls per month and a daily call report for the crisis hotline services. If, volume of call(s) exceeds 10% of the current contracted range then said volume will be billed at Fourteen Dollars (\$14.00) for only calls beyond the range of 751 to 1,000 calls per month.

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number* N/A

Contract Requestor*

Contract Owner*

Jennifer Battle

File Upload (?)

ID 7424 Spindletop. FY23-24 Renewal Revenue Content (Helpline).docx

30.13KB

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

🖲 Yes 🔘 No

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

🖲 Yes 🕘 No

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

🖲 Yes 🔘 No

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

💿 Yes 🔘 No

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

🖲 Yes 🔘 No

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

🖲 Yes 🔘 No

Maintained legally required standards for certification, licensure, and/or training?* (?)Yes No **Renewal Determination** Is the contract being renewed for next fiscal year with this Contractor?* (?) 🖲 Yes 🔘 No Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 7001 \$ 110,400.00 420015 Secondary Budget Manager* Budget Manager* Campbell, Ricardo Ilejay, Kevin Fiscal Year* (?) Amount* (?) 2023 \$ 55,200.00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts Contract Funding Source* Private Pay Source **Contract Content Changes** 🔘 Yes 🖲 No Will the scope of the Services change?* Yes No Is the payment deadline different than net (45)?* Yes No Are there any changes in the Performance Targets?* Yes No Are there any changes to the Submission deadlines for notes or supporting documentation?* Yes No File Upload (?) **Contract Owner** Contract Owner* (?)

Please Select Contract Owner Jennifer Battle

Budget Manager Approval(s)		
Approved by		
kevin ilejay		
Contract Owner Approval		
Approved by		
Tennifer Battle		
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission Return for correction 		
Approved by *	Approval Date *	
Belinda Stude	1/11/2023	

HIMRIS Executive Contract Summary

Contract Section

Contractor*

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

Contract ID #*

2021-0280

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/14/2023

Parties* (?)

University of Houston School of Social Work 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)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

2/1/2022

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

Current Contract Amount* \$ 209,075.00

Increase Not to Exceed* \$ 3,325.00

Revised Total Not to Exceed (NTE)* \$ 212,400.00

Competitive Proposal

- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

Contract Term End Date* (?) 9/30/2024

Fiscal Year ^{* (?)}	Amount* (?)					
2023	\$ 212,400.00					
+						
Funding Source [*]						
County						
Contract Description / Type * (?)						
Personal/Professional Services	Consultant					
Consumer Driven Contract	New Contract/Agreement					
Memorandum of Understanding	Amendment to Existing Contract					
Affiliation or Preceptor	Service/Maintenance					
BAA/DUA	IT/Software License Agreement					
Pooled Contract	Lease					
Renewal of Existing Contract	Other					
Justification/Purpose of Contract/Description	on of Services Being Provided ^{* (?)}					
Amendment to increase the NTE for revised F						
the ARPA program as required by Harris Coun	-					
Contract Owner*						
Jennifer Battle						
Previous History of Contracting with Vendo	r/Contractor*					
Yes No () Unknown						
Vendor/Contractor a Historically Underutiliz	zed Business (HUB) * (?)					
🔍 Yes 💿 No 💿 Unknown						
Community Partnership [*] (?)						
Ves No 🖲 Unknown						
Supporting Documentation Upload (?)						
Vendor/Contractor Contact Perso	on					
Name*						
Lavanya Lakshiminarasimhan						
Address*						
Street Address						
4730 Calhoun Road room 300						
Address Line 2						
City	State / Province / Region					
Houston	ТХ					
Postal / Zip Code	Country					

United States

77204

Phone Number*

Email* llakshmi@central.uh.edu

Budget Units and Amo	unts Charged to e	ach Budget (
Budget Unit Number*	Amount Chargeo	d to Unit*	Expense/GL Code No.*
7008	\$ 212,400.00		542000
Budget Manager		Secondary Budg	get Manager
llejay, Kevin		Campbell, Ricard	o
Provide Rate and Rate Descrip	otions if applicable * (?)		
na			
Project WBS (Work Breakdown	n Structure)* (?)		
na			
Requester Name		Submission Dat	e
Battle, Jennifer		2/2/2023	
Budget Manager Appro	oval(s)		
Approved by			
		Approval Date	
kevin ilejay		2/2/2023	
Contract Owner Approv	val		
Approved by			
4 5		Approval Date	
Tennifer Battle		2/2/2023	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
<i>DD</i> .		Approval Date*	
Belinda Stude		2/2/2023	

EXHIBIT R-7



Mobile Medical Vehicle (New, Stock, Preowned, or Refurbished) Project #FY23-0256

Presented By: Vanessa McKeown, CPA and Dr. Stanley Williams, PhD

1

Funded and Planned Initiative The Houston Mobile Health and Wellness Clinic



The Houston Mobile Health and Wellness Clinic will utilize an outfitted vehicle, equipped with safe spaces, to provide treatment in neighborhoods most impacted by SDOH, and therefore less likely to engage in primary and mental health care due to access barriers. (Cullen Trust/RockWell Grants)



Performance Measure	Data Source	Collection Frequency	Method of Analysis
# Receiving	EHR	Monthly	# receiving integrated care encounter data from the mobile clinics
Services			reporting specific data per targeted community/neighborhood
#/Type of Services	EHR	Monthly	# receiving behavioral health care, integrated care or crisis care; care management,
Diagnoses	EHR	Monthly	Tabulation of 5MI/SED/SUD diagnoses from treated consumers by targeted neighborhood
Medication Adherence	EHR	Monthly	# of SMI/SED/SUD medications prescribed (ie. MAT and psychiatric medications) % adherence claims data and lab reports)
Community Outreach	Stack form	Monthly	# of community forums and meetings, out-reach activities by community organization, health promotion activities
Best Practices	EHR	Monthly	# of best practice used (specific practice and how many used per population)
Physical Health	EHR	Quarterly	BMI, blood pressure, tobacco, A1C, etc. for consumers served in the mobile health clinic
Care Coordination	EHR	Monthly	# of referrals and % stayed with referral source after 60 days, includes referrals from institutions, jails etc.; track number of linkages made to mobile wellness clinic and # kept appointment.
Population Health	EHR	Quarterly	# of client based upon SMI/SED/SUD had improved primary care vitals, PHQ9
Housing & Employment Status	EHR	Quarterly	# of consumers who are employed/housed or who gain employment/housing
Substance Use	EHR	Quarterly	Assessment of current alcohol and other substance use.

Project Outcomes

Outcome 1: Relationship Building

Utilizing a community-initiated care model, identify and build relationships with community businesses, service organizations and faith-based partners to de-stigmatize health care engagement and promote overall health literacy. Targets 3rd, 4th, 5th Wards. **Outcome 2: Reduce Access and Connectivity Barriers**

Thirty percent (30%) of those living in target neighborhoods did not have internet/Wi-Fi access prior to COVID-19. To increase treatment access, the mobile clinic will be equipped with examine rooms, medical equipment & HIPPA compliant telehealth hardware that will link consumers without internet to psychiatrist and integrated health professionals located onsite at The Harris Center. Additionally, mobile care teams can assist patients with interventions addressing SDOH such as online applications for public assistance, employment applications and access to housing. This approach will eliminate some structural barriers to traditional care such as transportation and childcare.

Outcome 3: Reduce Inappropriate Engagement with Other Public Health Sectors

Appropriate care can reduce the need to rely on higher cost settings, such as the use of emergency/psychiatric facilities to address acute decomposition that could have benefited from early intervention. Evidenced based screening, assessment and intervention tools will be used to track client outcomes and improve patients' health and quality of life. Services will be conducted in private examine rooms and include screening and assessment; medication management focusing on psychiatric long acting injectables and primary care; expansion of access to Medications for Addiction Treatment (MAT), expanded physical health and trauma screening, as well as peer-based recovery supports.

Mobile Medical Vehicle – Award Recommendation

- Two rounds were needed
 - First Round October 28, 2022
 - 3 responses were received
 - All were above the budgeted amount
 - Second Round December 27, 2022
 - 22 vendors contacted
 - Advertised in 7 locations
 - 5 responses received (plus 2 Notice Not to Participate responses)
- Recommend to award to *Texas Bus Sales*

Rosalind	Digitally signed by Rosalind Armstrong
Armstrong	Date: 2023.02.01 16:30:42 -06'00'

Rosalind Armstrong, BSBA Buyer II Nina Cook Date: 2023.02.02 07:36:55-06'00' Nina Cook, MBA, CTPM, CTCD Director of Purchasing Vanessa McKeown, CPA Date: 2023.02.02 Ugitally signed by Vanessa McKeown, CPA Date: 2023.02.02 11:14:54-06'00'

Vanessa McKeown, CPA Chief Financial Officer



Mobile Medical Vehicle – Review Process

RFP Posting Locations

- Defender •
- La Informacion •

Women's Business Enterprise Alliance ٠

The State of Texas ESBD website

The Harris Center website •

Project Team of 8 Harris Staff employees

٠

- Carrie Rys
- Steve Evans •
- Dr. Stanley Williams •
- Sharon Brauner •

Evaluation Criteria

- Overall Understanding and Response 10% •
- Vendor Qualifications 10% •
- Timeline 30% •

Rosalind Armstrong

The Houston Minority Supplier Development Council

- Karen Hurst
- Jessica Soto
- Janeth Martinez
 - Past Performance History 20% ٠
 - Cost **30%** ٠



Mobile Medical Vehicle – Review Process

Responses Received

- Mathews Specialty \$285,722
 - Met requirements, exceed budget
- Mission Mobile \$274,561/\$317,973
 - Met requirements, exceed budget
- **Clegg** \$214,793
 - Did not meet requirements

Funding Sources

- Rockwell Fund \$55,000
- Cullen Foundation \$150,000
- Federal Incubator Grant \$46,340

Total Not to Exceed (NTE)

- \$251,340.00
 - \$237,689 Vehicle
 - \$10,000 Graphics Package
 - \$3,651 Contingency

- Chef Unit 165,357
 - Did not meet requirements
- **Texas Bus** 237,689
 - Met requirements, within budget

• <u>TOTAL = \$251,340</u>



Request for Proposal – <u>Proposal</u> Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E
Evaluator 1	2.9	4.3	3.2	2.6	4.7
Evaluator 2	2.5	2.9	4	2.4	3.2
Evaluator 3	2.6	3.5	4. 7	3	4.7
Evaluator 4	2.9	3.4	3.7	3.6	4
Evaluator 5	2.2	2.1	3.4	1.6	3.5
Evaluator 6	2.9	3.7	4.3	3.8	3•4
Total Evaluation Score	16.00	19.90	23.30	17.00	23.50

Note: 50% Deposit Required -Price good for 15 days

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Transforming Lives

Thank You

EXHIBIT R-8



Facilities Capital Project Update FY23

Anthony Robinson, VP Risk Management Todd McCorquodale, Director of Facilities Services

1

As of 2/7/2023



Capital Project Updates – Multi-Year

Location	Project	Project Number	FY2022 Budget	Project Completion	Status	Facility Services Status	\$ Total Project Budget
NPC	Renovations	FM21.1126.02	\$6,200,000	Q2 FY2024		Phase I completetion date 2/17 Furniture move in scheduled 2/20	\$6,200,000
NW Clinic	Clinic Land and Design	FM21.1126.03	\$2,525,000	Q2 FY2027		NTR	\$2,525,000
NE Clinic	Clinic Design and Construction	FM21.1126.18	10,000,000 (14,000,000)	Q4 FY2025		Programming Workshop #1 - Completed Workshop #2 - scheduled 2/8 Workshop #3 - Scheduled 2/22	\$14,723,268
South Loop East RRR	Apartment Design and Construction	FM21.1126.23	\$775,476	Q2 FY2024	Hold	Possible funding source identified	\$6,480,000
SE Clinic	Pharmacy and Business Office Relocation	FM22.1126.10	\$125,000	Q4 FY2023		BAFO Received, Scheduling	\$225,000
Residential Homes	Whole-Home Generator Installation (7 Locations)	FM22.1126.16	\$180,164	Q3 FY2023		Contract in draft	\$180,164
Residential Homes	Window Replacement (6 Locations)	FM22.1126.17	\$132,000	Q2 FY2023	Ø	 Donsky House - Complete, Applewhite - Complete Pasadena A - Complete Pasadena B - Complete Warm Springs - Complete Stonechase - Complete, Jackson St Complete 	\$132,000
6160	Perimeter Fence	FM22.1126.19	\$253,300	Q1 FY2023	Ø	9/5/2022	\$253,300



Capital Project Updates – FY 23 Strategic Goal

Location	Project	Project Number	FY2022 Budget	Project Completion	Status	Facility Services Status	\$ Total Project Budget
SE Clinic	SE Clinic Land Design Demo	FM23.1126.01	\$330,000	Q3 FY2023	Ø	Completed 2/4/2023	\$330,000
Center for Pursuit	Coffee House 2 The Center for Pursuit	FM23.1126.02	\$110,000	Q4 FY2023		Pending RFP for construction.	\$110,000
SW Clinic	SW Clinic Sensory Room Buildout	FM23.1126.03	\$22,000	Q3 FY2023		ECS submitted	\$22,000
Humble	Humble Awning/Flooring/RR	FM23.1126.04	\$46,200	Q2 FY2023		1. Restroom - complete 2. Awning - awaiting install 3. Floors - Completed	\$46,200
SW Clinic	SW Clinic Buildout (SUD)	FM23.1126.05	\$165,000	Q3 FY2023		Pending pricing estimate (due 2/17)	\$165,000
Agencywide	Agencywide Update Patient Space	FM23.1126.06	\$137,500	Q4 FY2023		Design meeting scheduled 2/10	\$137,500
NW Clinic	NW Clinic Restroom Reno	FM23.1126.07	\$60,500	Q2 FY2023	Ø	Completed 12/27/22 (\$54,014)	\$60,500

New Southeast Clinic Demolition – Completed 2/4



After

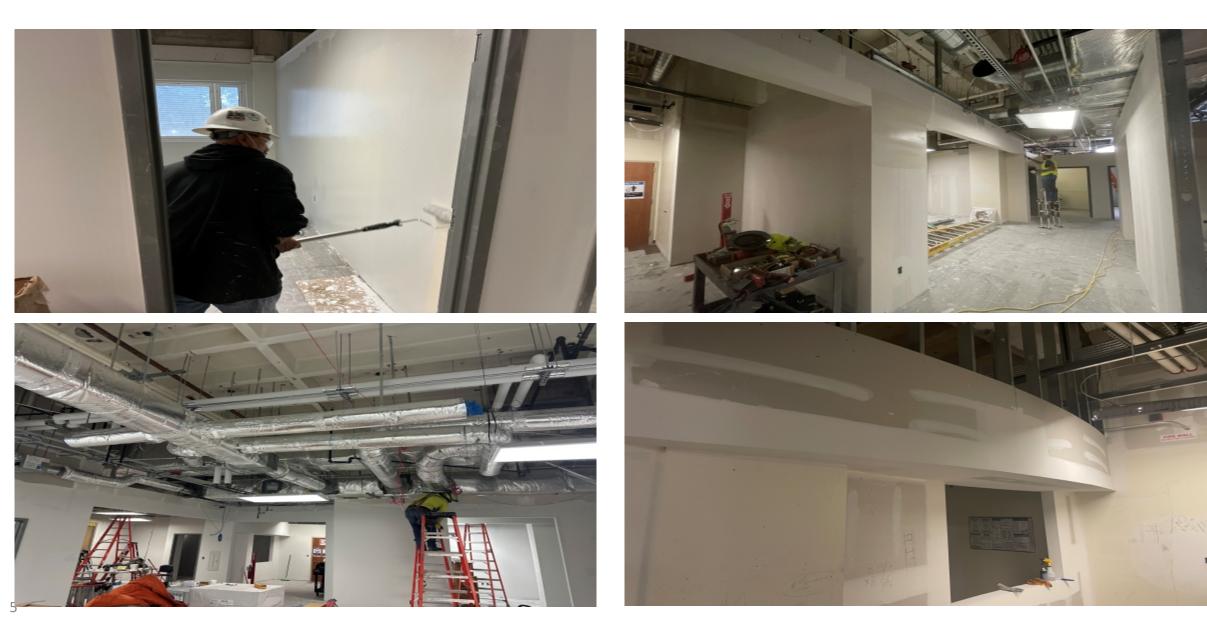




4

NPC Remodel Project – Phase 1 Completed 2/17







Northwest Clinic Restroom Reno – Completed 12/27

Before

After







Northwest Clinic Restroom Reno – Completed 12/27

Before



After



IDD Residential Windows Replaced – Completed 12/31



Applewhite

Stone Chase

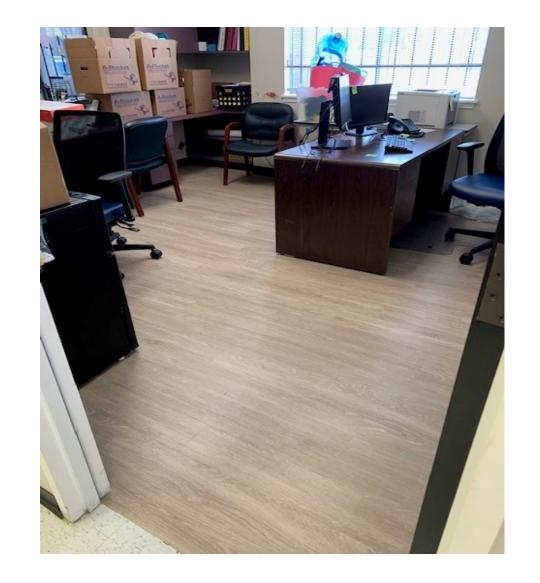
Warm Springs

Windows Replaced at 7 IDD Residential Homes

Humble Floor Project







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Transforming Lives

Thank You

EXHIBIT R-9

February 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
1000	FY23 NEW CONTRACTS						
	ADMINISTRATION						
1	Maptician, Inc.	Software License Agreement	\$13,150.00	04/01/2023-08/31/2023	GR	Request for Quote	New software agreement for an Office Space Allocation and Management Tool to ease the management of office and conference space which is currently a manual process. The software will allow for more accurate reporting which will lead to more accurate Facility Use Fee. Year One Total NTE: \$13,150.00. Year Two NTE: \$5,400.00; Year Three NTE: \$5,400.00. Three Year Total NTE: \$23,950.00
2	Texas Suicide Prevention Collaborative	Training Services	\$39,900.00	01/11/2023-08/31/2023	State Grant	N/A	The Zero Suicide grant requires the Harris Center provide 5 training opportunities for Agency's region during FY23. The Texas Suicide Prevention Collaborative will provide 2 separate of the 3 required training classes.
3	United Way of Greater Houston	Lease of Space	N/A	2/17/2023	GR	N/A	New lease agreement of space for CMO's Clinical Retreat to be held on February 17th, 2023. \$100.00 refundable deposit.
4	Wei Guo	Consultant Services	\$98,279.21	01/17/2023-01/16/2024	State	N/A	This new Consultant Agreement is for the Health Analytics Department to respond to the Meyers & Staufer audit of DSRIP metrics. The data extraction process is currently about 10-15% complete. Consultant will also provide support for multiple department projects utilizing skilled data analysis needed for outcomes evaluations and reports.
	CPEP/CRISIS SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	LEASES						
	MENTAL HEALTH SERVICES						



DUE DILIGENCE QUOTES PROJECT NUMBER FY23-0255 OFFICE SPACE ALLOCATION AND MANAGEMENT TOOL

Purchasing received a request from IT and Project Management for an Office Space Allocation and Management Tool in December 2022. The request is for a three (3) year subscription of software that can ease the management of office and conference space which is currently a manual process. The software will also allow for more accurate reporting which will lead to more accurate FUF (Facility Use Fee).

Three (3) vendors were located, Maptician, NFS Technology and Xyicon. The three vendors were vetted and demos were obtained. It was determined by the end users that NFS Technology did not meet the basic requirements needed by The Harris Center and therefore could not meet its needs and a quote was not requested.

Quotes were obtained from (2) vendors, Maptician and Xyicon.

Maptician - \$23,950.00 Xyicon- \$46,800.00

IT, Project Management, Operations and Quality recommend moving forward with Maptician. Their selection is based on their software meeting all requirements including better functionality, ease of use, user friendliness, drag and drop feature, integration with Active Directory, reporting and cost.

Year One Total NTE: \$13,150.00 (\$5,400.00 Annual Software Subscription Unit 2200/GL 553002 and \$7,750.00 Floor Plan Creation and Implementation Unit 1124/GL 551002) Year Two Total NTE: \$5,400.00 (Annual Software Subscription Unit 2200/GL 553002) Year Three Total NTE: \$5,400.00 (Annual Software Subscription Unit 2200/GL 553002) Three Year Total NTE: \$23,950.00

The Funding Source is Unit 2200 (Mental Health Administration) and 1124 (Maintenance/Construction).

DocuStaned by: Frances Otto

Frances Otto, CTCD Buyer II

DocuSigned by: Mina (ook 5163F40913774C8 Nina Cook, MBA, CTCM, CTCD **Purchasing Director** DocuSigned by: Vanessa Mckeown -0405B9FFF5CB4CA...

Vanessa McKeown, CPA Chief Financial Officer

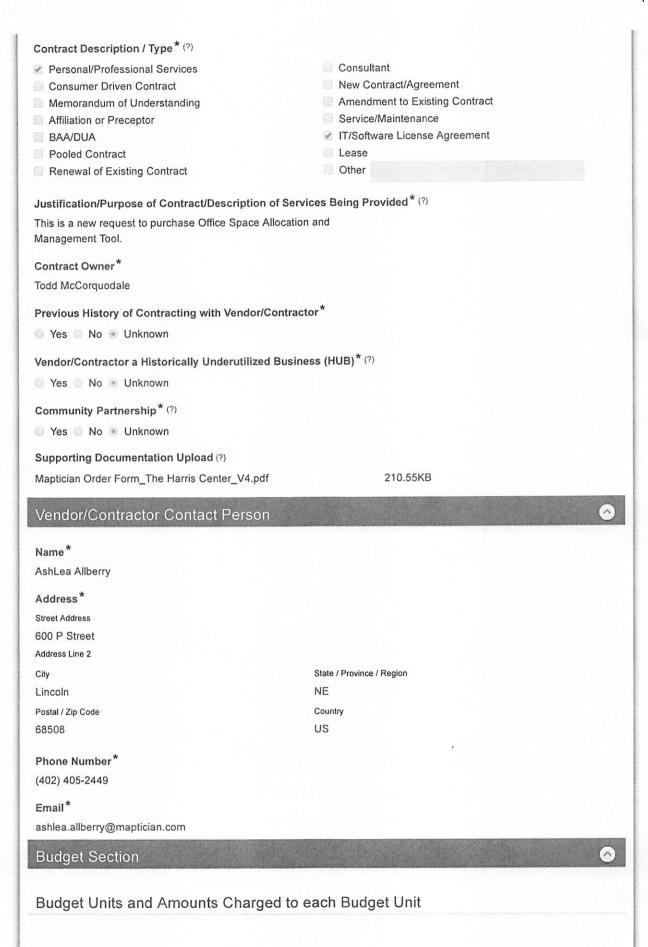
(~)

Executive Contract Summary

Contract Section

Contract Section	
Contractor*	
Maptician, Inc.	
Contract ID #*	
New Vendor	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
2/21/2023	
Parties ^{* (?)}	
The Harris Center for Mental Health and IDD and Mapt	tician
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$ ²	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 Proposal
 Competitive Bid Request for Proposal 	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
4/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2023	\$ 13,150.00
Funding Source*	

Page 97 of 281



Budget Unit Number* 2200	Amount Charged \$ 5,400.00	to Unit*	Expense/GL 553002	Code No.*
Budget Manager Shelby, Debbie		Secondary Budget Loera, Angelica	Manager	
Budget Unit Number*	Amount Charged \$ 7,750.00	to Unit*	Expense/GL 553003	Code No.*
Budget Manager Brown, Erica		Secondary Budget Campbell, Ricardo	Manager	
Provide Rate and Rate Descriptions Year One Total NTE: \$13,150.00 \$5,400.00 (Annual Software Subscription \$7,750.00 Floor Plan Creation and Imp Project WBS (Work Breakdown Struct N/A	on Iementation			
Requester Name		Submission Date		
Jones, Anthony		2/2/2023		
Budget Manager Approval(S)			0
Approved by				
Debbie Chambers Shelby		Approval Date 2/2/2023		
Approved by		Approval Date		
Ehica Brown		2/2/2023		
Procurement Approval				0
File Upload (?)				
Approved by				
Sharon Brauner		Approval Date 2/2/2023		
Contract Owner Approval				0
Approved by				
Fold McCorquodale		Approval Date 2/2/2023		
Contracts Approval				

Approve*

Ø Yes

- $\bigcirc\,$ No, reject entire submission
- \bigcirc Return for correction

Approved by *

Belinda Stude

Approval Date*

HITARIAS Executive Contract Summary

Contract Section

Contractor*

Texas Suicide Prevention Collaborative

Contract ID #*

2023-0610

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/18/2023

Parties* (?)

Texas Suicide Prevention Collaborative 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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date * (?)

1/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Request for Qualification

✓ Other Replacement ECS for existing new contract

Sole Source

Consumer Driven

Tag-On

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

Fiscal	Year*	(?)
2023		

Amount* (?) \$ 39,900.00

Funding Source* State Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease

- Renewal of Existing Contract
- Other

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

Contract is between Texas Suicide Prevention Collaborative for 2 separate trainings. AS+K Training: 2/9/2023 (30 participants in person) \$19,950; 8hr course CALM Training: 3/21-22/2023 (30 participants) \$19,950; 2-8hr/day course

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🕘 No 🕘 Unknown

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

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

🔘 Yes 🖲 No 🔵 Unknown

Please provide an explanation*

Not a HUB

Community Partnership* (?)

Yes
No
Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Lisa Sullivan

Address*

Street Address unknown - website based Address Line 2 N/A City N/A Postal / Zip Code N/A Phone Number* 512-589-2909

Email* lisa.sullivan@texassuicideprevention.org

State / Province / Region N/A Country N/A

Budget Section		O
Budget Units and Amount Budget Unit Number*	s Charged to each Budge Amount Charged to Unit* \$ 39,900.00	Expense/GL Code No.* 542000
Budget Manager Campbell, Ricardo		udget Manager
Provide Rate and Rate Description \$19,950/class	s if applicable * (?)	
Project WBS (Work Breakdown Str AS+K: 8hr/day class CALM: 2 - 8hr/day class (total of 16 h		
Requester Name Bittner, Tiffany	Submission E 1/18/2023	Date
Budget Manager Approva	l(s)	
Approved by <i>Ricardo Campbell</i>	Approval Dat 1/18/2023	e
Procurement Approval		Ô
File Upload (?)		
Approved by Sign	Approval Dat	e
Contract Owner Approval		\bigcirc
Approved by Gertrude Leidich	Approval Dat 1/18/2023	e
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction Approved by* Belinda Stude	Approval Date 1/19/2023	e*

8	GHARRIS	Executive	Contract	Summary	
-				a state of the second second	

Note: Please use Google Chrome as the preferred browser

Contract Section

Contractor*

United Way of Greater Houston

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/13/2023

Parties* (?)

United Way of Greater Houston and THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date * (?)

2/17/2023

Contract Term End Date* (?) 2/17/2023

Competitive Proposal

Request for Qualification

Sole Source

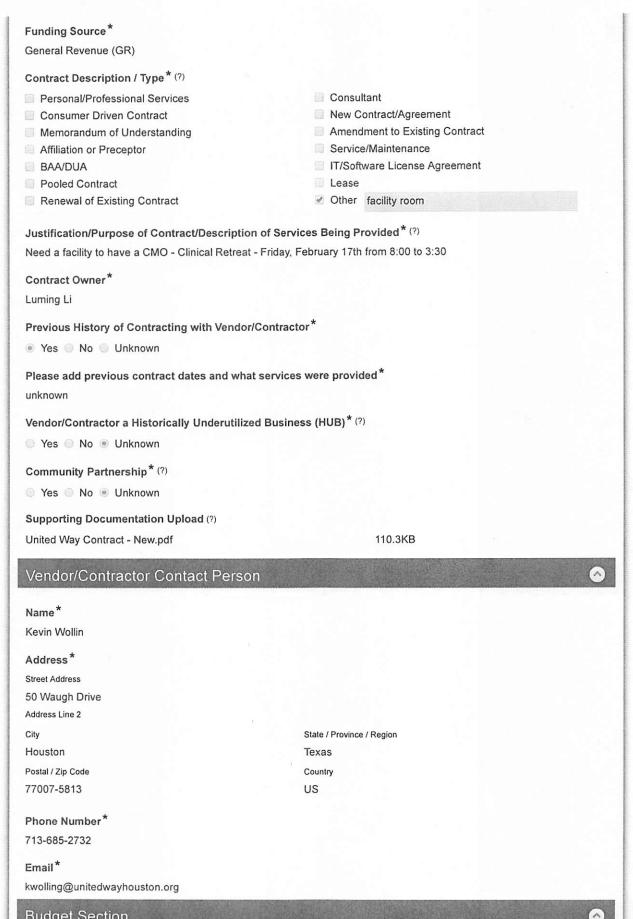
Consumer Driven

Tag-On

Other

If contract is off-cycle, specify the contract term

Fiscal Year* (?)	Amount ^{* (?)}
2023	\$ 0.00



Budget Section

Budget Units and Amo	ounts Charged to each Budge	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 0.00	548001
Budget Manager*	Secondary Bu	dget Manager*
Brown, Erica	Campbell, Rica	Irdo
0.00 Project WBS (Work Breakdow 0.00	vn Structure) ^{* (?)}	
Requester Name	Submission D	ate*

HARRIS Executive Contract Sur	nmary				
AGAINE NEADA ANN 1999					
Contract Section					
Contractor*					
Wei Guo					
Contract ID #*					
2023-0608					
Presented To*					
Resource Committee					
Full Board					
Date Presented *					
2/28/2023					
Parties* (?)					
Parties (?) Wei Guo and The Harris Center					
Agenda Item Submitted For: * (?)	ormation Only (Total NTE Amount is Less than \$100,000.00)				
Board Approval (Total NTE Amount is \$100,000.00- Count Brancos)	+)				
Grant Proposal					
Revenue					
SOW-Change Order-Amendment# Other					
Citici					
Procurement Method(s)*					
Check all that Apply					
Competitive Bid	Competitive Proposal				
	 Competitive Proposal Sole Source 				
Request for Proposal					
Request for Proposal Request for Application	Sole Source				
 Request for Proposal Request for Application Request for Quote 	 Sole Source Request for Qualification 				
 Request for Proposal Request for Application Request for Quote Interlocal 	 Sole Source Request for Qualification Tag-On 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) 	 Sole Source Request for Qualification Tag-On Consumer Driven 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information *	 Sole Source Request for Qualification Tag-On Consumer Driven 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information * New Contract Amendment 	 Sole Source Request for Qualification Tag-On Consumer Driven Other 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information * New Contract Amendment 	 Sole Source Request for Qualification Tag-On Consumer Driven Other 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information * New Contract Amendment Contract Term Start Date * (?) 	 Sole Source Request for Qualification Tag-On Consumer Driven Other 				
 Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) 1/15/2023 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 1/15/2024				
 Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 1/15/2023 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 	 Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?) 1/15/2024				

\$ 36,854.70

Fiscal Year* (?)

2024

Amount* (?)

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 * (?)

Wei Guo is critical to responnding to the Meyers & Staufer audit of DSRIP metrics that is currently about 10-15% complete. She calculated the majority of the measures, can explain her methods and results and to date has been entirely successful in meeting audit standards. In addition, she is the key analyst associated with the DPP extension of DSRIP. She has written code to address the majority of the bi-annual DPP reporting requirements. Finally, she is the most skilled data analyst on the Health Analytics staff and will provide support for multiple department projects. This will allow her to work remotely from California. Since she is working remotely, she will not require usual contractor insurance.

Contract Owner*

Luming Li

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided * Former employee.

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

Yes I No Unknown

Please provide an explanation*

Wei Guo is a uniquely qualified contractor based on her former employment.

Community Partnership* (?)

Yes O No O Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name* Wei Guo

)		
Address*		
Street Address		
201 S. Lewis St., #102		
Address Line 2		
City	State / Province / Regi	ion
Orange	California	
Postal / Zip Code	Country	
92868	United States	
Phone Number*		
8325496688		
Email*		
wei.guo@theharriscenter.org		
Budget Section		\sim
Budget Units and Amoun	ts Charged to each Budget I	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1148	\$ 61,424.51	542000
Budget Manager	Secondary Bud	get Manager
Campbell, Ricardo	Brown, Erica	germanager
Provide Rate and Rate Descriptio The proposed rate is \$47.25 per hou \$3779.98 per pay period or annual r	ır, equivalent to	
Project WBS (Work Breakdown S N/A	ructure) * (?)	
Requester Name	Submission Dat	te
Hickey, Scott	12/22/2022	
Budget Manager Approva	ıl(s)	0
Approved by		
	Approval Date	
Ricardo Campbell	1/3/2023	
Procurement Approval		$\mathbf{\Theta}$
File Upload (?)		
Approved by		
	Approval Date	
Sharon Brauner	1/10/2023	
Contract Owner Approva		

Page	109	of	281
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Approved by	Approval Date
Gertrude Leidich	1/12/2023
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date *
Belinda Stude	1/12/2023

EXHIBIT R-10

February 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
	FY23 CONTRACT RENEWALS						STATISTICS IN CONTRACTOR	
	ADMINISTRATION							
1	Audimation Services, Inc.	IDEA Software License Agreement	\$2,260.00	\$2,260.00	03/01/2023-02/29/2024	GR	Software	Annual renewal of software agreement.
2	Civic Initiatives, LLC	Consulting Services for Purchasing and Contracts Department	\$10,000.00	\$10,000.00	01/01/2023-12/31/2023	GR	Request for Quote	Annual renewal of consulting agreement for both Purchasing and Contracts Service Departments.
3	Centre Technology, Inc.	Dell/Compellent Software Support for Data Center Equipment	\$62,179.86	\$65,000.00	05/01/2023-04/30/2024	GR	Tag-On to DIR- TSO-3763	Annual renewal of agreement.
4	Headspace, Inc.	Wellness Tools	\$27,600.00	\$27,600.00	04/07/2023-04/06/2024	GR		Annual renewal of wellness tools which is meditation and mental health mindfulness tool for employees.
	CPEP/CRISIS SERVICES							
5	ASSA ABLOY Entrance Systems US Inc.	Maintenance of Automatic Doors at NPC	\$2,079.00	\$2,286.90	03/01/23-02/29/24	GR		Annual renewal of maintenance agreement.
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							

HARRIS Annual Renewal Evaluation

Current Fiscal Year Contract Informati	on		
Current Fiscal Year			
2023			
0			
Contract ID#*			
7353			
Contractor Name*			
Audimation Services, Inc.			
Service Provided * (?)			
Support services for IDEA software license agreement to provide comprehensive review of			
business data to detect possible duplicate transactions	5. ·		
Renewal Term Start Date*	Renewal Term End Date *		
3/1/2023	2/29/2024		
Term for Off-Cycle Only (For Reference Only)			
Agenda Item Submitted For: (?)			
Information Only (Total NTE Amount is Less than \$	100,000.00)		
Board Approval (Total NTE Amount is \$100,000.00			
Grant Proposal			
Revenue			
SOW-Change Order-Amendment#			
Other			
Procurement Method(s)*			
Check all that Apply			
Competitive Bid	Competitive Proposal		
Request for Proposal	Sole Source		
Request for Application	Request for Qualification		
Request for Quote	Tag-On		
Interlocal	Consumer Driven		
Not Applicable (If there are no funds required)	Other		
Contract Description / Type			
Personal/Professional Services	Consultant		
Consumer Driven Contract	New Contract/Agreement		
Memorandum of Understanding	Amendment to Existing Contract		
	Service/Maintenance		
Affiliation or Preceptor			
 Affiliation or Preceptor BAA/DUA 	IT/Software License Agreement		
BAA/DUA Pooled Contract	 IT/Software License Agreement Lease 		
BAA/DUA			
BAA/DUA Pooled Contract	 Lease Other 		

- No
- Unknown

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

Contract NTE* (?) \$ 2,260.00

Rate(s)/Rate(s) Description IDEA License Renewal \$590.00 per License

Unit(s) Served*

G/L Code(s)* 551003

Current Fiscal Year Purchase Order Number* CT142104

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

Budget Units and Amo	ounts Charged to each Budge	et Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 2,260.00	542000
Budget Manager*		Budget Manager*
Brown, Erica	Campbell, Ri	cardo
Fiscal Year* (?)	Amount [*] (?)	
2023	\$ 2,260.00	
Next Fiscal Year Not to Excee 2023	d Amount for Master Pooled Contract	S
Contract Funding Source*		
General Revenue (GR)		
Contract Content Chai	nges	
Are there any required change	es to the contract language?* (?)	
Yes No		
Will the scope of the Services	change?*	
Ves 🖲 No		
Is the payment deadline differ	rent 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 su	pporting documentation?*
🔵 Yes 💿 No		
File Upload (?)		
File Upload (?) The Harris Center Renewal Quo	ote 2023.pdf	179.72KB
	ote 2023.pdf	179.72KB
The Harris Center Renewal Que Contract Owner	ote 2023.pdf	179.72KB
The Harris Center Renewal Que Contract Owner Contract Owner* (?) Please Select Contract Owner	ote 2023.pdf	179.72KB
The Harris Center Renewal Que Contract Owner Contract Owner* (?) Please Select Contract Owner David Fojtik		179.72KB
The Harris Center Renewal Que Contract Owner Contract Owner* (?) Please Select Contract Owner		179.72KB
The Harris Center Renewal Que Contract Owner Contract Owner* (?) Please Select Contract Owner David Fojtik		179.72KB

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Contract Owner Approval

Approved by

David W. Gojtik

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 1/26/2023

State of the second descent and the second descent and the second descent and the second descent desce

Current Fiscal Year Contract Information	on
Current Fiscal Year	
2023	
Contract ID#*	
2022-0351	
Contractor Name *	
Civic Initiatives, LLC	
Service Provided ^{* (?)}	
Consulting support services for On Demand Procureme	ant and contract-related projects for
both Purchasing and Contracts departments.	shi and contract-related projects for
Renewal Term Start Date*	Renewal Term End Date*
3/1/2022	12/31/2022
Term for Off-Cycle Only (For Reference Only)	
the later of the difference	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$*	
 Information Only (Total NTE Amount is Less than \$7 Board Approval (Total NTE Amount is \$100,000.00+ 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# 	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	+)
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	+)
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal 	+) Competitive Proposal Sole Source
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application 	+) Competitive Proposal Sole Source Request for Qualification
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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 	+) Competitive Proposal Sole Source Request for Qualification Tag-On
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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 	+) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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) Contract Description / Type Personal/Professional Services 	+) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant
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 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding 	+) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract
 Information Only (Total NTE Amount is Less than \$1 Board Approval (Total NTE Amount is \$100,000.004 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) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor 	+) Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance

- No
- Unknown

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

Contract NTE* (?) \$ 10,000.00

Rate(s)/Rate(s) Description N/A

Unit(s) Served* 1101

G/L Code(s)* 542000

Current Fiscal Year Purchase Order Number* CT142475

Contract Requestor* Nina Cook

Contract Owner* Vanessa McKeown

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

Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 10,000.00	542000
Budget Manager*		udget Manager*
Brown, Erica	Campbell, Ric	ardo
Fiscal Year* (?)	Amount* (?)	
2023	\$ 10,000.00	
Contract Funding Source* General Revenue (GR)		
Contract Content Cha	nges	
Are there any required chang	es to the contract language?* (?)	
🖲 Yes 🕘 No		
Please Explain*		
New Responsible Party: Vaness Previous Contract Owner: Sean		
This contract is shared betweer Purchasing		
Will the scope of the Services	s change?*	
🔵 Yes 🖲 No		
Is the payment deadline diffe	rent than net (45)?*	
🔘 Yes 🖲 No		
Are there any changes in the	Performance Targets?*	
🔵 Yes 💿 No		
	Submission deadlines for notes or sup	pporting documentation?*
🔍 Yes 🖲 No		
File Upload (?)		
Contract Owner		
Contract Owner* (?)		
Please Select Contract Owner		
Vanessa McKeown		

Budget Manager Approval(s)

Page 119 of	281
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Approved by		
Erica Brown		
Contract Owner Approval		\odot
Approved by		
Var		
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	1/24/2023	

Annual Renewal Evaluation

Surrent Fiscal Year Contract Information	on 🗠
Current Fiscal Year	
2023	
Contract ID#*	
6527	
Contractor Name*	
Centre Technology, Inc.	
Service Provided [*] (?)	
Dell/Compellent support renewal for data center equipn	nent
Renewal Term Start Date*	Renewal Term End Date*
5/1/2023	4/30/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$1	00,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🗹 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
	Amendment to Existing Contract
Memorandum of Understanding	Service/Maintenance
Affiliation or Preceptor	IT/Software License Agreement
 Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract 	 IT/Software License Agreement Lease Other

- No
- Unknown

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

Contract NTE* (?) \$ 62,179.86

Rate(s)/Rate(s) Description

Unit(s) Served* 1130

G/L Code(s)* 553001, 553002

Current Fiscal Year Purchase Order Number* FY22 CT141889

Contract Requestor* Rick Hurst

Contract Owner* Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

🕘 Yes 🖲 No

Were Services delivered as specified in the contract?*

🖲 Yes 💮 No

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

🖲 Yes 🔘 No

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

Yes No

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

Yes No

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

Yes No

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

🖲 Yes 🔘 No

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

🖲 Yes 🕘 No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Budget Unit Number* Amount Charged to Unit* 553001 1130 \$ 53,000.00 Secondary Budget Manager* Budget Manager* Brown, Erica Campbell, Ricardo Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 553003 \$ 12,000.00 1130 Budget Manager* Secondary Budget Manager* Brown, Erica Campbell, Ricardo Amount* (?) Fiscal Year* (?) \$ 65,000.00 2023 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)

3

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinnala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 1/4/2023

Renewal Evaluation

23 contract D#* 201-2289 contractor Name * leadspace, Inc: leavice Provided * (?) leadspace for Work Platform leavespace for Approval (Total NTE Amount is Less than \$100,000.00) leavespace for Approval (Total NTE Amount is \$100,000.00+) leavespace for Approval (Totat		1	
Contract ID#* 2021-0289 Contractor Name* Headspace, Inc. Service Provided*(?) Headspace for Work Platform Renewal Term End Date* Af7/2023 Af6/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100,000.00+) Board Approval (Total NTE Amount is \$100,000.00+) Board Appro	Current Fiscal Year		
Headspace, Inc. Service Provided*(?) Headspace for Work Platform Renewal Term Start Date* Renewal Term Start Date* Renewal Term Start Date* Renewal Term End Date* A/7/2023 4/6/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100,000.00) Board Approval (Total NTE Amount is 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)* Request for Proposal Request for Outole Request for Proposal Reques	2023		
2021-0289 Contractor Name* Headspace, Inc. Service Provided*(?) Headspace for Work Platform Renewal Term Start Date* A17/2023 4/6/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100.000.00) Board Approval (Total NTE Amount is \$100,000.00+) Board Approval (Total NT	Contract ID#*		
Contractor Name * Headspace, Inc. Service Provided * (?) Headspace for Work Platform Renewal Term Start Date * Renewal Term End Date * A//2023 A/6/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100,000.00) Board Approval (Total NTE Amount is S100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Competitive Bid Request for Application Request for Ouble Request for Ouble Request for Ouble Request for Application Request for Ouble Request for Ou			
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Service Provided*(*) Headspace for Work Platform Renewal Term Start Date* Renewal Term Start Date* Renewal Term Start Date* Renewal Term Start Date* Renewal Term End Date* AfriZ023 4/6/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) Information Only (Total NTE Amount is Less than \$100,000.00) Board Approval (Total NTE Amount is Less than \$100,000.00) Board Approval (Total NTE Amount is Less than \$100,000.00) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Request for Proposal Request	Contractor Name*		
Headspace for Work Platform Renewal Term Start Date* Af7/2023 Af7/2024 Af7/2023 Af7/2023 Af7/2023 Af7/2023 Af7/2024 Af7/2023 Af7/2024 Af7/2025 Af7/2026 Af7/2027 Af7/2027 Af7/2028 Af7/2029 Af7/2029 <td< td=""><td>Headspace, Inc.</td><td></td><td></td></td<>	Headspace, Inc.		
Headspace for Work Platform Renewal Term Start Date* Af7/2023 Af7/2024 Af7/2023 Af7/2023 Af7/2023 Af7/2023 Af7/2024 Af7/2023 Af7/2024 Af7/2025 Af7/2026 Af7/2027 Af7/2027 Af7/2028 Af7/2029 Af7/2029 <td< td=""><td>Service Provided * (?)</td><td></td><td></td></td<>	Service Provided * (?)		
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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 Check all that Apply Check all that Apply Competitive Bid Request for Proposal Request for Proposal Request for Application Request for Quote Request Request for Quote Request Request for Quote Request Request for Request Req	4/7/2023	4/6/2024	
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 Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Competitive Method(s) Competitive Bid Competitive Bid Competitive Bid Competitive Bid Sole Source Request for Application Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA Proded Contract Contract Cother 			
SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Tag-On Interlocal Not Applicable (If there are no funds required) Other Consumer Driven New Contract/Agreement Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Pooled Contract Pooled Contract			
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Competitive Bid Competitive Proposal Request for Proposal Sole Source Request for Application Request for Qualification Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Consultant Personal/Professional Services Consultant Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Other			
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Request for Quote Tag-On Interlocal Consumer Driven Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Penewal of Existing Contract		Competitive Proposal	
 Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Consumer Driven Contract Other 	Check all that Apply		
 Not Applicable (If there are no funds required) Other Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Other 	Check all that Apply Competitive Bid Request for Proposal	Sole SourceRequest for Qualification	
Contract Description / Type Personal/Professional Services Consultant Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Sole SourceRequest for QualificationTag-On	
 Personal/Professional Services Consultant New Contract/Agreement Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract Other 	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On Consumer Driven 	
Consumer Driven Contract New Contract/Agreement Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	 Sole Source Request for Qualification Tag-On Consumer Driven 	
Memorandum of Understanding Amendment to Existing Contract Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	 Sole Source Request for Qualification Tag-On Consumer Driven 	
Affiliation or Preceptor Service/Maintenance BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type	 Sole Source Request for Qualification Tag-On Consumer Driven Other 	
BAA/DUA IT/Software License Agreement Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant 	
Pooled Contract Lease Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement 	
Renewal of Existing Contract Other	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance 	
	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	 Sole Source Request for Qualification Tag-On Consumer Driven Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance 	
Vender/Contractor a Historically Underutilized Business (HUB) (2)	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease 	
Venuor/Contractor a historically officialities dusiness (hob) (1)	Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract	 Sole Source Request for Qualification Tag-On Consumer Driven Other Other Consultant New Contract/Agreement Amendment to Existing Contract Service/Maintenance IT/Software License Agreement Lease 	
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Unknown

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

Contract NTE* (?) \$ 27,600.00

Rate(s)/Rate(s) Description \$12.00 per User; 2300 Users

Unit(s) Served* 2213

G/L Code(s)* 549005

Current Fiscal Year Purchase Order Number* CT141825

Contract Requestor* Lance Britt

Contract Owner* Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

🖲 Yes 🔘 No

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

Yes No

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

🖲 Yes 🔘 No

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

💿 Yes 🔘 No

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

🖲 Yes 🔘 No

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

🖲 Yes 🔘 No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for	or Next Fiscal Year	0		
Budget Units and Amo	ounts Charged to each Budge	t Unit		
Budget Unit Number* 2213	Amount Charged to Unit* \$ 27,600.00	Expense/GL Code No.* 549005		
Budget Manager* Shelby, Debbie	Secondary Br Loera, Angelic	udget Manager* a		
Fiscal Year* (?) 2023	Amount [*] (?) \$ 27,600.00			
Next Fiscal Year Not to Excee	d Amount for Master Pooled Contracts			
Contract Funding Source* General Revenue (GR)				
Contract Content Chai	nges	۲		
Are there any required change	es to the contract language? * (?)			
Will the scope of the Services	change?*			
Yes No				
Is the payment deadline different than net (45)?*				
Service Servic				
Are there any changes in the Performance Targets?*				
Yes In Note that the submission deadlines for notes or supporting documentation?*				
 Yes No 				
File Upload (?)				
Contract Owner		٢		
Contract Owner* (?)				
Please Select Contract Owner Lance Britt				
Budget Manager Appr	oval(s)	6		
Approved by				
Debbie Chambers Shelby				

Contract Owner Approval Approved by Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 1/24/2023

Annual Renewal Evaluation

Current Fiscal Year Contract Information	on	
Current Fiscal Year		
023		
Contract ID#*		
106		
contractor Name*		
SSA ABLOY Entrance Systems US Inc.		
ervice Provided [*] (?)		
laintenance of Automatic Doors at NPC.		
Renewal Term Start Date *	Renewal Term End Date *	
/1/2023	2/28/2024	
erm for Off-Cycle Only (For Reference Only)		
genda Item Submitted For: (?)		
Information Only (Total NTE Amount is Less than \$1		
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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
	Other Maintenance Agreement	
Not Applicable (If there are no funds required)		
Contract Description / Type	Consultant	
Contract Description / Type	 Consultant New Contract/Agreement 	
Contract Description / Type Personal/Professional Services Consumer Driven Contract	New Contract/Agreement	
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding	 New Contract/Agreement Amendment to Existing Contract 	
Contract Description / Type Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor	 New Contract/Agreement Amendment to Existing Contract Service/Maintenance 	

- Yes
- No
- Unknown

Contract NTE (Old Text Field For Reference) (?) Contract NTE* (?) \$ 2.079.00 Rate(s)/Rate(s) Description \$2,079.00 Annual Fee. Unit(s) Served* 9206 G/L Code(s)* 557001 Current Fiscal Year Purchase Order Number* CT141824 Contract Requestor* Patricia Singh Contract Owner* Kim Kornmayer File Upload (?) ID 7106 Assa Abloy Quote CQ-000258111-0 (orig.).pdf 1.05MB 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 Unit Number* 9206	Amount Charged to Un \$ 2,286.90	nit [*] Expense/GL Co 557001	de No.*
Budget Manager*	Seco	ndary Budget Manager*	
Oshman, Jodel	Korn	mayer, Kimberly	
Fiscal Year ^{* (?)}	Amo	unt ^{* (?)}	
2023	\$ 2,2	86.90	
Next Fiscal Year Not to Excee	ed Amount for Master Pooled C	ontracts	
Contract Funding Source*			
General Revenue (GR)			
Contract Content Cha	inges		C.
Are there any required chang	ges to the contract language?*	(?)	
🕘 Yes 💿 No			
Will the scope of the Service	s change? [*]		
Yes No			
Is the payment deadline diffe	erent than net (45)?*		
🥌 Yes 🖲 No	*		
Are there any changes in the Yes No	Performance largets?		
	Submission deadlines for not	es or supporting documentation	n2*
Yes No	Submission deadlines for not	ca of supporting documentation	
File Upload (?)			
Contract Owner			
Contract Owner* (?)			
Contract Owner [*] (?) Please Select Contract Owner Kim Kornmayer			

Judd Oshman Contract Owner Approval Approved by Jin John Avrep Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 1/2/2022	6		Contract Owner Approval
Approved by <i>fin fop MuArrep</i> Contracts Approval Approve* 9 Yes 9 No, reject entire submission 9 Return for correction Approved by *			Approved by
Fin Kopwarep Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by*			
Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by*			Kin KopNMAVEP
Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date*			
 Yes No, reject entire submission Return for correction Approved by * Approval Date * 	an ann an an ann an		Contracts Approval
 No, reject entire submission Return for correction Approved by * Approval Date * 			Approve*
Return for correction Approved by * Approved Date *			e Yes
Approved by * Approval Date *			
Approval Date*			Return for correction
Approval Date*			Approved by *
		Approval Date*	
Della Dual 113/2023		1/3/2023	Belinda Stude

EXHIBIT R-11

FEBRUARY 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
	FY23 AMENDMENTS			1.1					
	ADMINISTRATION								
1	BoardBookit, Inc. d/b/a Govenda	Board Portal	\$10,700.00	\$1,000.00	\$11,700.00	01/15/2023-01/15/2024	GR	Request for Quote	Amendment to increase the NTE to cover annual increase in cost for FY23.
2	DISA Global Solutions, Inc. d/b/a DISA, Inc.	Pre-Employment Drug Screening Testing Services	\$59,000.00	\$30,000.00	\$89,000.00	09/01/2021-01/31/2023	GR	RFP	Amendment to pay for continued services through Disa while transitioning to a new vendor which is experiencing an operational delay. FY22 NTE: \$39,000 FY22 Amendment \$20,000 FY23 NTE \$59,000. Total Revised NTE: \$89,000.00.
2		Consulting Services for	\$40.000.00	£00 740 00	£41 210 00	00/04/2022 08/21/2022	GR	N/A	Amendment to increase the NTE to cover an outstanding invoice and to expand the scope or work through the remainder of fiscal year.
3	Ellen B. Kagen Medical Practice Consultants, Inc.	Leadership and the CEO Consulting Services for Medical Coding and Training	\$12,600.00 \$8,000.00	\$28,710.00 \$41,500.00	\$41,310.00 \$49,500.00	09/01/2022-08/31/2023	Private Pay Source	Request for Quote	Amendment to increase the NTE and for expansion of coding/compliance bill review an training for outlier Providers as identified each quarter in this fiscal year.
5	CPEP/CRISIS SERVICES Stericycle, Inc.	Agency Wide Medical Waste Removal	\$6,925.00	\$6,000.00	\$12,925.00	09/01/22-08/31/23	GR	RFQ	Amendment to cover the cost of increased medical waste generated at the 6160 SE Loo site (Respite, Rehab, Re-Entry) due to COVID
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
6	CC Assessment Services, Inc.	Psychological Testing and Evaluation Services	\$24,500.00	\$28,310.00	\$52,810.00	09/01/22- 08/31/23	State Grant	Consumer Driven	Amendment to increase the NTE to cover services rendered for psychological testing an evaluations to ensure that performance targe continue to be met.
7	Huan Bui	Respite and/or Community First Choice Personal Assistance/Habilitation Services (CFC PAS/HAB)	\$6,000.00	\$8,000.00	\$14,000.00	09/01/22- 08/31/23	State Grant	Consumer Driven	Amendment to increase the NTE. Per IPC, the individuals has received additional hours.

HIT Executive Contract Summary

Contract Section

Contractor*

BoardBookit, Inc. dba Govenda

Contract ID #* 2021-0047

2021-0047

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Board Bookit, Inc. dba Govenda 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)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

1/15/2023

Contract Term End Date* (?) 1/15/2024

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

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

Current Contract Amount* \$ 10,700.00

Increase Not to Exceed* \$ 1,000.00

Revised Total Not to Exceed (NTE)* \$ 11,700.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	of Services Being Provided * (?)
Board Portal to make Board process easier and m	
Contract Owner*	
Wayne Young	
Previous History of Contracting with Vendor/C	contractor*
Yes No Unknown	
Please add previous contract dates and what	services were provided*
FY2022	
Vendor/Contractor a Historically Underutilized	Business (HUB)* (?)
Yes No O Unknown	
Community Partnership [*] ^(?)	
🕘 Yes 🕘 No 💿 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u></u>
Name*	
Boardbookit, Inc.	
Address*	
Street Address	
900 Parish Street	
Address Line 2	
suite 102	
City	State / Province / Region
Pittsburgh	PA
Postal / Zip Code	Country

United States

Phone Number* 4125874872

15220-3425

Email * lhuber@boardbookit.com			
Budget Section			•
Budget Units and Amount	s Charged to each Bu	ıdget Unit	
Budget Unit Number* 1130	Amount Charged to Unit* \$ 1,000.00	Expense/GL 551003	Code No.*
Budget Manager Campbell, Ricardo	Second Brown, E	ary Budget Manager Erica	
Provide Rate and Rate Description	s if applicable * (?)		
Project WBS (Work Breakdown Str n/a	ructure) ^{* (?)}		
Requester Name		sion Date	
Franco, Veronica	1/27/202	!3	
Budget Manager Approva	l(s)		\odot
Approved by <i>Ricardo Campbell</i>	Approv 1/27/202		
Procurement Approval			0
File Upload (?)			
Approved by	Approv	al Date	
sign Contract Owner Approval			0
Approved by	Арргоv 1/27/202		
Contracts Approval			
Approve [★] ● Yes ● No, reject entire submission			

Return for correction

Approved by* *Belinda Stude*

Approval Date* 1/27/2023

>

HIMRIS Executive Contract Summary

Contract Section

Contractor*

DISA Global Solutions, Inc. DBA DISA, Inc.

Contract ID #*

7069

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/17/2023

Parties* (?)

Mark Mayo, CFO

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)

Funding Information*

New Contract
Amendment

Contract Term Start Date* (?) 9/1/2021

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

Current Contract Amount* \$ 39,000.00

Increase Not to Exceed* \$ 30,000.00

Revised Total Not to Exceed (NTE)* \$ 69,000.00

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

Contract Term End Date* (?) 8/31/2022

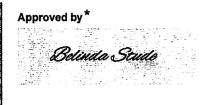
Fiscal Year* (?)	Amount* (?)
2023	\$ 30,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	E Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descrip	otion of Services Being Provided * (?)
Contract has ended but we have continued to	
another vendor.	
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Ven	dor/Contractor*
🖲 Yes 🔍 No 🔍 Unknown	
Please add previous contract dates and v	what convices were provided *
09/01/21 to 08/31/22, pre-employment drug testing	screening
Vendor/Contractor a Historically Underut	ilized Business (HUB)* (?)
🔍 Yes 🖲 No 🔍 Unknown	
Please provide an explanation*	
NA	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pe	rson
Name*	
Gissel Ariza	
Address*	
Street Address	
10900 Corporate Centre Drive	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country

United States

77041

281-673-2400				
Email*				
gissel.ariza@disa.com				
Budget Section				0
Budget Units and Amo	unts Charged to each B	udget Unit		
Budget Unit Number*	Amount Charged to Unit		pense/GL Code No.*	
1108	\$ 30,000.00	543	3025	
Budget Manager		dary Budget Mar	nager	
Brown, Erica	Campt	ell, Ricardo		
Provide Rate and Rate Descrip	ntions if applicable * (?)			
NA				
Project WBS (Work Breakdow	n Structure) * (?)			
NA				
Requester Name	Submi	ssion Date		
Escobar, Ninfa	1/6/202	23		
Budget Manager Appro	oval(s)			
Approved by	Appro	val Date		
Erica Brown	1/9/202			
LINCON PROVID				
Procurement Approval				
File Upload (?)				
Approved by	Appro	val Date		
Sign				
Contract Owner Appro	val	Alexandra Alexandra		
		and the second	And the second	
Approved by	Appro	val Date		
Minfa Escobar	1/9/20			
ing a china t				
Contracts Approval				
Approve*				
Yes				
No, reject entire submission				

Page 141 of 281



1

Approval Date* 1/9/2023

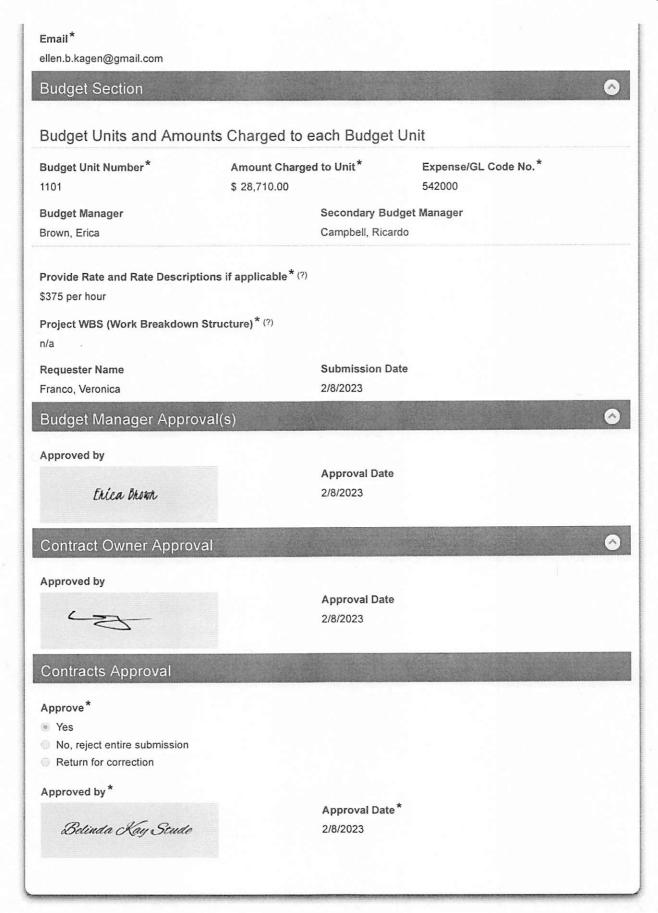
Benefit MIRIS Vender Frederica (19)

Contract Section

Contract Section	\odot
Contractor* Ellen B. Kagen	
Contract ID #* 7842	
Presented To* Resource Committee Full Board 	
Date Presented * 2/21/2023	
Parties ^{* (?)} Ellen B. Kagen, MSW and The Harris Center for Mental I	Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$10 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
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*	
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* \$ 12,600.00	
Increase Not to Exceed * \$ 28,710.00	

Revised Total Not to Exceed (NTE)* \$ 41,310.00

Fiscal Year* (?)	Amount* (?)
2022	\$ 28,710.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	
Contract Owner*	
Nayne Young	
Previous History of Contracting with Vendo	r/Contractor*
🖲 Yes 🔘 No 🔍 Unknown	
Please add previous contract dates and wh	at services were provided *
FY2022	
Vendor/Contractor a Historically Underutiliz	red Business (HUB)* (?)
Yes No () Unknown	
Community Partnership ^{* (?)}	
🔍 Yes 🔍 No 💌 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	on
Name*	
Name Ellen B. Kagen, MSW, PCC	
Address*	
Street Address	
922 Barracuda Cove Court	
Address Line 2	
City	State / Province / Region
Annapolis	MD
Postal / Zip Code	Country
21409-4719	US
Phone Number*	



5

HARRIES Executive Contract Summary

Contract Section

Contractor*

Medical Practice Consultants, Inc.

Contract ID #*

2022-0593

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Medical Practice Consultant, 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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date* (?)

11/28/2022

Contract Term End Date* (?) 8/23/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Current Contract Amount* \$ 8,000.00

Increase Not to Exceed* \$ 41,500.00

Revised Total Not to Exceed (NTE)* \$ 49,500.00

2000	Amount ^{* (?)}	
2023	\$ 49,500.00	
Funding Source*		
Private Pay Source		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Other	
Renewal of Existing Contract	Uller	
Justification/Purpose of Contract/Descript		
Expanding contract to include coding/complia providers as identified each quarter in the fisc		
Contract Owner*		
Eva Honeycutt		
Previous History of Contracting with Vend	or/Contractor*	
🖲 Yes 🕘 No \ominus Unknown		
Please add previous contract dates and w 09/01/2019 - 08/31/2021	hat services were provided *	
Vendor/Contractor a Historically Underutil	ized Business (HUB) ^{* (?)}	
🔵 Yes 🔘 No 🖲 Unknown		
Community Partnership* (?)		
🕘 Yes 🔍 No 💌 Unknown		
Supporting Documentation Upload (?)		
Supporting Documentation Upload (?) Medical Practice Consultants.docx	118.23KB	
		٢
Medical Practice Consultants.docx		۵
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name*		٢
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc.		٢
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc. Address*		•
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc.		۵
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc. Address* Street Address		
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc. Address* Street Address 1900 Northwest Expressway, Suite 625		
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc. Address* Street Address 1900 Northwest Expressway, Suite 625 Address Line 2	son	۵
Medical Practice Consultants.docx Vendor/Contractor Contact Pers Name* Medical Practice Consultants, Inc. Address* Street Address 1900 Northwest Expressway, Suite 625 Address Line 2 City	SON State / Province / Region	

405-848-8558

-		· *
Em	all	

renee@mpcinc.biz

Budget Section			0
Budget Units and Amounts	s Charged to e	each Budget Ur	nit
Budget Unit Number* 1134	Amount Charge \$ 49,500.00	d to Unit*	Expense/GL Code No.* 542000
Budget Manager Campbell, Ricardo		Secondary Budge Brown, Erica	t Manager
Provide Rate and Rate Description \$2,000 per provider (\$100 per encoun this hourly rate of \$375.00 with a 10% hour to pull medical records from EPI	nter/DOS), outside o 6 reduction. \$125.00		
Project WBS (Work Breakdown Str N/A	ucture)* (?)		
Requester Name		Submission Date	
Honeycutt, Eva		1/23/2023	
Budget Manager Approva	l(s)		0
Approved by			
Ricardo Campbell		Approval Date 1/24/2023	
Procurement Approval			0
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u>></u>
Approved by			
Eva Honeycutt		Approval Date 1/24/2023	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction 			

Approved by* *Belinda Stude*

Approval Date* 1/24/2023

(~)

Senial Reads and 100 Executive Contract Summary

Contract Section

Contract Section	
Contractor*	
STERICYCLE, INC	
Contract ID #*	
7529	
Presented To*	
 Resource Committee Full Board 	
Date Presented *	
2/21/2023	
Parties* (?)	
STERICYCLE, INC. AND THE HARRIS CENTER	
Agenda Item Submitted For: * (?)	
 Information Only (Total NTE Amount is Less than \$10 	0 000 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	🕢 Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2022	8/31/2023
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	

\$ 6,925.00

Increase Not to Exceed* \$ 6,000.00

Revised Total Not to Exceed (NTE)* \$ 12,925.00

Fiscal Year* (?)	Amount [*] (?)	
2023	\$ 12,925.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type* (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	on of Services Being Provided * (?)	
To cover increased medical waste usage at the		
Center) due to COVID.		
Contract Owner*		
Kia Walker		
Previous History of Contracting with Vendo	r/Contractor*	
🖲 Yes 🔘 No 🔘 Unknown		
Please add previous contract dates and wh	at services were provided *	
the past 10+ years		
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* (?)	
🛛 Yes 🔍 No 💿 Unknown		
Community Partnership [*] (?)		
🔍 Yes 🕘 No 💿 Unknown		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Pers	on	0
Name*		
Name* Joe Sagala		
Name* Joe Sagala Address*		
Name* Joe Sagala Address* Street Address		
Name* Joe Sagala Address* ^{Street Address} 4010 Commercial Avenue		
Name* Joe Sagala Address* Street Address 4010 Commercial Avenue Address Line 2	State / Province / Region	
Name * Joe Sagala Address * Street Address 4010 Commercial Avenue Address Line 2 City	State / Province / Region	
Name * Joe Sagala Address * Street Address 4010 Commercial Avenue Address Line 2 City Northbrook Postal / Zip Code	State / Province / Region IL Country	

Phone Number* 855-978-3744

Email*				
government@stericycle.com				
Budget Section				0
Budget Units and Amount	s Charged to each Bu	dget Unit		
Budget Unit Number* 2379	Amount Charged to Unit* \$ 6,000.00	Expense 543026	/GL Code No.*	
Budget Manager Campbell, Ricardo	Seconda Brown, E	ry Budget Manager rica		
Provide Rate and Rate Description \$28.69 container/minimum no waste				
Project WBS (Work Breakdown Str na	ructure) ^{* (?)}			
Requester Name	Submiss	ion Date		
Ramirez, Priscilla	1/19/202	3		
Budget Manager Approva	l(s)			
Approved by				
	Approva			
Ricardo Campbell	1/19/202	3	*	
Procurement Approval				٢
File Upload (?)				
Approved by	Approva	I Date		
Sign				
Contract Owner Approval		in the state of the	and and stranged of the second building	•
Approved by				
Kia Denae Walker	Approva 1/24/202			
Contracts Approval				
Approve*				

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

Approved by *



Approval Date* 1/24/2023

and the second second

HIT Executive Contract Summary

Contract Section

Contractor*

CC Assessment Services, Inc.

Contract ID #*

7871

Presented To*

Resource Committee

Full Board

Date Presented*

2/21/2023

Parties* (?)

CC Assessment Services, Inc and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

9/1/2022

If contract is off-cycle, specify the contract term $(?)\$ N/A

Current Contract Amount* \$ 24,500.00

Increase Not to Exceed* \$ 28,310.00

Revised Total Not to Exceed (NTE)* \$ 52,810.00

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven

Other

Contract Term End Date * (?) 8/31/2023

Fiscal Year* (?)	Amount ^{* (?)}
2023	\$ 52,810.00
Funding Source*	
State	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided ^{* (?)}
Amendment to increase PO/CT142468 to cover service:	
and evaluations to ensure that performance targets con	
Contract Owner*	
Contract Owner Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contra	ctor*
🖲 Yes 🔘 No 🔘 Unknown	
Please add previous contract dates and what servic	es were provided*
09/01/21 to present; Consultant Services: Psychologica testing and evaluations for the IDD Services Division.	1
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
🛛 Yes 🔘 No 💌 Unknown	
Community Partnership* (?)	
🖲 Yes 🕘 No 🌐 Unknown	
Specify Name*	
CC Assessment Services, Inc	
Supporting Documentation Upload (?)	
01 24 23 PO_CT142468_638005750851223983.PDF	170.54KB
Vendor/Contractor Contact Person	\sim
 	
Name*	
Catherine Lewis	
Address *	
Street Address	
13030 Terrance Run Lane	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77044	USA

Phone Number* 8503228673			
Email*			
catherine.lewis@ccassessments.or	g		
Budget Section			
Budget Ocolion			<u> </u>
Budget Units and Amoun	its Charged to	each Budget Ui	nit
Budget Unit Number*	Amount Charge	ed to Unit*	Expense/GL Code No.*
3355	\$ 28,310.00		540503
Budget Manager		Secondary Budge	et Manager
Adams-Austin, Mamie		Kerlegon, Charles	
Provide Rate and Rate Description \$350 PER ASSESSMENT	ons if applicable ^{* (?)}		
Project WBS (Work Breakdown S N/A	tructure) [*] (?)		
Requester Name		Submission Date	
Childs, Margo		1/24/2023	
Budget Manager Approv	al(s)		
Approved by			
M . M .		Approval Date 1/24/2023	
Mamie Adams		1/24/2023	
Contract Owner Approva	1		Ô
Approved by			
Evanthe Collins		Approval Date 1/24/2023	
Countre Count			
Contracts Approval			
Approve*			
 Yes No, reject entire submission 			
 No, reject entire submission Return for correction 			
Approved by *		•	
		Approval Date*	
Belinda Stude		1/25/2023	

HIMRIS Executive Contract Summary

Contract Section

Contractor*

Huan Bui

Contract ID #* 2022-0518

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Huan Bui, The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date* (?)

9/1/2022

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

Current Contract Amount* \$ 6,000.00

Increase Not to Exceed* \$ 8,000.00

Revised Total Not to Exceed (NTE)* \$ 14,000.00

- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other

Contract Term End Date* (?) 8/31/2023

Fiscal Year* (?)	Amount [*] (?)
2023	\$ 14,000.00
Funding Source*	
State	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	an of Sections Bring Drovided* (2)
Per IPC, the individuals has received additional contract.	hours which results in an increase of current
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendo	r/Contractor*
🖲 Yes 🔘 No 🔍 Unknown	
Please add previous contract dates and wh	at services were provided *
9/1/2021 -8/31/2022	
Vendor/Contractor a Historically Underutiliz	and Business (4110) * (2)
Yes No Inknown	
Community Partnership* (?)	
💿 Yes 💿 No 💿 Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	on
Name*	
Huan Bui	
Address *	
Street Address	
13750 Bonilla Lane	
Address Line 2	
City	State / Province / Region

Postal / Zip Code 77083-3430

Phone Number* 7132403556

Country US

Email* haunbui77067@gamil.com				
Budget Section				
Budget Units and Amo	unts Charged to e	each Budget Ui	nit	
Budget Unit Number* 3585	Amount Charge \$ 4,000.00	d to Unit*	Expense/GL Code No.* 543005	
Budget Manager Adams-Austin, Mamie		Secondary Budge Kerlegon, Charles	t Manager	
Budget Unit Number* 3585	Amount Charge \$ 4,000.00	d to Unit*	Expense/GL Code No.* 543009	
Budget Manager Adams-Austin, Mamie		Secondary Budge Kerlegon, Charles	t Manager	
Provide Rate and Rate Descri \$10.00 per hour	ptions if applicable ^{* (?)}			
Project WBS (Work Breakdow N/a	n Structure) * (?)			
Requester Name		Submission Date		
Anthony, Patrina		1/20/2023		
Budget Manager Appre	oval(s)			\diamond
Approved by				
Mamie Adams		Approval Date 1/20/2023		
Mamie Maams		1/20/2023		
Contract Owner Appro	val			0
Approved by				
Evanthe Collins		Approval Date		
Ovanthe Collins		1/20/2023		
Contracts Approval				
Approve*				
Yes				
 No, reject entire submission Return for correction 				
Approved by *				
		Approval Date*		
Belinda Stude		1/24/2023		

EXHIBIT R-12

February 2023

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

SNAPSHOT SUMMARY AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
	FY23 CONTRACTS	DESCRIPTION	ACTION THE	CONTRACT LIND	TONDING	COMMENTS	
	AFFILIATION AGREEMENTS						
1	Pepperdine Graduate School of Education & Psychology	Clinical Field Placements	New	01/16/23- 01/15/28	GR	This new Affiliation Agreement will allow students enrolled at the Pepperdine's Graduate School of Education & Psychology to complete clinical field placements at the Harris Center as part of their degree requirements.	
2	The University of Texas at Arlington	Clinical Field Placements	New	01/16/23- 01/15/28	GR	This new Affiliation Agreement will allow students enrolled at University of Texas Arlington School of Social Work to complete clinical field placements at the Harris Center as part of their degree requirements.	2
3	The University of Houston College of Education	Clinical Field Placements	New	01/23/23-08/31/27	GR	This new Affiliation Agreement will allow students enrolled in Human Development and Family Studies to complete clinical field placements at the Harris Center as part of their degree requirements.	
4	Western Governors University GRANTS	Clinical Field Placements	New	02/21/23-08/31/27	GR	This new Affiliation Agreement will allow students enrolled in Western Governors University School of Nursing to complete clinical field placements at the Harris Center as part of their degree requirements.	
	MOU						
5	The Center for Success and Independence	Collaboration to Continuum of Care for (SUDOP) and Mental Health Services	MOU	01/09/2023-08/31/2023	GR	This Agreement will allow a continuum of care for Harris Center's Substance Use Disorder Outreach Program (SUDOP) in providing outreach, engagement, referral, and the opportunity for retention through linkage to treatment for Substance Use Disorder (SUD).	
6	William Marsh Rice University on behalf of the Kinder Institute for Urban Research	Collaboration to Permit Data Sharing	MOU	01/31/2023-08/31/2023	Private Pay Source	The Agreement for a collaboration with Rice Kinder Institute to collaborate on community needs assessment and outcome evaluation of Center projects including grants.	
(Hall)	REVENUE						
7	Above All Others	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers in the Coffeehouse program. ISS is a new service which replaces current Day Habilitation services as required by HHSC.	
8	Advancing Abilities	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
9	Alexis's Care Facility	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
10	A Little Something Different	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
11	Am Care Residential	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	

SNAPSHOT SUMMARY AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
12	Angels That Work Quality Service	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
13	Assured Quality Care Services	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
	Assured Quality Care Services	5000011201011 Services (155)	New Revenue	03/01/2023/00/31/2024	State	Letter of Intent for the Harris Center to work with CareSource in
14	CareSource Network Partners LLC	Managed Care Agreement	Letter of Intent	01/24/2023-08/31/2024	Revenue	good faith pending State of Texas awards CareSource a contract.
15	Citi Health Group	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC. This new Revenue Agreement for the purpose of providing
16	Community Services Associates, LLC	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
17	Compassion Community Living	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
18	Crystal Support Care	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
19	Divine Embrace	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
20	Glo's Hope Corporation	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
21	Indigo House Inc.	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
22	The Essentials HCS	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers in the Coffeehouse program. ISS is a new service which replaces current Day Habilitation services as required by HHSC.
23	1 Care Premier Services	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
24	1 on 1 Kev Fran Home	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
25	McKenna Care HCS	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.

SNAPSHOT SUMMARY AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
26	Royal Care Homes	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers in the Coffeehouse program. ISS is a new service which replaces current Day Habilitation services as required by HHSC.	
27	Trinity Ayomide, LLC	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
28	Vita Living, Inc.	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	_
29	Volunteers of America	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
30	Weathers & Associates	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.	
31	The University of Texas at Austin	Early Psychosis Intervention Network Services	Amendment	09/11/2020-08/31/2023	Revenue (\$24,167.00)	Amendment to extend the term for additional funding through FY23.	
32	The University of Texas Health Science Center at San Antonio	Local Mental Health Authority Services Agreement	Services Agreement	09/01/2022-08/31/2023	New Revenue (\$250,000)	This new revenue Agreement will fund the provisioning of Crisis Line/emotional support service through Agency's Crisis Line Team. The services are intended to increase telehealth services for SUD and non-severe mental illness. Consumers that receive services through the support line will be enrolled in the Be Well Texas (BWTX) Texas Emergency response COVID-19 Behavioral Health (TEC-BH) program.	
	RIFTON CHAIR LOANERS						

H^{THRRIS} Executive Contract Summary

Contract Section

Contractor*

PEPPERDINE GRADUATE SCHOOL OF EDUCATION & PSYCHOLOGY

Contract ID #*

2022-0601

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & PEPPERDINE GRADUATE SCHOOL OF EDUCATION & PSYCHOLOGY

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date* (?) 1/1/2023

Contract Term End Date* (?) 12/31/2027

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

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

Fiscal Year ^{* (?)}	Amount* (?)	
2023	\$ 0.00	

Funding Source* General Revenue (GR)

Page 164 of 281

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding Affiliation or Preceptor 	 Amendment to Existing Contract Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of S	ervices Being Provided* (?)
THIS AGREEMENT WILL ALLOW STUDENTS ENRO EDUCATION & PSYCHOLOGY TO COMPLETE CLIN PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL	DLLED AT PEPPERDINE NICAL FIELD PLACEMENTS AS
THROUGH EDUCATION WHILE ADHERING TO AG	
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Cont	ractor *
🕘 Yes 💿 No 💿 Unknown	
Vendor/Contractor a Historically Underutilized Bus	siness (HUB) * (?)
Yes No Unknown	
Community Partnership* (?)	
🔵 Yes 🔘 No 🖲 Unknown	
Supporting Documentation Upload (?)	
Practicum and Supervision Requirements.pdf	109.41KB
Vendor/Contractor Contact Person	\circ
Name*	
Amal Anderson	
Address*	
Street Address	
6100 Center Drive Address Line 2	
	State / Province / Region
City Los Angeles	CA
Postal / Zip Code	Country
90045-9200	US
Phone Number*	
512-695-7296	
Email*	
aandersen@onlinepsych.pepperdine.edu	
Budget Section	\odot

Budget Unit Number* 1108	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.* N/A
Budget Manager		Secondary Budge	
Brown, Erica		Campbell, Ricardo	
Provide Rate and Rate Descript N/A	tions if applicable * (?)		
Project WBS (Work Breakdown N/A	Structure) ^{* (?)}		
Requester Name		Submission Date	
Williams, JeDonne		11/28/2022	
Budget Manager Appro	val(s)		0
Approved by			
		Approval Date	
Ehica Bhown		11/28/2022	
Procurement Approval			\mathbf{S}
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approv	/al		\circ
Approved by			
		Approval Date	
Minfa Escobar		12/27/2022	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission Return for correction 			
Approved by *		Approval Data *	
		Approval Date* 12/28/2022	
Belinda Stude			

Standing Executive Contract Summary

Contract Section

Contractor*

University of Texas Arlington (School of Social Work)

Contract ID #*

2023-0609

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

The Harris Center for Mental Health and IDD & University of Texas Arlington (School of Social Work)

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date * (?)

12/28/2022

Contract Term End Date * (?) 12/31/2028

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

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

Funding Source*	
General Revenue (G	R

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 ARLINGTON (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 Inknown

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

Budget Units and Amounts Charged to each Budget Unit

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Proposed-Contract-for-Field-Employment-2.pdf

263.95KB

Vendor/Contractor Contact Person

Name*		
Brittanie Ashe		
Address*		
Street Address		
701 South Nedderman Drive		
Address Line 2		
City	State / Province / Region	
Arlington	ТХ	
Postal / Zip Code	Country	
76019	US	
Phone Number* 817-272-2011		
Email*		
brittanie.ash@uta.edu		
Budget Section		

Budget Unit Number*	Amount Charged to	Unit [*] Exp	ense/GL Code No.*
1108	\$ 0.00	N/A	
Budget Manager Brown, Erica		condary Budget Man mpbell, Ricardo	ager
brown, Enca	Ca		
Provide Rate and Rate Descripti	ions if applicable $*$ (?)		
N/A			
Project WBS (Work Breakdown N/A	Structure) ^{* (?)}		
Requester Name	Su	bmission Date	
Williams, JeDonne	12	/28/2022	
Budget Manager Approv	val(s)		
Approved by			
		proval Date	
Ekica Bhown	12	/28/2022	
Procurement Approval			$\mathbf{\hat{\mathbf{o}}}$
File Upload (?)			
Approved by	Ap	proval Date	
Sign			
Contract Owner Approv	al		٢
Approved by			
	Ar	oproval Date	
Minfa Escobar	12	/28/2022	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission Return for correction 			
Approved by *			
	Ap	oproval Date*	
Belinda Stude	1/*	13/2023	

10 A 10

HINNER Executive Contract Summary

Contract Section

Contractor*

University of Houston (College of Education)

Contract ID #*

2023-0611

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD & UNIVERSITY OF HOUSTON SCHOOL OF EDUCATION

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)

Funding Information*

۲	New	Contract	Amendment
---	-----	----------	-----------

Contract Term Start Date * (?) 1/12/2023 Contract Term End Date* (?) 1/31/2028

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

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

Funding Source*

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Other
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of S	ervices Being Provided* (?)
This agreement will allow students enrolled at the Uni	
Education to complete field placements as part of the	ir degree requirements. The students
will utilize the skills gained through education while an procedures.	
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Cont	ractor*
Yes No Muknown	
	······································
Vendor/Contractor a Historically Underutilized Bu	siness (HUB) (1)
🔵 Yes 🔘 No 💿 Unknown	
Community Partnership* (?)	
🔘 Yes 🔍 No 💿 Unknown	
Supporting Documentation Upload (?)	
	1.23MB
FY19-H0064-25 K-19-00587 Harris Center.pdf	1.25100
Vendor/Contractor Contact Person	
Name*	
Thu Nguyen	
* • • • *	
Address ^	
Street Address	
3657 Cullen Blvd #214	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77004	USA
Phone Number*	
713-743-8425	
Email*	
tnguyen239@uh.edu	
Budget Section	
Budger Section	\sim
Budger Section	\mathbf{i}

Budget Unit Number*	Amount Charged	to Unit*	Expense/GL Code No.*
1108	\$ 0.00		N/A
Budget Manager Brown, Erica		Secondary Budge Campbell, Ricardo	t Manager
Provide Rate and Rate Descrip N/A	tions if applicable [*] (?)		
Project WBS (Work Breakdowr N/A	Structure) ^{* (?)}		
Requester Name		Submission Date	
Williams, JeDonne		1/12/2023	
Budget Manager Appro	oval(s)		\circ
Approved by			
		Approval Date	
Ekica Brown		1/13/2023	
Procurement Approval			©
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approv	val		0
Approved by			
1 A		Approval Date	
Nukidr		1/16/2023	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission Return for correction 			
Approved by *			
0 0		Approval Date*	
Belinda Stude		1/19/2023	

Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Competitive Proposal Competitive Bid Competitive Proposal Sole Source Request for Proposal Sole Source Request for Application Request for Qualification Consumer Driven Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date* (?) Contract Term End Date* (?) 1/3/2023 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?)	Send Healthand HDD	nmary	
Contractor* Western Governors University (BSN) Contract ID #* 2020-002 Presented To* Resource Committee Full Board Date Presented* 2021/2023 Parties* (?) The Harris Center for Mental Health and IDD & Western Governors University (Nursing) Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$100,000.00) Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Appy Competitive Bid Request for Application Request for Quote Request for Application Req			
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1/3/2023 12/31/2028 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?)	Contract Term Start Date* (?)	Contract Term End Date* (?)	
Fiscal Year [*] (?) Amount [*] (?)			
Fiscal Year [*] (?) Amount [*] (?)	If contract is off-cycle, specify the contract term (?)		
		L.	
2023 \$ 0.00			
	2023	\$ 0.00	

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 WESTERN GOVERNORS UNIVERSITY SCHOOL OF NURSING TO COMPLETE CLINICAL FIELD PLACEMENTS AS PART OF THEIR DEGREE REQUIREMENTS. THE STUDENTS WILL UTILIZE THE SKILLS GAINED THROUGH EDUCATION WHILE ADHERING TO AGENCY POLICY AND PROCEDURES.

Contract Owner*

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 Inknown

Supporting Documentation Upload (?)

2022 Preceptor Orientation Final.pdf

753.35KB

Vendor/Contractor Contact Person

Name*		
Dr. Kimberly Mao		
Address*		
Street Address		
4001 S 700 East, #700		
Address Line 2		
City	State / Province / Region	
Salt Lake City	Utah	
Postal / Zip Code	Country	
84107	USA	
Phone Number*		
1-877-435-7948 Ext. 3702		
Email*		
kimberly.mau@wgu.edu		
Dudget Cestion		
Budget Section		

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Un		Code No.*
1108	\$ 0.00	N/A	
Budget Manager		ndary Budget Manager	
Brown, Erica	Camp	obell, Ricardo	(
Provide Rate and Rate Description	ns if applicable * (?)		
Project WBS (Work Breakdown St N/A	ructure) ^{* (?)}		
Requester Name	Subn	nission Date	
Williams, JeDonne	12/28	3/2022	
Budget Manager Approva	ll(s)		٢
Approved by			
		oval Date	
Eríca Brown	12/28	3/2022	
Procurement Approval			0
File Upload (?)			
Approved by	Appr	oval Date	
Sign			
Contract Owner Approva			\odot
Approved by			
		roval Date	
Minta Escobar	12/28	3/2022	
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
<i>Q</i> ₁ · Q ₁		roval Date*	
Belinda Stude	12/29	9/2022	

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ARRIS	Eventiti	NO COF	straat S	ummary
	mill mill (C1010 1 1			
2 HED		and the second	and the second second second	

Contract Section

Contractor*

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The Center for Success and Independence

Contract ID #*

2023-0605

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

The Center for Success and Independence & 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)

Funding Information*

Contract Term Start Date * (?)

1/1/2023

Contract	Term	End	Date	* (?)
12/31/202	28			

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

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

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease

Renewal of Existing Contract

Other

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

To outline the responsibilities of both Parties in relation to a collaboration of services to ensure that Consumers receive a more complete continuum of care for substance abuse and mental health services.

Program Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* MOU February 2020

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

🕘 Yes 🕘 No 🖲 Unknown

Community Partnership* (?)

🔵 Yes 🔘 No 🖲 Unknown

Supporting Documentation Upload (?)

~	ID 2022 COST DAA THE MADDIC CENTER	
C	enter for Success - ID 2022-0605 - BAA-The HARRIS CENTER-	37.43KB
0	mnibus Rule.docx	or rond
С	enter for Success - ID 2022-0605 - MOU.docx	33.77KB
С	enter for Success - ID 7695 - FY20 MOU and DUA - Fully	848.82KB
Е	xecuted.pdf	040.0210
С	enter for Success & Independence - ID 2022-0605 - TCSI MOU	875.45KB
Ρ	artial Executed.pdf	075.4510
D	UA ATTACHMENT 1. SUBCONTRACTOR AGREEMENT FORM.docx	18.89KB

Vendor/Contractor Contact Person

Name* Mary Joy "MJ" Gernale Address* Street Address 3722 Pinemont Drive Address Line 2 State / Province / Region City Houston TX Postal / Zip Code Country 77018 US

Phone Number*			
713-426-4545			
Email*			
migernale@tcsi.org			
Budget Section			\odot
		b Dudget II	wił
Budget Units and Amo			
Budget Unit Number*	Amount Charge	ed to Unit*	Expense/GL Code No.*
9263	\$ 0.00		0
Budget Manager		Secondary Budge Macleod, Ann	et Manager
Oshman, Jodel		Macleod, Ann	
Provide Rate and Rate Descri	iptions if applicable * (?)		
na			
Project WBS (Work Breakdow	vn Structure)* (?)		
na			
Requester Name		Submission Date	
Singh, Patricia		1/5/2023	
Budget Manager Appr	roval(s)		\odot
Approved by			
		Approval Date	
Todel Oshman		1/5/2023	
Procurement Approva	l ,		\diamond
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Appro	oval		<u></u>
Approved by			
Approved by		Approval Date	
Kim KOPNMAYEP		1/5/2023	
Contracts Approval			
Approve*			
 Yes 			
No, reject entire submission			
Return for correction			



Approval Date* 1/5/2023

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HCENTER Executive Contract Summary

Contract Section

Contractor*

William Marsh Rice University on behalf of the Kinder Institute for Urban Research

Contract ID #*

2023-0616

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/14/2023

Parties* (?)

Memorandum of Understanding to permit data sharing between The Harris Center and Rice Kinder Institute

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 For legal review of its terms

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)

Funding Information*

Contract Term Start Date * (?)

1/25/2023

Contract	Term	End	Date*	(?)
1/25/2028	;			

Competitive Proposal

Request for Qualification

Sole Source

Consumer Driven

Tag-On

Other

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

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

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 * (?)

To permit collaboration with Rice Kinder Institute on community needs assessment and outcome evaluation of Center projects including grants.

Contract Owner*

Dr. Scott Hickey

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Specialty Contractor

Community Partnership* (?)

🖲 Yes 🔘 No 🔘 Unknown

Specify Name* Kinder Institute for Urban Research

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Daniel Potter, Senior Director of Research

Address*

 Street Address

 Kinder Institute for Urban Research, || W: kinder.rice.edu

 Address Line 2

 Rice University

 City
 State / Province / Region

 Houston
 TX

 Postal / Zip Code
 Country

 77027
 United States

Phone Number* P: 713 348 2512

Email* dpotter@rice.edu

Budget Section

~

Budget Unit Number* 1148	Amount Charged t \$ 0.00	o Unit*	Expense/GL Code No.* 542000
Budget Manager Campbell, Ricardo	5	Secondary Budge Brown, Erica	t Manager
Provide Rate and Rate Descri	ptions if applicable * (?)		
N/A Project WBS (Work Breakdow	n Structure) ^{* (?)}		
N/A			
Requester Name Hickey, Scott		Submission Date	
Budget Manager Appr			
Approved by			
		Approval Date	
Ricardo Campbell		/25/2023	
Procurement Approva]		©
File Upload (?)			
Approved by		Approval Date	
Sign Contract Owner Appro	oval		
Approved by			
		Approval Date	
Scott Hickey	1	/25/2023	
Contracts Approval			
Approve*			
 Yes No, reject entire submission 			
 Return for correction 			
Approved by *			
Belinda Stude		pproval Date*	
Deunda Stude	1	/25/2023	

HARRIS Executive Contract Summary

Contract Section

Contractor* Above All Others Contract ID #* 2023-0620 Presented To* Resource Committee Full Board Date Presented* 2/21/2023 Parties* (?) Above All Others 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information* Contract Term Start Date * (?) Contract Term End Date * (?) 8/31/2023 3/1/2023 If contract is off-cycle, specify the contract term (?) N/A Fiscal Year* (?)

2023

Funding Source* State

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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

Justification: In pursuant of the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (communitybased) activities for eligible individuals. The On-site ISS activities will be person-centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP). The ISS programs will operate at the following three (3) locations:

Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081

Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502

Humble Service Center 6805 Oak Village, Humble, TX 77396

See attachments in supporting documentation upload section for ISS rates list and website link

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🔍 No 🔍 Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; Day Habilitation services

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

🔘 Yes 🔍 No 💿 Unknown

Community Partnership* (?)

🖲 Yes 🔘 No 🔍 Unknown

Specify Name*

Above All Others

Supporting Documentation Upload (?)

ISS rates FY 23.xlsx	10.63KB
Revenue Contract ISS.docx	13.58KB

Vendor/Contractor Contact Person

Michelle Ethnidge Address * Steel Address 1/2 Cricle Address Line 2 City Marvel \ Taska Cricle Address Line 2 City Marvel \ Taska Country TAS73 \ USA Ponon Number * Taska Page Address Address Address Address Address Address Address Line 2 Country TAS74 USA Phone Number * Taska Page Address Ad					
Address* Site Address Site Addr	Name*				
Site Addeas 14 Santa Clarifa Cloris Address Address 14 Santa Clarifa Cloris Address Address 15 Santa Provence / Region Manvel Postal zgo Code Country 75757 USA Phone Number* 75757 USA Phone Number* 713-778-9719 (fax) Email* Aboveal/others@yahoo.com Budget Section Budget Unit Sand Amounts Charged to Each Budget Unit Budget Unit Sand Amounts Charged to Unit* Engil Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3565 S 0.00 N/A Budget Manager Adams-Austin, Marrie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable* (?) See attacked rate sheet in supporting documentation upload section. Project WBS (Work Breakdown Structure)* (?) NA Requester Name Expensed Submission Date Childs, Margo Approved by Approval Date 125:2023 Procurement Approval File Upload (?) Approved by Approval Date Sign	Michelle Ethridge				
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	Sign				
	Contract Owner Approva	al			0

Approved by	Approval Date 1/25/2023
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
Approved by *	Approval Date*

B

Contract Section

Contractor*	
Advancing Abilities	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
1/27/2023	
Parties* (?)	
	th and IDD
Advancing Abilities and The Harris Center for Mental Heal	
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 Broposel
Competitive Bid	Competitive Proposal
Request for Proposal	Request for Qualification
Request for Application	Tag-On
Request for Quote Interlocal	Consumer Driven
 Interlocal Not Applicable (If there are no funds required) 	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
NA	
Fiscal Year [*] (?)	
2023	
2023	

State Grant

Page 187 of 281

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
- Cher Cher
- Prenerial of Existing Contract

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

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

The ISS programs will operate at the following three (3) locations: Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081 Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502 Humble Service Center 6805 Oak Village, Humble, TX 77396

See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-2022 to present Day Programming

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

🕘 Yes 🔍 No 💿 Unknown

Community Partnership* (?)

🔘 Yes 🔘 No 💿 Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Birgit Green

Address* State / Province / Region Address Line 2 TX Address Line 2 TX Patal /2 Cobe County Falania TX Potal /2 Cobe County 78941-5000 US Phone Number* TX 713.855.6361 US Email* US Budget Section Expense/GL Code No.* Budget Units and Amounts Charged to Unit* Expense/GL Code No.* S85 S 0.00 000 Budget Manager Secondary Budget Manager 000 Adms-Autin, Mamie Kerlegon, Chaites Version / Secondary Budget Manager Adms-Kutin, Mamie Secondary Budget Manager 000 Budget Waster Name Secondary Budget Manager Version / Secondary Budget Manager Yrovide Rate and Rate Descriptions If applicable* (*) Secondary Budget Manager Version / Secondary Budget Manager Requester Name Submission Date Version / Secondary Budget Manager Version / Secondary Budget Manager Mama Charger Approval(s) Version Date Version / Secondary Budget Manager Version Date Manacof Lano Itsoro Date		
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Sign	Approved by	Approval Date
	Contract Owner Appro	

Approved by Evanthe Cellins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	

Becutive Contract Summary

Contract Section

Contractor*		
Alexis's Care Facility		
Contract ID #*		
N/A		
Presented To*		
Resource Committee		
Full Board		
Date Presented *		
2/21/2023		
Parties * (?)		
Alexis's Care Facility and The Harris Center for Mental	and IDD	
Agenda Item Submitted For:* (?)		
Information Only (Total NTE Amount is Less than \$	100 000 00)	
	,	
Grant Proposal		
Revenue		
SOW-Change Order-Amendment#		
Other		
Procurement Method(s)*		
Check all that Apply		
	Competitive Proposal	
Competitive Bid Request for Proposal	Sole Source	
 Request for Proposal Request for Application 	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract		
Contract Term Start Date* (?)	Contract Term End Date * (?)	
	8/31/2023	
3/1/2023	6/31/2023	
If contract is off-cycle, specify the contract term (?)		
N/A		
Fiscal Year* (?)		
2023		
Free lives O server *		
Funding Source*		
State		

- 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
- LeaseOther

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

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation services

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

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Alexis's Care Facility

Supporting Documentation Upload (?)

Revenue Contract ISS.docx ISS rates FY 23.xlsx 13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Caroline Bookman

Address*		
Street Address		
1411 Tarberry Road		
Address Line 2		
City	State / Province / Region	
Houston	Texas	
Postal / Zip Code	Country	
77088	USA	
Phone Number*		
281-744-2029, 832-644-9295		
Email*		
cbookman@aleiscarefacility.org		
Budget Section		
Budget Beetion		
Budget Units and Amounts	s Charged to each Budget Unit	
Budget Unit Number*	Amount Charged to Unit * Expense/GL C	ode No.*
3585	\$ 0.00 N/A	
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Provide Rate and Rate Descriptions See supporting documentation upload list. Project WBS (Work Breakdown Str	d section for ISS rates	
N/A		
Requester Name	Submission Date	
Childs, Margo	1/25/2023	
Budget Manager Approval	(S)	
Approved by		
One coli	Approval Date	
Mamie Adams	1/30/2023	
Procurement Approval		
		the second s
File Upload (?)		
Approved by	Approval Date	
Sign		
Cign		
Contract Owner Approval		\diamond

Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	
Belinda Stude		

H ARRIS CENTER	Executive Contract Summar	y

Contract Section

Contractor*

A Little Something Different

Contract ID #*

NA

Presented To*

Resource Committee

Full Board

Date Presented*

1/30/2023

Parties* (?)

A Little Something Different 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)

Funding Information*

New Contract Amendment

Contract Term Start Date * (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* State Grant

- 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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🔘 No 🔘 Unknown

Please add previous contract dates and what services were provided*

09-01-2022 through current for Day Programming.

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

🔘 Yes 🔍 No 💿 Unknown

Community Partnership* (?)

🔘 Yes 🔘 No 🖲 Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Megan Karlsen

State / Province / Region TX Country US	
TX Country	
TX Country	
TX Country	
Country	
03	
	() () () () () () () () () ()
ach Budget Un	nit
to Unit	Expense/GL Code No.* 000
	000
Secondary Budget	t Manager
Kerlegon, Charles	
Submission Date	
Approval Date	
Contraction of the second second second	
Approval Date	
Approval Date	

Page	197	of 281	
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Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	2/1/2023	

Bender Krein State Contract Summary

Contract Section

Contractor*	
Am Care Residential	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
1/27/2023	
Parties ^{* (?)}	
Am Care Residential and The Harris Center for Mental I	Health and IDD
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$1	(00.000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
 New Contract Amendment 	
Contract Term Start Date * (?)	Contract Term End Date* (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
NA	
Fiscal Year [*] (?)	
2023	
Funding Source*	

State Grant

- 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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-2022 to current for Day Programming

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

Yes No Inknown

Community Partnership* (?)

Yes No Inknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Sandra Borten

Address*			
Street Address			
11500 Northwest Freeway			
Address Line 2			
City	State / Province / Re	gion	
Houston	ТХ		
Postal / Zip Code	Country		
77092	US		
Phone Number*			
713.686.9993			
Email*			
Sandraborten@amcarehcs.com			
Budget Section		0	
Budget Units and Amou	ints Charged to each Budget	Unit	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*	
3585	\$ 0.00	000	
	Secondary Budget Manager		
Budget Manager	Secondary Bue	Secondary Budget Manager Kerlegon, Charles	
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descript	Kerlegon, Charl		
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown	Kerlegon, Charl		
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA	Kerlegon, Charl	es	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown	Kerlegon, Charl tions if applicable ^{* (?)} Structure) ^{* (?)}	es	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name	Kerlegon, Charl tions if applicable [*] (?) Structure) [*] (?) Submission Da 1/27/2023	es	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas	Kerlegon, Charl tions if applicable [*] (?) Structure) [*] (?) Submission Da 1/27/2023	es	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro	Kerlegon, Charl tions if applicable [*] (?) Structure) [*] (?) Submission Da 1/27/2023	es ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro	Kerlegon, Charl tions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s)	ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro	Kerlegon, Charl tions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s) Approval Date	es ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro Approved by <i>Mamie Adams</i>	Kerlegon, Charl tions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s) Approval Date	es ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Kerlegon, Charl tions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s) Approval Date 1/30/2023	ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro Approved by <i>Mamie Adams</i> Procurement Approval	Kerlegon, Charl tions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s) Approval Date	ate	
Adams-Austin, Mamie Provide Rate and Rate Descript See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Appro Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?) Approved by	Kerlegon, Charl cions if applicable * (?) Structure) * (?) Submission Da 1/27/2023 val(s) Approval Date 1/30/2023	ate	

pproved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	

HI MRRIS CENTER 10	Executive Contract Summary
Mental Health and IDD	

Contract Section

Contractor*

Angels That Work Quality Service

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Angels That Work Quality Service 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)

Funding Information*

Contract Term Start Date * (?)

3/1/2023

Contract Term End Date * (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* State

- 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
- newal of Existing Contract
- Other

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

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502

Humble Service Center 6805 Oak Village, Humble, TX 77396

See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation services

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

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Angels That Work Quality Service

Supporting Documentation Upload (?)

Revenue Contract ISS.docx	13.58KB
ISS rates FY 23.xlsx	10.63KB

Vendor/Contractor Contact Person

~)

Name*		
Melanie Willis - Jordan		
Address*		
Street Address		
9000 Southwest Freeway #326		
Address Line 2		
City	State / Province	e / Region
Houston	Texas	
Postal / Zip Code	Country	
77074	USA	
Phone Number*		
832-203-5197 ext 107 (office) 832-2	202 5274 (fax)	
652-203-5197 ext 107 (onice) 652-2	.03-5274 (Idx)	
Email*		
angelsthatwork@yahoo.com		
Budget Section		
Budget Dection		<u> </u>
Budget Units and Amoun	its Charged to each Budg	get Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager		Budget Manager
Adams-Austin, Mamie	Kerlegon, C	Charles
	4	
Provide Rate and Rate Description		
See supporting documentation uplo	ad section for ISS rates	
list.		
Project WBS (Work Breakdown S		
	tructure)* (?)	
N/A	tructure) ^{* (?)}	
	itructure) ^{* (?)} Submissic	on Date
Requester Name		n Date
Requester Name Childs, Margo	Submissio 1/25/2023	on Date
Requester Name	Submissio 1/25/2023	on Date
Requester Name Childs, Margo Budget Manager Approv	Submissio 1/25/2023	on Date
Requester Name Childs, Margo	Submissio 1/25/2023 al(s)	0
Requester Name Childs, Margo Budget Manager Approv Approved by	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv	Submissio 1/25/2023 al(s)	0
Requester Name Childs, Margo Budget Manager Approv Approved by	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i>	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv Approved by	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i>	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval	Submissio 1/25/2023 al(s) Approval I	0
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Submissio 1/25/2023 al(S) Approval I 1/26/2023	Date
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Chdams</i> Procurement Approval File Upload (?) Approved by	Submissio 1/25/2023 al(s) Approval I	Date
Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Submissio 1/25/2023 al(S) Approval I 1/26/2023	Date

Approved by Evanthe Collins	Approval Date 1/26/2023		
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
	Approval Date *		
Belinda Stude	2/1/2023		

HARRIS CENTER IN Mental freatile and 1012	Executive Contract Summary

Contract Section

С	0	n	tr	a	С	t	or	

Assured Quality Care Services

Contract ID #* 2023-0617

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

Assured Quality Care Services and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date * (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?)

2023

Funding Source* State

- 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 * (?)

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502

Humble Service Center 6805 Oak Village, Humble, TX 77396

See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09/01/22 to present; day habilitation services

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

Yes No Unknown

Community Partnership* (?)

🖲 Yes 🔵 No 🔵 Unknown

Specify Name*

Assured Quality Care Services

Supporting Documentation Upload (?)

Revenue Contract ISS.docx	13.58KB
ISS rates FY 23.xlsx	10.63KB

Vendor/Contractor Contact Person

~

*	
Name* Marcus Denman	
Address*	
Street Address	
440 Benmar Drive	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77060	USA
Phone Number*	
281-272-1464	
Email*	
marcusdenman@assuredqualitycaresen	vices.com
Budget Section	
	New Marsh Devloct Halt
Budget Units and Amounts (Charged to each Budget Unit
Budget Unit Number*	Amount Charged to Unit * Expense/GL Code No.*
	\$ 0.00 N/A
Budget Manager	Secondary Budget Manager
Adams-Austin, Mamie	Kerlegon, Charles
Provide Rate and Rate Descriptions if See supporting documentation upload se list.	ection for ISS rates
Project WBS (Work Breakdown Struct N/A	ure) ^ (?)
Requester Name	Submission Date
Childs, Margo	1/25/2023
Budget Manager Approval(s)
Approved by	
	Approval Date
Mamie Adams	1/25/2023
Procurement Approval	S
File Upload (?)	
Approved by	Approval Date
Approved by	Approval Date
Approved by / Sign	Approval Date

Page	209	of 281
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Evanthe Collins	Approval Date 1/25/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	1/25/2023	

H^{TI ARRIS} Executive Contract Summary

Contract Section

Contractor*

CareSource Network Partners LLC

Contract ID #*

000

Presented To*

Resource Committee

Full Board

Date Presented*

2/22/2023

Parties* (?)

CareSource Network Partners LLC and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date* (?) 1/24/2023 Contract Term End Date^{* (?)} 8/31/2024

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Fiscal Year* (?) 2024

Funding Source [*]	
Private Pay Source	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	
Justification/Purpose of Contract/Description	n of Services Being Provided [*] (?)
This is a LOI stating THC will in good faith nego	
State of Texas awards CareSource a contract.	
Contract Owner*	
Eva Honeycutt	
Previous History of Contracting with Vendor	/Contractor*
🕘 Yes 🗎 No 💿 Unknown	
Vendor/Contractor a Historically Underutilize	ed Business (HUB) * ^(?)
🔵 Yes 🔍 No 🖲 Unknown	
Community Partnership ^{* (?)}	
🏐 Yes 🔍 No 🖲 Unknown	
Supporting Documentation Upload (?)	
Texas Final LOI 12.21.docx	22.53KB
TX-MED-P-1637960 Provider Contracting Brock	nure - FINAL (002).pdf 956.11KB
Vendor/Contractor Contact Perso	n
Name*	
david Wachtel	
Address*	
Street Address	
230 N Main St	
Address Line 2	
City	State / Province / Region
Dayton	ОН
Postal / Zip Code	Country
45402-1263	US
Phone Number*	
4804926600	
Email*	
david.wachtel@caresource.com	
Budget Section	\mathbf{i}

Budget Unit Number*	Amount Charged to Unit	
1134	\$ 0.00	000000
Budget Manager Campbell, Ricardo	Secon Brown,	dary Budget Manager Frica
Provide Rate and Rate Descrip	tions if applicable * (?)	
N/A		
Project WBS (Work Breakdown	Structure)* (?)	
N/A		
Requester Name	Submis	ssion Date
Paick, Daniel	1/24/20	23
Budget Manager Appro	val(s)	
Approved by	A	val Date
Ricardo Campbell	1/24/20	
Standar Champbell		
Procurement Approval		
	and the second secon	
File Upload (?)		
Approved by	á naro	val Date
Sign	тррю	
Contract Owner Approv	/al	
Contract Cwilci Approv		
Approved by		al Date
Eva Honeycutt	40000 1/24/20	val Date
One Minegiau		
Contracts Approval		
Approve*		
 No, reject entire submission 		
Return for correction		
Approved by *		
	Appro	val Date*
Belinda Stude	1/24/20	23

	Executive	Contract	Summary
CLEANIE DAY			

Contract Section

Contract Cection	
Contractor*	
Citi Health Group	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
1/30/2023	
Parties* (?)	
Citi Health Group and The Harris Center for Mental Health	n and IDD
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$100	0,000.00)
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal Not Applicable (If there are no funds required)	Consumer Driven Other
Not Applicable (If there are no funds required)	
Funding Information *	
New Contract Amendment	
	Contract Term End Date * (?)
Contract Term Start Date * (?)	
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
NA	
Fiscal Year* (?)	
2023	
Funding Source*	
State Grant	

- 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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09-01-2022 through current for Day Programming.

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

Yes No e Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Daniel Orji

Address*		
Street Address		
8449 West Bellfort #130		
Address Line 2		
City	State / Province / Regi	on
Houston	Тх	
Postal / Zip Code	Country	
77071	US	
Phone Number*		
346.932.7423		
Email*		
dan.citihealthgroug@gmail.com		
Budget Section		
Budget Units and Amo	unts Charged to each Budget L	Jnit
	den manana sa yana kata na ana ana ana ana ana ana ana ana a	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager	Secondary Budg	get Manager
Adams-Austin, Mamie	Kerlegon, Charles	s
Provide Rate and Rate Descrip See uploaded document Project WBS (Work Breakdow NA		
Requester Name	Submission Dat	e
Wills, Thomas	1/30/2023	
Budget Manager Appro	oval(s)	\odot
Approved by	Approval Date	
Mamie Adams	1/30/2023	
Aname (Adams	1130/2023	
Procurement Approval		
r roourement ripprova		
File Upload (?)		
Approved by	Approval Date	
Sign	Contraction of the second s	
Contract Owner Appro	val	\sim

Approved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	2/1/2023	

H Executive Contract Summary

Contract Section

Contractor*

Community Services Associates, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/30/2023

Parties* (?)

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

Agenda Item Submitted For: * (?)

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

Funding Information*

Contract Term Start Date * (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?)

2023

Funding Source* State Grant

Page 218 of 281

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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

```
Yes O No O Unknown
```

Please add previous contract dates and what services were provided*

09-01-2022 through current for Day Programming.

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

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Christine Coulter

Address*	
Street Address	
4800 Louetta Road	
Address Line 2	
City	State / Province / Region
Spring	ТХ
Postal / Zip Code	Country
77388-4421	United States
Phone Number*	
2813558260	
Email*	
cacoulter529@aol.com	
Budget Section	<u></u>
Budget Units and Amoui	nts Charged to each Budget Unit
Budget Unit Number*	Amount Charged to Unit * Expense/GL Code No. *
3585	\$ 0.00 000
Pudget Manager	Secondary Budget Manager
Budget Manager Adams-Austin, Mamie	Kerlegon, Charles
Adams-Austin, Mamie	Kenegon, onanes
Provide Rate and Rate Descripti See uploaded document	ons if applicable ^{* (?)}
Project WBS (Work Breakdown S	itructure) * (?)
Requester Name	Submission Date
Wills, Thomas	1/30/2023
Budget Manager Approv	al(s)
Approved by	
Approved by	Approval Date
Mamie Adams	1/30/2023
Mama Maamo	1100/2020
Procurement Approval	
File Upload (?)	
Approved by	Approval Date
Sign	
Contract Owner Approva	

Approved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
	2/1/2023	

Recutive Contract Summary

Contract Section

Contractor*

Compassion Community Living

Contract ID #* 2023-0623

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/27/2023

Parties* (?)

Compassion Community Living 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)

Funding Information*

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* State Grant

- 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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🔘 No 🔍 Unknown

Please add previous contract dates and what services were provided*

09-01-2022 to current for Day Programming

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

Yes No Unknown

Community Partnership* (?)

Yes No Inknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Samuel Nwojo

Address*		
Street Address		
PO Box 710483		
Address Line 2		
City	State / Province / Region	
Houston	Texas	
Postal / Zip Code	Country	
77271	US	
Phone Number* 713.298.9892		
Email*		
cclcmail@yahoo.com		
Budget Section		
Budget Units and Amou	nts Charged to each Budget U	nit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Dudget Mensuer	Secondary Budge	t Managar
Budget Manager		n manager
Adams-Austin, Mamie	Kerlegon, Charles	
Provide Rate and Rate Description See Uploaded document Project WBS (Work Breakdown NA		
Requester Name	Submission Date	
Wills, Thomas	1/27/2023	
Budget Manager Approv	val(s)	
Approved by		
	Approval Date	
Mamie Adams	1/30/2023	
Procurement Approval		\odot
Procurement Approval		O
File Upload (?)		
File Upload (?) Approved by	Approval Date	S
File Upload (?)	Approval Date	
File Upload (?) Approved by Sign		۵
File Upload (?) Approved by		
File Upload (?) Approved by Sign		

Approval Date	
1/30/2023	
Approval Date *	
2/1/2023	
2/1/2023	
	1/30/2023 Approval Date *

B CENTER **Executive Contract Summary**

Contract Section

Contractor*	
Contractor Crystal Support Care	
Crystal Support Care	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
2/21/2023	
Parties* (?)	
Crystal Support Care and The Harris Center for Menta	I Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$	
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 Proposal
Competitive Bid Request for Proposal	 Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract	
Contract Term Start Date* (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year* (?)	
2023	
Funding Source*	
State	

- 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
- ewal of Existing Contract
- Other

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

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See supporting documentation section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

💿 Yes 🔘 No 🔘 Unknown

Please add previous contract dates and what services were provided * 09/01/21 to present; day habilitation

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

🕘 Yes 🔍 No 💿 Unknown

Community Partnership* (?)

💿 Yes 💿 No 💿 Unknown

Specify Name*

Crystal Support Care

ISS rates FY 23.xlsx

Supporting Documentation Upload (?)

Revenue	Contract ISS.docx

13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Norma Barrera (

Address*		
Street Address		
8200 Wednesbury Lane #475		
Address Line 2		
City	State / Province / Reg	ion
Houston	Texas	
Postal / Zip Code	Country	
77074	USA	
Phone Number*		
713-485-4899, 281-631-5460		
Email*		
nberrera@crystalsupport.org		
Interneta@cirystaisupport.org		
Budget Section		\sim
Budget Units and Amour	nts Charged to each Budget	Unit
(1,2,2,2,2) , and $(2,2,2,2)$, and $(2,2,2,2)$, and $(2,2,2)$, and ((2,2,2) , and ((2,2,2) , and ((2,2,2) , and ((2,2		
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager	Secondary Bud	get Manager
Adams-Austin, Mamie	Kerlegon, Charle	25
list. Project WBS (Work Breakdown S N/A	Structure)* (?)	
	Submission Do	to
Requester Name	Submission Da 1/27/2023	le
Childs, Margo	112112025	
Budget Manager Approv	al(s)	\sim
Approved by		
Approved by	Approval Date	
Mamie Adams	1/30/2023	
mama Maamo	110012020	
Procurement Approval		\odot
langa kanya angan na kana kanya na ang kanya na kanya na kanya kanya kanya kanya kanya kanya kanya kanya kanya		
File Upload (?)		
Approved by	Approval Date	
Sign		
0		
Contract Owner Approva	al	

Approved by Evanthe Cellins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	

Contract Section		e
Contractor*		
Divine Embrace		
Contract ID #*		
V/A		
Presented To*		
Resource Committee		
Full Board		
Date Presented *		
2/21/2023		
Parties* (?)		
Divine Embrace and The Harris Center for Mental Heal	th and IDD	
Agenda Item Submitted For: * (?)		
Information Only (Total NTE Amount is Less than \$ ⁴		
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	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract		
Contract Term Start Date* (?)	Contract Term End Date* (?)	
3/1/2023	8/31/2023	
If contract is off-cycle, specify the contract term (?)		
N/A		
Fiscal Year* (?)		

- 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 * (?)

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🔵 No 🔵 Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Divine Embrace

Supporting Documentation Upload (?)

Revenue	Contract ISS.docx
ISS rates	FY 23.xlsx

13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Violet Idokogi

Address*			
Street Address			
P.O. Box 1549			
Address Line 2			
City		Province / Region	
Missouri City	Texas		
Postal / Zip Code	Countr	у	
77459	USA		
Phone Number*			
713-255-6806 (office), 713-255-6807	′ (fax)		
Email*			
divineembracehcs@att.net			
Budget Section			
Budget Units and Amount	ts Charged to each	Budget Uni	it
Budget Unit Number*	Amount Charged to U	nit*	Expense/GL Code No.*
3585	\$ 0.00		N/A
Budget Manager	Seco	ondary Budget	Manager
Adams-Austin, Mamie	Kerle	egon, Charles	
See supporting documentation uploa list. Project WBS (Work Breakdown St			
N/A			
Requester Name		mission Date	
Childs, Margo	1/25	/2023	
Budget Manager Approva	ll(s)		\odot
Approved by			
	App	roval Date	
Mamie Adams	1/26	/2023	
Procurement Approval			\sim
riodulement Approval		WAYNER AN THE PROPERTY OF THE REAL	<u> </u>
File Upload (?)			
Approved by	App	roval Date	
Sign			
Contract Owner Approval			\odot

Approved by Evanthe Cellins	Approval Date 1/26/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	

6

Mental Redifficant IDD Executive Contract Sum	imary
Contract Section	
Contractor* Glo's Hope Corporation Contract ID #*	
NA Presented To [*] Resource Committee Full Board	
Date Presented * 1/30/2023	
Parties ^{* (?)} Glo's Hope Corporations and The Harris Center for Mer	tal Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$1 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 * (?) 3/1/2023	Contract Term End Date * (?) 8/31/2023
If contract is off-cycle, specify the contract term (?) NA	

Fiscal Year* (?) 2023

Funding Source* State Grant

- 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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09-01-2022 through current for Day Programming.

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

Yes No Inknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Gloria Montgomery

Address*		
Street Address		
16111 Cairnway Drive Suite #215 Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77084-3553	US	
Phone Number*		
713.505.0736		
Email*		
gloshopehcs@gmail.com		
Budget Section		0
Budget Units and Amoun	ts Charged to each Budget Ur	nit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager	Secondary Budge	t Manager
Adams-Austin, Mamie	Kerlegon, Charles	
Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA		
Requester Name	Submission Date	
Wills, Thomas	1/30/2023	
Budget Manager Approva	al(s)	<u>ی</u>
Approved by		
011 1 -	Approval Date	
Mamie Adams	1/30/2023	
Procurement Approval		\odot
File Upload (?)		
Approved by	Approval Date	
Sign		
Contract Owner Approva		
THE REPORT OF TH		
Contract Conner Appiova	1	\odot

Approved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
Approved by	Approval Date*	
Belinda Stude	2/1/2023	
anna Onac		

a lin			
HIARRIS CENTER	Executive	Contract	Summary
	Executive	Contract	Summary
CENTER 10			

Contractor*				
Indigo House Inc.				
Contract ID #*				
NA				
Presented To *				
Resource Committee				
Full Board				
Date Presented *				
1/30/2023				
Parties* (?)				
Indigo House Inc. and The Harris Center for Mental Heal	th and IDD			
Agenda Item Submitted For: * (?)				
Information Only (Total NTE Amount is Less than \$10)	0,000.00)			
Board Approval (Total NTE Amount is \$100,000.00+)				
Grant Proposal				
Revenue				
SOW-Change Order-Amendment#				
Other				
Presurement Method(c)*				
Procurement Method(s)*				
Check all that Apply	Competitive Propeed			
Competitive Bid	Competitive Proposal			
Request for Proposal	 Sole Source Request for Qualification 			
 Request for Application Request for Quote 	Tag-On			
Interlocal	Consumer Driven			
Not Applicable (If there are no funds required)	Other			
Funding Information *				
New Contract				
Contract Term Start Date * (?)	Contract Term End Date * (?)			
3/1/2023	8/31/2023			
If contract is off-cycle, specify the contract term (?)				
NA				
Fiscal Year* (?)				
2023				
Funding Source*				
State Grant				

Page 238 of 281

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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes O No O Unknown

Please add previous contract dates and what services were provided* 09-01-2023 through current for Day Programming.

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

Yes No Sunknown

Community Partnership* (?)

Yes No Inknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* **Timothy Reynolds**

Address*	
Street Address	
6423 Indigo Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77074-7202	US
Phone Number*	
713.541.6449	
Email*	
indigohouseinc@msn.com	
Budget Section	
Budget Units and Amo	unts Charged to each Budget Unit
Budget Unit Number*	Amount Charged to Unit * Expense/GL Code No.*
3585	\$ 0.00 000
Budget Manager	Secondary Budget Manager
Budget Manager Adams-Austin, Mamie	Kerlegon, Charles
Provide Rate and Rate Descrip	tions if applicable* (?)
See uploaded document	
Project WBS (Work Breakdown	(Structure) ^(?)
NA	
Requester Name	Submission Date
Wills, Thomas	1/30/2023
Budget Manager Appro	
Budget Manager Appre	
Approved by	
	Approval Date
Mamie Adams	1/30/2023
Procurement Approval	A
File Upload (?)	
Approved by	Approval Date
Sign	
Cigit	
Contract Owner Appro	/al

Approved by Evanthe Collins	Approval Date 1/30/2023
Contracts Approval	
Approve*	
• Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*

 \bigcirc

HARRIS	Executive	Contract Summary	
Cound Mandel and Heres			

Contractor*	
The Essentials HCS	
Contract ID #*	
N/A	
Presented To*	
Resource Committee Full Board	
Date Presented *	
2/21/2023	
Parties* (?)	
The Essentials HCS and The Harris Center for Mental H	Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$1	
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification Tag-On
Request for Quote Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year ^{* (?)}	
2023	
Funding Source*	
State	

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
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- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other

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See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

💿 Yes 🔘 No 🔘 Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation services

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

Yes No Inknown

Community Partnership* (?)

Yes ONO Unknown

Specify Name*

The Essentials HCS

Supporting Documentation Upload (?)

Revenue Contract ISS.docx ISS rates FY 23.xlsx 13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Sandra Corneluis

Address * Street Address		
P.O. Bos 300809		
Address Line 2		
City	State / Province / Re	egion
Houston	Texas	
Postal / Zip Code	Country	
77230	USA	
Phone Number*		
713-598-2424, 713-748-2122		
Email*		
Essentialshcs@gmail.com		
Budget Section		Ô
Budget Units and Amour	its Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager	Secondary Bu	dget Manager
Adams-Austin, Mamie	Kerlegon, Char	
Provide Rate and Rate Descriptic	ons if applicable * (?)	
Provide Rate and Rate Description		
Provide Rate and Rate Description See supporting documentation uplot list.		
See supporting documentation uplo list.	ad section for ISS rates	
See supporting documentation uplo	ad section for ISS rates	
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A	ad section for ISS rates	ate
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name	ad section for ISS rates	ate
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo	ad section for ISS rates structure) * (?) Submission D 1/26/2023	ate
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name	ad section for ISS rates structure) * (?) Submission D 1/26/2023	ate
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv	ad section for ISS rates structure) * (?) Submission D 1/26/2023	ate
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo	ad section for ISS rates structure) * (?) Submission D 1/26/2023 al(S)	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by	ad section for ISS rates structure) * (?) Submission D 1/26/2023	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie CAdams</i>	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie CAdama</i> Procurement Approval	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie CAdams</i>	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	•
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(s) Approval Date 1/26/2023	⊘
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Ordams</i> Procurement Approval File Upload (?) Approved by	ad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date	⊘
See supporting documentation uplo list. Project WBS (Work Breakdown S N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie CAdama</i> Procurement Approval File Upload (?) Approved by Sign	enad section for ISS rates structure)* (?) Submission D 1/26/2023 al(S) Approval Date 1/26/2023	⊘
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Approved by Evanthe Cellins	Approval Date 1/26/2023
Contracts Approval	
Approve*	
e Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	1/31/2023
Belinda Stude	

HARRIS Executive Contract Summary

Contract Section

Contractor*

1 Care Premier Services

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

1 Care Premier Services and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* State

- 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 * (?)

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

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See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation

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

🕘 Yes 🔍 No 💿 Unknown

Community Partnership* (?)

Yes No O'Unknown

Specify Name*

1 Care Premier Services

Supporting Documentation Upload (?)

Revenue	Contract ISS.docx	
ISS rates	s FY 23.xlsx	

13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Nicole Mays

Address*		
Street Address		
340 Beltway 8 Suite 247		
Address Line 2		
City Houston	State / Province / Re Texas	igion
Postal / Zip Code	Country	
77060	USA	
Phone Number*		
713-594-0469 (cell), 713-583-0900 (fa (office)	ax), 832-995-5170	
Email*		
nicole.mays@1careps.com		
Budget Section	A CONTRACTOR OF A CONTRACT	$\mathbf{\mathfrak{S}}$
Budget Units and Amounts	s Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager	Secondary Bu	dget Manager
Adams-Austin, Mamie	Kerlegon, Char	
Provide Rate and Rate Description See supporting documentation upload list.		
Project WBS (Work Breakdown Str	ucture) ^{* (?)}	
N/A		
Requester Name	Submission D	ate
Childs, Margo	1/25/2023	
Budget Manager Approva	(S)	•
Approved by		2
	Approval Date	
Mamie Adams	1/26/2023	
Procurement Approval		Ô
File Upload (?)		
Approved by	Approval Date	
Sign		
Contract Owner Approval		

Page	248	of	281
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Evanthe Collins	Approval Date 1/26/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	
Belinda Stude	2/1/2023	

HARRIS	Executive Contract Summary	
Mental Health and IDD		

Contract Section	
Contractor*	
1 on 1 Kev Fran Home	
Contract ID #*	
N/A	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
2/21/2023	
Parties* (?)	
1 on 1 Kev Fran Home and The Harris Center for Mental	Health and IDD
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$10	0,000.00)
Board Approval (Total NTE Amount is \$100,000.00+)	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
O ther	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification Tag-On
 Request for Quote Interlocal 	Image: Tag-On ✓ Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year* (?)	
2023	
Funding Source*	
State	

- 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 * (?)

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See supporting documentation upload section for additional information and website link

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

💿 Yes 🔘 No 🔍 Unknown

Please add previous contract dates and what services were provided* 09/01/22 - present; day habilitation services

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

🕘 Yes 🕘 No 💿 Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

1 on 1 Kev Fran Home

Supporting Documentation Upload (?)

Revenue Contract ISS.docx

ISS rates FY 23.xlsx

13.58KB 10.63KB

Vendor/Contractor Contact Person

Name* Angela Warren

Address*		
Street Address		
9888 Bissonnett #350		
Address Line 2		
City	State / Province	/ Region
Houston	Texas	
Postal / Zip Code	Country	
77036	USA	
Phone Number*		
713-272-7229 (office), 713-272-723	38 (fax)	
Email*		
angela@kevfran.com		
Budget Section		
Budget Units and Amour	nts Charged to each Budg	get Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
3000		
Budget Manager		Budget Manager
Adams-Austin, Mamie	Kerlegon, C	harles
Provide Rate and Rate Descripti See supporting documentation upl list. Project WBS (Work Breakdown S	oad section for ISS rates	
N/A		
Requester Name	Submissio	n Date
Childs, Margo	1/25/2023	
Budget Manager Approv	/al(s)	0
Approved by		
	Approval D	Date
Mamie Adams	1/30/2023	
Procurement Approval		
		\circ
File Upload (?)		
File Upload (?)		
File Upload (?) Approved by	Approval D	Pate
	Approval D	Pate
Approved by Sign		Date
Approved by		Date
Approved by Sign		eate

Approved by		
Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	

00180			
HARRIS CENTER 100	Executive	Contract	Summarv
JO CENTER.	LACCULIVE	contract	Summary
lental Health and 1DD			

Contract Section

Contractor* McKenna Care HCS

Contract ID #*

NA

Presented To*

Resource Committee

Full Board

Date Presented*

1/30/2023

Parties* (?)

McKenna Care HCS 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)

Funding Information*

New Contract

Contract Term Start Date * (?)

3/1/2023

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* State Grant

- 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 * (?)

Revenue Contract

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See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* 09-01-2022 through current for Day Programming.

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

Yes No Unknown

Community Partnership* (?)

💿 Yes 💿 No 💿 Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Lauren McKenna

Address*				
Street Address				
PO Box 380426				
Address Line 2				
Apt 208				
City	Stat	te / Province / Region	n	
Birmingham	AI			
Postal / Zip Code		intry		
35238	Un	ited States		
Phone Number*				
713.703.3159				
Email*				
mckennahcs@att.net				
			and the second	
Budget Section				\sim
Budget Units and Amou	nts Charged to eac	h Budget U	nit	
Budget Unit Number*	Amount Charged to	Unit*	Expense/GL Code No.*	
3585	\$ 0.00		000	
Budget Manager	Se	condary Budg	et Manager	
Adams-Austin, Mamie		erlegon, Charles		
Adamo-Adoun, Marine				
Provide Rate and Rate Descripti See uploaded document	ons if applicable * (?)			
See uploaded document Project WBS (Work Breakdown NA	Structure) [*] (?)	ubmission Date		
See uploaded document Project WBS (Work Breakdown NA Requester Name	Structure) * (?) St	ubmission Date 30/2023		
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas	Structure) * (?) St 1/			0
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv	Structure) * (?) St 1/			0
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas	Structure) ^{* (?)} St 1/: /al(s)	30/2023		٥
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv Approved by	Structure) ^{* (?)} St /al(s) Aj	30/2023 pproval Date		٢
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv	Structure) ^{* (?)} St /al(s) Aj	30/2023		٥
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie CAdams</i>	Structure) ^{* (?)} St /al(s) Aj	30/2023 pproval Date		٥
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv Approved by	Structure) ^{* (?)} St /al(s) Aj	30/2023 pproval Date		
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie CAdams</i>	Structure) ^{* (?)} St /al(s) Aj	30/2023 pproval Date		0
See uploaded document Project WBS (Work Breakdown NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Structure)* (?) St /al(s) A; 1/:	30/2023 pproval Date 30/2023		٥
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Page	256	of	281	
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Approved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date *	

Benefit MIRIS Executive Contract Summary

Contractor*	
Royal Care Homes	
Contract ID #*	
2023-0619	
Presented To*	
Resource Committee	
Full Board	
Date Presented *	
2/21/2023	
Parties [*] (?)	
Royal Care Homes and The Harris Center for Mental H	lealth and IDD
Agenda Item Submitted For:* (?)	
Information Only (Total NTE Amount is Less than \$1	
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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year* (?)	
2023	
Funding Source*	
State	

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

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

The ISS programs will operate at the following three (3) locations:

Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081

Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502

Humble Service Center 6805 Oak Village, Humble, TX 77396

See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided * 09/01/21 to present; day habilitation services

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

Yes No Sunknown

Community Partnership* (?)

🖲 Yes 🔘 No 🔘 Unknown

Specify Name*

Royal Care Homes

Supporting Documentation Upload (?)

Revenue Contract ISS.docx	13.58KB
ISS rates FY 23.xlsx	10.63KB

Vendor/Contractor Contact Person

~

Name*		
Alice Lane		
Address*		
Street Address		
15358 Parkrow Blvd		
Address Line 2		
City	State / Province / R	region
Houston	Texas	
Postal / Zip Code	Country	
77084	USA	
Phone Number*		
281-647-7733 (office), 281-647-7	744 (fax)	
Email*		
Alicelane76@gmail.com		
Budget Section		\diamond
Dudget Units and Amer	into Chargod to cooh Budgo	t l Init
budget Units and Amol	ints Charged to each Budge	t Onit
Budget Unit Number*	Amount Charged to Unit *	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager	Secondary Bu	udget Manager
Adams-Austin, Mamie	Kerlegon, Cha	
Provide Pate and Pate Descript	tions if applicable * (?)	
Provide Rate and Rate Descript		
See ISS rates attachment in the s		
See ISS rates attachment in the supload section.	supporting documentation	
See ISS rates attachment in the supload section. Project WBS (Work Breakdown	supporting documentation	
See ISS rates attachment in the supload section.	Supporting documentation	
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name	supporting documentation Structure) * (?) Submission D	Date
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A	Supporting documentation	Date
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo	Supporting documentation Structure) * (?) Submission E 1/25/2023	Date
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name	Supporting documentation Structure) * (?) Submission E 1/25/2023	Date
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo	Supporting documentation Structure) * (?) Submission E 1/25/2023	Date
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approved by	Supporting documentation Structure) * (?) Submission E 1/25/2023	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Appro	supporting documentation Structure)* (?) Submission E 1/25/2023 Val(S)	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approved by	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approved by <i>CMamie Chalams</i>	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approved by	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approved by <i>CMamie Chalams</i>	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Appro Approved by <i>Mamie Maams</i> Procurement Approval	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	0
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Chaams</i> Procurement Approval File Upload (?)	supporting documentation Structure)* (?) Submission D 1/25/2023 Val(s) Approval Data 1/25/2023	e
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Appro Approved by <i>Mamie Chaams</i> Procurement Approval File Upload (?) Approved by	supporting documentation Structure) * (?) Submission D 1/25/2023 val(s) Approval Date	e
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Approv Approved by <i>Mamie Chaams</i> Procurement Approval File Upload (?)	supporting documentation Structure)* (?) Submission D 1/25/2023 Val(s) Approval Data 1/25/2023	e
See ISS rates attachment in the supload section. Project WBS (Work Breakdown N/A Requester Name Childs, Margo Budget Manager Appro Approved by <i>Mamie Chaams</i> Procurement Approval File Upload (?) Approved by	supporting documentation Structure)*(?) Submission D 1/25/2023 Val(s) Approval Date 1/25/2023	e

Approved by Evanthe Cellins	Approval Date 1/25/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	1/26/2023	

Recutive Contract Sun	nmary	
Contract Section		
Contractor*		
Trinity Ayomide, LLC		
Contract ID #*		
N/A		
Presented To*		
Resource Committee		
Full Board		
Date Presented*		
2/21/2023		
Parties [*] (?)		
Parties (0) Trinity Ayomide, LLC and The Harris Center for Mental	Health and IDD	
Agenda Item Submitted For:* (?)		
Information Only (Total NTE Amount is Less than \$1		
Board Approval (Total NTE Amount is \$100,000.004	+)	
Grant Proposal		
 Revenue SOW-Change Order-Amendment# 		
Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source Request for Qualification	
 Request for Application Request for Quote 	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	Other	
Funding Information*		
New Contract Amendment		
Contract Term Start Date * (?)	Contract Term End Date * (?)	
3/1/2023	8/31/2023	
If contract is off-cycle, specify the contract term (?)		
N/A		
Fiscal Year* (?)		

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* (?)

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

The ISS programs will operate at the following three (3) locations: Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081 Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502 Humble Service Center 6805 Oak Village, Humble, TX 77396

See supporting documentation upload section for additional information and website link.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

```
🖲 Yes 🔵 No 🕘 Unknown
```

Please add previous contract dates and what services were provided* 09/01/21 to present; day habilitation services

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

🕘 Yes 🔘 No 💿 Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Trinity Ayomide, LLC

Supporting Documentation Upload (?)

Revenue Contract ISS.docx	
ISS rates FY 23.xlsx	

13.58KB 10.63KB

Vendor/Contractor Contact Person

Name^{*} Christie Samuel

Address*		
Street Address		
P.O. Box 440882		
Address Line 2		
City	State / Province / Re	gion
Houston	Texas	
Postal / Zip Code	Country	
77244	USA	
Phone Number*		
713-909-6533 (cell), 713-909-371	7 (fax)	
Email*		
trinityayomide@yahoo.com		
Budget Section		
Budget Units and Amou	nts Charged to each Budget	Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	N/A
Budget Manager	Secondary Bu	dget Manager
Adams-Austin, Mamie	Kerlegon, Charl	
See supporting documentation up list. Project WBS (Work Breakdown		
N/A		
Requester Name	Submission D	ate
Childs, Margo	1/25/2023	
Budget Manager Appro	val(s)	
Approved by		
Approved by	Approval Date	
Mamie Adams	1/26/2023	
manae Oraamo		
Procurement Approval		\circ
File Upload (?)		
Approved by	Approval Date	
Sign	Approval Date	
Ogn		
Contract Owner Approv	al	\sim

Approved by

Evanthe Collins

Approval Date 1/26/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date* 2/1/2023

3

a a the				
HARRIS CENTER	Executiv	ve Contr	act Sun	mary
JO CENTER	Excourt		der eun	undery
brook Warding and Mills				

Contract Section

טער איז	n one for all all the formation of the general formation in the second state of the
Contractor*	
Vita Living Inc.	
Contract ID #*	
NA	
Presented To*	
Resource Committee	
G Full Board	
Date Presented *	
1/30/2023	
Parties [*] (?)	
Vita Living Inc. and The Harris Center for Mental Health a	nd 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
NA	
NA	
Fiscal Year* (?)	
2023	
Funding Source*	
State Grant	

Page 266 of 281

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 * (?)

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

The ISS programs will operate at the following three (3) locations: Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081 Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502 Humble Service Center 6805 Oak Village, Humble, TX 77396

See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

🖲 Yes 🕘 No 🕘 Unknown

Please add previous contract dates and what services were provided* 09-01-2022 through current for Day Programming.

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

Yes No Inknown

Community Partnership* (?)

🔘 Yes 🔘 No 🖲 Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Donnetta Armstead

Address*		
Street Address		
3300 South Gessner Road Suite #1	50	
Address Line 2		
City	State / Province / F	Region
Houston	ТХ	
Postal / Zip Code	Country	
77063-5100	US	
Phone Number*		
713.292.1820		
Email*		
darmstead@vitaliving.org		
Budget Section		
Budget Units and Amour	nts Charged to each Budge	t Unit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
	\$ 0.00	000
3585		
		udget Manager
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio	Secondary Br Kerlegon, Cha	udget Manager Irles
Budget Manager Adams-Austin, Mamie	Secondary Be Kerlegon, Cha ons if applicable * (?)	
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptic See uploaded document Project WBS (Work Breakdown S NA	Secondary Be Kerlegon, Cha ons if applicable * (?)	rles
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptic See uploaded document Project WBS (Work Breakdown S	Secondary B Kerlegon, Cha ons if applicable ^{* (?)} Structure) ^{* (?)}	rles
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023	rles
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023	rles
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 al((S)	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by	Secondary By Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Descriptio See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 al((S)	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie CAdams</i>	Secondary By Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval	Secondary By Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie CAdams</i>	Secondary By Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat 1/30/2023	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?) Approved by	Secondary By Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 ral(S) Approval Dat	Date
Budget Manager Adams-Austin, Mamie Provide Rate and Rate Description See uploaded document Project WBS (Work Breakdown S NA Requester Name Wills, Thomas Budget Manager Approv Approved by <i>Mamie Adams</i> Procurement Approval File Upload (?)	Secondary Bi Kerlegon, Cha ons if applicable * (?) Structure) * (?) Submission I 1/30/2023 al(s) Approval Dat 1/30/2023	Date

Page	268	of	281
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Approved by Evanthe Collins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	Approval Date*	
Belinda Stude	2/1/2023	
Deunaa Oldae	21112023	

Recutive 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

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract Amendment

Contract Term Start Date * (?)

12/9/2022

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?)

2023

Funding Source*

State

Page 270 of 281

Contract Description / Type * (?)	
	Consultant
 Personal/Professional Services Consumer Driven Contract 	Consultant New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided * (?)
The consumers from this provider has requeste The Harris Center for Mental Health and IDD D	ed to receive Day Habilitation Services from
Contract Owner*	
Lily Pan	
Previous History of Contracting with Vendo	r/Contractor*
Yes No Unknown	
Please add previous contract dates and wh	at services were provided *
Fiscal Year 2021	
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* ^(?)
Yes No Inknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Rate Charges HCS and TxHmL Providers Fisc	cal Year .docx 12.94KB
Vendor/Contractor Contact Perso	on
Name*	
Beanca Williams	
Address*	
Street Address	
4808 Yale Street	
Address Line 2	
City	State / Province / Region
Houston	ТХ
Postal / Zip Code	Country
77018-2202	US
Phone Number*	
713.460.0781 fax# 832.304.5231	
Email*	
Bwilliams@voatx.org	
Budget Section	6
Budget Units and Amounts Char	rged to each Budget Unit

Budget Unit Number* 3585	Amount Charged \$ 0.00	to Unit*	Expense/GL Code No.* 000
Budget Manager Adams-Austin, Mamie		Secondary Budget Kerlegon, Charles	Manager
Provide Rate and Rate Descriptions See uploaded document	s if applicable * (?)		
Project WBS (Work Breakdown Str NA	ucture) * (?)		
Requester Name Wills, Thomas		Submission Date 12/9/2022	
Budget Manager Approval	(s)		·
Approved by Mamic Adams-Austin		Approval Date 12/9/2022	
Procurement Approval			\mathbf{S}
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<u>⊘</u>
Approved by Lity Pan		Approval Date 12/14/2022	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction Approved by *		Approval Date *	
Belinda Stude		12/14/2022	

Stand (ENTER and Executive Contract Summary

Contract Section

Contractor*	
Weathers & Associates	
Contract ID #*	
Presented To* Resource Committee Full Board 	
Date Presented* 1/30/2023	
Parties ^{* (?)}	
Weathers & Associates and The Harris Center for Mental	Health and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$100 Board Approval (Total NTE Amount is \$100,000.00+) Grant Proposal Revenue SOW-Change Order-Amendment# Other	0,000.00)
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date* (?)
3/1/2023	8/31/2023
If contract is off-cycle, specify the contract term (?)	
NA	
Fiscal Year ^{* (?)} 2023	
Funding Source*	

State Grant

Page 273 of 281

Contract	Descri	ption /	Type*	(?)
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- 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
- Cher Cher

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

Revenue Contract

Individualized Skills and Socialization Services (ISS) Contractual Agreement

Justification: In pursuant of following the guidelines and changes set forth by HHSC for ISS for waiver programs. The program will provide on-site (center-based) and off-site (community-based) activities for eligible individuals. The On-site ISS activities will be person -centered, based on the Level of Need (LON) of the participant and focus on skill development and gaining independence, socialization, community participation, or volunteer or employment goals. The Off-site ISS activities are integrated into the community to promote the development of skills and behavior that support independence and personal choice or life choices to achieve outcomes as identified on their Person Directed Plan (PDP).

The ISS programs will operate at the following three (3) locations: Hillcroft Empowerment Center 6125 Hillcroft, Houston, TX 77081 Pasadena Enrichment Center 817 Southmore Blvd, #150, Houston, TX 77502 Humble Service Center 6805 Oak Village, Humble, TX 77396

See attachment for additional information and website link.

New Regulatory Rules for Long-term Care Regulation (LTCR) Individualized Skills and Socialization Services (texas.gov)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes O No O Unknown

Please add previous contract dates and what services were provided*

09-01-2022 through current for Day Programming.

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

Yes No Inknown

Community Partnership* (?)

🕘 Yes 🔵 No 💿 Unknown

Supporting Documentation Upload (?)

Copy of ISS rates FY 23.xlsx

10.22KB

Vendor/Contractor Contact Person

Name* Wanda Weathers

Address*		
Street Address PO Box 720908		
Address Line 2		
City	State / Province / Region	
Houston	Тх	
Postal / Zip Code	Country	
77272	US	
Phone Number*		
281.330.3816		
Email*		
wweathers18@gmail.com		
Budget Section		
Budget Units and Amount	s Charged to each Budget Ur	nit
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager	Secondary Budge	t Manager
Adams-Austin, Mamie	Kerlegon, Charles	
	-	
Provide Rate and Rate Description	ns if applicable * (?)	
Provide Rate and Rate Description See uploaded document	ns if applicable [*] ^(?)	
See uploaded document Project WBS (Work Breakdown St NA		
See uploaded document Project WBS (Work Breakdown St	ructure) * (?)	
See uploaded document Project WBS (Work Breakdown St NA Requester Name	ructure) [*] (?) Submission Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas	ructure) [*] (?) Submission Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas Budget Manager Approva Approved by	ructure) [*] (?) Submission Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas Budget Manager Approva	ructure) ^{* (?)} Submission Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>CMamie CAdams</i>	ructure)* (?) Submission Date 1/30/2023 NI(S) Approval Date	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas Budget Manager Approva Approved by	ructure)* (?) Submission Date 1/30/2023 NI(S) Approval Date	
See uploaded document Project WBS (Work Breakdown St NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>Mamie Adams</i>	ructure)* (?) Submission Date 1/30/2023 NI(S) Approval Date	
See uploaded document Project WBS (Work Breakdown Str NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>Mamie Chdams</i> Procurement Approval File Upload (?)	ructure)* (?) Submission Date 1/30/2023 Al(S) Approval Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown Str NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>CMamie CAdams</i> Procurement Approval File Upload (?) Approved by	ructure)* (?) Submission Date 1/30/2023 NI(S) Approval Date	
See uploaded document Project WBS (Work Breakdown Str NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>Mamie Chdams</i> Procurement Approval File Upload (?)	ructure)* (?) Submission Date 1/30/2023 Al(S) Approval Date 1/30/2023	
See uploaded document Project WBS (Work Breakdown Str NA Requester Name Wills, Thomas Budget Manager Approva Approved by <i>CMamie CAdams</i> Procurement Approval File Upload (?) Approved by	ructure)* (?) Submission Date 1/30/2023 Approval Date 1/30/2023 Approval Date	
See uploaded document Project WBS (Work Breakdown Str NA Requester Name Wills, Thomas Budget Manager Approva Approved by CMamie CAdams Procurement Approval File Upload (?) Approved by Sign	ructure)* (?) Submission Date 1/30/2023 Approval Date 1/30/2023 Approval Date	

Approved by Evanthe Cellins	Approval Date 1/30/2023	
Contracts Approval		
Approve*		
9 Yes		
No, reject entire submission		
Return for correction		
Approved by *		
	*	
	Approval Date*	

Harris Executive Contract Summary

Contract Section

Contractor*

The University of Texas at Austin

Contract ID #*

2021-0126

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

University of Texas at Austin and The Harris Center for Mental Health and IDD services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

New Contract
Amendment

Contract Term Start Date * (?)

9/1/2022

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven
 Other Federal Award

Request for Qualification

Sole Source

Tag-On

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

Fiscal Year* (?) 2023

Funding Source* Federal Grant

Contract Description / Type * (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract

- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Revenue Award

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

The organization will serve as a local performance site for the NIMH-funded activities under "Advancing the Early Psychosis Intervention Network in Texas (EPINET-TX)." The organization will engage providers in the collection of evaluation data on participants in their First Episode Psychosis program and provide de-identified data to the UT data collection system. Organizations will also support at least one representative to serve on the First Episode Psychosis Consortium, which will meet quarterly through web-based on in-person meetings. The organization will participate in several pilot research studies over the fouryear period focused on approaches to supporting reduced harm from substance use for coordinated specialty care participants.

Award this period = \$24,167.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Inknown

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

Yes No Inknown

Community Partnership* (?)

Yes No Inknown

Supporting Documentation Upload (?)

UTAUS-SUB00000245M2.pdf

72.61KB

State / Province / Region

ТΧ

US

Country

Vendor/Contractor Contact Person

Name*

Molly Lopez

Address*

Street Address 3925 West Braker Lane, WPR Building Address Line 2 Suite 3.340, STOP A9000 City Austin Postal / Zip Code 78759-5316

Phone Number* (514) 471-6424

Email*

mlopez@austin.utexas.edu

Budget Units and Amo	unts Charged to e	ach Budget Ur	nit
Budget Unit Number*			Expense/GL Code No.*
2424	\$ 0.00		421002
Budget Manager		Secondary Budget	t Manager
Shelby, Debbie		Loera, Angelica	r manager
Provide Rate and Rate Descrip	tions if applicable * (?)		
\$0.00			
Project WBS (Work Breakdown	n Structure) * (?)		
\$0.00			
Requester Name		Submission Date	
Shelby, Debbie		1/30/2023	
Budget Manager Appro	oval(s)		
Approved by		Approval Date	
Debbie Chambers Shelby		1/30/2023	
& Auvie Chambers Chevy		1100/2020	
Contract Owner Appro	val		
Approved by		Approval Date	
Lance Britt		1/30/2023	
Winte to the			
Contracts Approval			
Approve*			
Yes			
No, reject entire submission			
Return for correction			
Approved by *			
		Approval Date*	
Belinda Stude		2/2/2023	
Danaa Maab			

HARRIS	E	<i>cecutive</i>	Contrac	t Sum	mary	
OO CENTER av						

Contract Section

Contractor*

The University of Texas Health Center-San Antonio - Be Well Texas

Contract ID #*

2022-0603

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/21/2023

Parties* (?)

UT Health San Antonio/Be Well Texas and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)

Funding Information*

Contract Term Start Date * (?)

9/1/2022

Contract Term End Date* (?) 8/31/2023

Competitive Proposal

Consumer Driven

Request for Qualification

Sole Source

Tag-On

Other

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

Fiscal Year* (?) 2023

Funding Source* Federal Grant

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Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description	on of Services Being Provided * (?)	
Purchased service agreement for crisis line/en		
telehealth services for SUD and non-severe m		
Contract Owner*		
Jennifer Battle		
Previous History of Contracting with Vendo	or/Contractor *	
🖲 Yes 🔘 No 🕘 Unknown		
Please add previous contract dates and wh	nat services were provided *	
same services provided in FY22		
Vendor/Contractor a Historically Underutiliz	zed Business (HUB)* (?)	
Yes No Inknown		
Community Partnership* (?)		
🔘 Yes 🌑 No 🖲 Unknown		
Supporting Documentation Upload (?)		
171692_The_Harris_Center_For_Mental_Hea	alth_And_IDD_LMHA- 245.68KB	
02.pdf		
Vander/Contractor Contact Bors		
Vendor/Contractor Contact Pers	011	
Name*		
Chris Green		
Address*		
Street Address		
7703 Floyd Curl Drive		
Address Line 2		
MSC 7828		
City	State / Province / Region	
San Antonio	TX	
Postal / Zip Code	Country	
78229	US	
Phone Number*		
210-567-2340		
Email*		
grants@uthscsa.edu		
Rudgot Soction		0
Budget Section		0

Budget Units and Amount	s Charged to each Budget L	Jnit
Budget Unit Number* 7110	Amount Charged to Unit* \$ 250,000.00	Expense/GL Code No.* 437085
Budget Manager Ilejay, Kevin	Secondary Budg Campbell, Ricard	
Provide Rate and Rate Description 62,500 to be billed to UT/Be Well qua		
Project WBS (Work Breakdown Str NA	ructure) ^{* (?)}	
Requester Name Battle, Jennifer	Submission Date 12/28/2022	e
Budget Manager Approva	l(s)	
Approved by <i>kevin ilejay</i>	Approval Date 12/28/2022	
Procurement Approval		
File Upload (?)		
Approved by Sign	Approval Date	
Contract Owner Approval		\odot
Approved by <i>Jennifer Battle</i>	Approval Date 12/29/2022	
Contracts Approval		
Approve* Yes No, reject entire submission Return for correction 		
Approved by* Belinda Stude	Approval Date* 12/29/2022	