



The Harris Center for Mental Health and IDD
9401 Southwest 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
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'23 Year-to-Date Budget Report- January
(EXHIBIT 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

Veronica Franco

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



The Harris Center for Mental Health and IDD

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.



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

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 22,382	\$ 22,625	\$ (244)
Expenditures	28,138	27,132	(1,006)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (5,757)</u>	<u>\$ (4,507)</u>	<u>\$ (1,250)</u>

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ 1,250</u>	<u>\$ 984</u>	<u>\$ 267</u>

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 January 31, 2023				Five Months Ended January 31, 2023			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
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	3,366,382	3,366,382	-		16,831,910	16,831,910	-	
COVID-19 FMAP Allocation	-	-	-		-	-	-	
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	b \$ 983,591	\$ 266,644	

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

	Ending Balance		Increase/(Decrease)	
	December 31, 2022	January 31, 2023	January	
Assets				
Cash and Cash Equivalents	\$ 85,219,775	\$ 73,281,411	\$ (11,938,364)	a
Inventory - includes RX	382,610	380,660	(1,950)	b
Prepaid Expenses	8,669,890	7,590,562	(1,079,328)	c
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	<u>142,684,719</u>	<u>133,755,738</u>	<u>(8,928,981)</u>	
Right of Use Asset (Lease)	1,933,770	1,933,770	-	
Land	12,654,193	12,654,193	-	
Building	25,389,494	25,389,494	-	
Building Improvements	21,175,215	21,175,215	-	
Furniture and Fixtures	6,909,682	6,919,784	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	<u>90,713,455</u>	<u>91,467,532</u>	<u>754,077</u>	
TOTAL ASSETS	<u>\$ 233,398,174</u>	<u>\$ 225,223,270</u>	<u>\$ (8,174,904)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 29,402,416	\$ 17,287,114	\$ (12,115,302)	e
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	<u>44,725,464</u>	<u>38,066,318</u>	<u>(6,659,146)</u>	
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	<u>1,016,237</u>	<u>1,017,171</u>	<u>934</u>	
TOTAL LIABILITIES	<u>45,741,701</u>	<u>39,083,489</u>	<u>(6,658,212)</u>	
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	-	
ECl 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	<u>185,359,230</u>	<u>184,889,546</u>	<u>(469,684)</u>	
Year to Date Excess Revenues over (under) Expenditures	2,297,243	1,250,235	(1,047,008)	
TOTAL FUND BALANCE	<u>187,656,473</u>	<u>186,139,781</u>	<u>(1,516,692)</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 233,398,174</u>	<u>\$ 225,223,270</u>	<u>\$ (8,174,904)</u>	

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.
 - i. 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.

	Ending Balance		Increase (Decrease)
	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	6,550	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
	<u>\$ 85,219,775</u>	<u>\$ 73,281,411</u>	<u>\$ (11,938,364)</u>

- b. Inventory book balances are updated monthly utilizing calculations for inventory purchased and used during the month. Inventory balances are accurately updated annually after the year-end physical inventory. PAP/drug samples are not included in inventory , as this inventory does not belong to the Center.

Inventory consists of the following:

	Ending Balance		Increase (Decrease)
	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	<u>\$ 382,610</u>	<u>\$ 380,660</u>	<u>\$ (1,950)</u>

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

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in January.

	Ending Balance		Increase
	12/31/2022	1/31/2023	(Decrease) 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	(5,899)
Pharmacy PBM	58,801	66,588	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

II. Accounts Receivable Other (Continued)	Ending Balance		Increase (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	(4,354)
DSHS Mental Health 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	(5,536)
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	(54,725)
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	<u>\$ 39,225,975</u>	<u>\$ 44,677,197</u>	<u>\$ 5,451,222</u>

- 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.

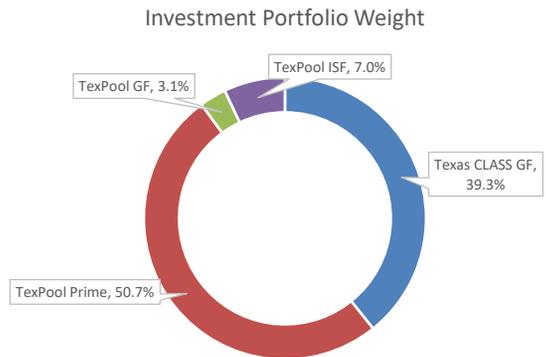
III. Investment Portfolio

- 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)

	Beginning Balance	Transfer In	Transfer Out	Interest 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	11,309,616	\$ 5,500,000	\$ -	59,125	16,868,741	50.7%	4.520%
TexPool General Fund	1,017,608			3,668	1,021,276	3.1%	4.244%
TexPool Internal Service Fund	2,325,560			8,383	2,333,943	7.0%	4.244%
<i>TexPool Sub-Total</i>	<i>14,652,784</i>	<i>5,500,000</i>	<i>-</i>	<i>71,176</i>	<i>20,223,960</i>	<i>60.7%</i>	<i>4.474%</i>
Total Investments	\$ 25,168,758	\$ 11,000,000	\$ (3,000,000)	\$ 124,621	\$ 33,293,379	100%	4.513%



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 
 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

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
258C3C5A6EE9418

Sharon Brauner on behalf of Frances Otto, CTCD
Buyer II

DocuSigned by:
Sharon Brauner
258C3C5A6EE9418

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

DocuSigned by:
Vanessa McKeown
040600FF60B4GA

Vanessa McKeown, CPA
Chief Financial Officer

EXHIBIT R-4

FEBRUARY 2023
AMENDMENTS OVER 100k

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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 26,100.00

Increase Not to Exceed*

\$ 78,300.00

Revised Total Not to Exceed (NTE)*

\$ 104,400.00

Fiscal Year* (?)

2022

Amount* (?)

\$ 78,300.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

"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*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

CT142521

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Invoice_11213_from_CTEK_Security_Inc.pdf

21.42KB

Vendor/Contractor Contact Person



Name*

CTEK SECURITY

Address *

Street Address

11940 Jollyville Road

Address Line 2

City

Austin

Postal / Zip Code

78759

State / Province / Region

TX

Country

US

Phone Number*

5124028550

Email*

nvoices@cynergistek.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 78,300.00	553003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

SEE ATTACHED INVOICE

Project WBS (Work Breakdown Structure)* (?)

. RFP

Project No. 18/0023.

Requester Name

Boswell, Shawnti

Submission Date

1/17/2023

Budget Manager Approval(s)

Approved by

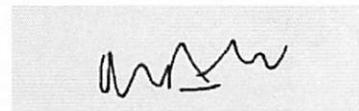


Approval Date

1/17/2023

Contract Owner Approval

Approved by



Approval Date

1/18/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/18/2023

EXHIBIT R-5

February 2023

RENEWALS OVER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7828

Contractor Name*

Cardinal Health Pharmacy Services, LLC

Service Provided* (?)

Remote Order Pharmacy Support Services

Renewal Term Start Date*

4/1/2023

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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? * (?)

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 120,000.00	553002
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2023	\$ 120,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Please provide the net days *

30

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Angela Babin

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

ANGELA BABIN

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/19/2023

EXHIBIT R-6

February 2023
INTERLOCAL AGREEMENTS



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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2023

Contract Term End Date* (?)

2/1/2024

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

September 1, 2024 through August 31, 2023

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

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

To address the regional referral process, coordination of services and sharing of information between The Harris Center and Department of Family and Protective Services

Contract Owner*

Sandra Brock

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Department of Family & Protective Services

Supporting Documentation Upload (?)

DFPS MOU Draft.docx 36.52KB

Vendor/Contractor Contact Person

Name*

Sandra Brock

Address*

Street Address

9401 Southwest Fwy.

Address Line 2

City

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

US

Phone Number*

7139703307

Email*

sandra.brock@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

2200

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

000000

Budget Manager

Shelby, Debbie

Secondary Budget Manager

Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Brock, Sandra

Submission Date

1/19/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

1/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sandra Brock

Approval Date

1/20/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/24/2023



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

Renewal Term End Date*

2/28/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

- Yes
- No

Were Services delivered as specified in the contract?*

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 853,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
County

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Osman

Contract Owner Approval



Approved by

KIM KOPNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/11/2023



Executive Contract Summary

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/9/2023

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow 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 Unknown

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

State / Province / Region

TX

Country

US

Phone Number*

281-260-3374

Email*

rachel.ibanez@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9263	\$ 0.00	0
Budget Manager Oshman, Jodel	Secondary Budget Manager Macleod, Ann	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name Singh, Patricia	Submission Date 1/4/2023
--	------------------------------------

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date
1/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date
1/4/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *
1/4/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7409

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Crisis Intervention Helpline/Access Services provided to Callers.

Renewal Term Start Date*

3/1/2023

Renewal Term End Date*

2/28/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

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*

N/A

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 90,000.00	420015
Budget Manager *		Secondary Budget Manager *
Ilejay, Kevin		Campbell, Ricardo

Fiscal Year * (?)	Amount * (?)
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 Olejny

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/11/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7424

Contractor Name*

Spindletop Center

Service Provided* (?)

Telephonic Crisis Line Services to provide MH and IDD resources and support.

Renewal Term Start Date*

3/1/2023

Renewal Term End Date*

2/28/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

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*

Jennifer Battle

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

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

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 deJong

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/11/2023



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/1/2022

Contract Term End Date* (?)

9/30/2024

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

Fiscal Year* (?)
2023

Amount* (?)
\$ 212,400.00

Funding Source*

County

Contract Description / Type* (?)

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

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

Amendment to increase the NTE for revised FY23 Budget. External program evaluation of the ARPA program as required by Harris County. Annual funding.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Lavanya Lakshiminarasimhan

Address*

Street Address

4730 Calhoun Road room 300

Address Line 2

City

Houston

Postal / Zip Code

77204

State / Province / Region

TX

Country

United States

Phone Number*

na

Email*

llakshmi@central.uh.edu

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 212,400.00	542000
Budget Manager Ilejay, Kevin		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name Battle, Jennifer	Submission Date 2/2/2023
---	------------------------------------

Budget Manager Approval(s)



Approved by

Kevin Ilejay

Approval Date

2/2/2023

Contract Owner Approval



Approved by

Jennifer Battle

Approval Date

2/2/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

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 Services	EHR	Monthly	# receiving integrated care encounter data from the mobile clinics 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 SMI/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
Armstrong

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

Rosalind Armstrong, BSBA
Buyer II

Nina Cook

Digitally signed by Nina
Cook
Date: 2023.02.02
07:36:55 -06'00'

Nina Cook, MBA, CTPM, CTCD
Director of Purchasing

Vanessa
McKeown, CPA

Digitally 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

- The Houston Chronicle
- Defender
- La Informacion
- The Harris Center website
- The Houston Minority Supplier Development Council
- The State of Texas ESBD website
- Women’s Business Enterprise Alliance

Project Team of 8 Harris Staff employees

- Carrie Rys
- Steve Evans
- Dr. Stanley Williams
- Sharon Brauner
- Rosalind Armstrong
- Karen Hurst
- Jessica Soto
- Janeth Martinez

Evaluation Criteria

- Overall Understanding and Response **10%**
- Vendor Qualifications **10%**
- Timeline **30%**
- Past Performance History **20%**
- Cost **30%**

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

Funding Sources

- Rockwell Fund - \$55,000
- Cullen Foundation - \$150,000
- Federal Incubator Grant - \$46,340
- **TOTAL = \$251,340**

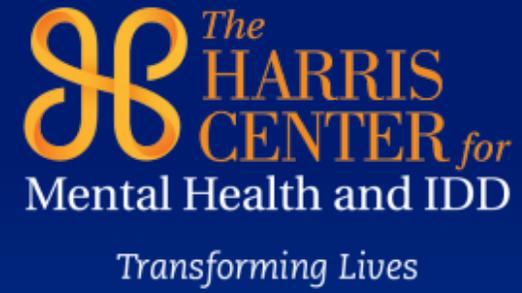
Total Not to Exceed (NTE)

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

Request for Proposal – Proposal 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



Thank You

EXHIBIT R-8

Facilities Capital Project Update FY23

Anthony Robinson, VP Risk Management

Todd McCorquodale, Director of Facilities Services

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 completion 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	<input checked="" type="checkbox"/>	1. Donsky House - Complete, 2. Applewhite - Complete Pasadena A - Complete 3. 4. Pasadena B - Complete 5. Warm Springs - Complete 6. Stonechase - Complete, 7. Jackson St. - Complete	\$132,000
6160	Perimeter Fence	FM22.1126.19	\$253,300	Q1 FY2023	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	75%	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	<input checked="" type="checkbox"/>	Completed 12/27/22 (\$54,014)	\$60,500

New Southeast Clinic Demolition – Completed 2/4

Before



After



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



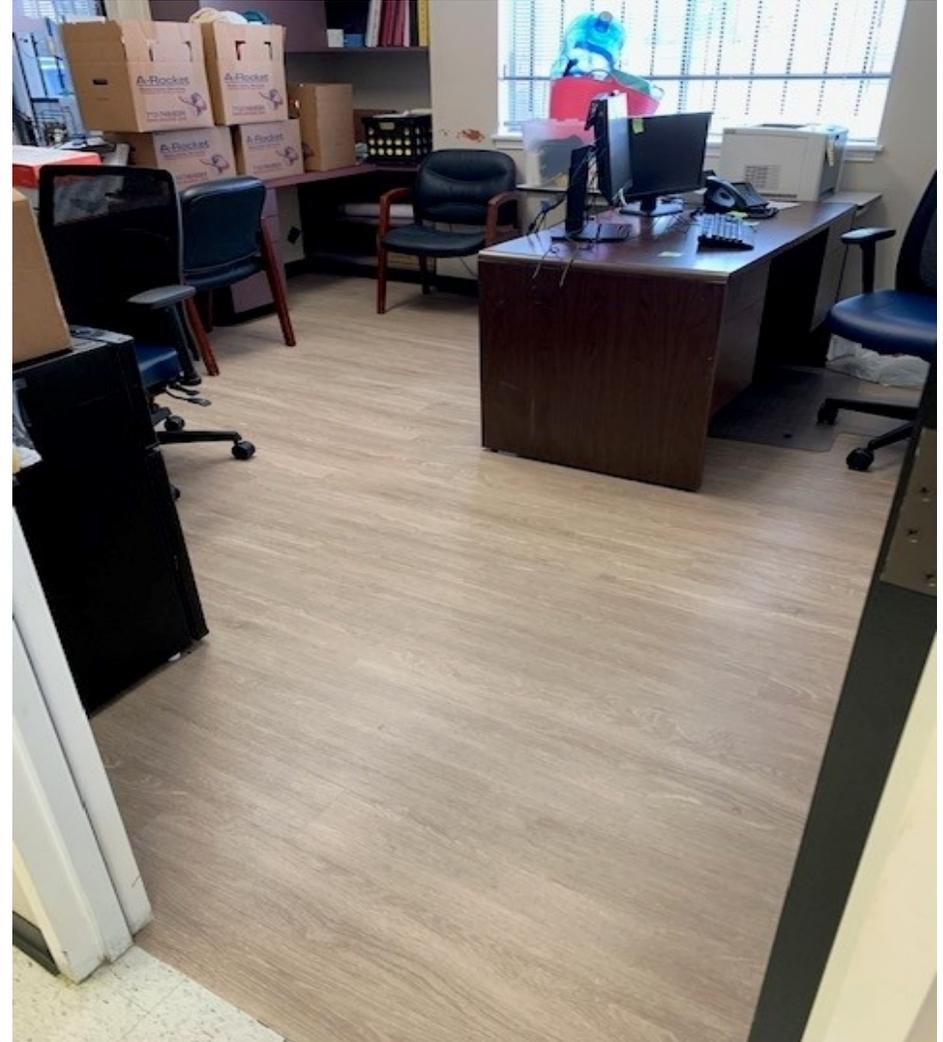
Stone Chase

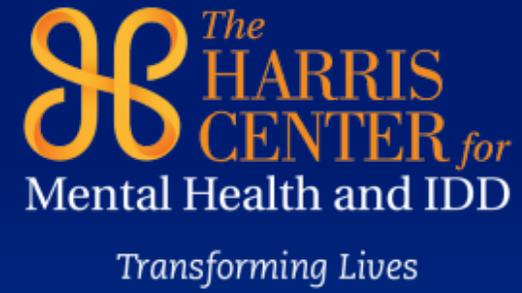


Warm Springs

Windows Replaced at 7 IDD Residential Homes

Humble Floor Project





Thank You

EXHIBIT R-9

February 2023
NEW CONTRACTS UNDER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	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).

DocuSigned by:
Frances Otto
960C6940CE54402...
Frances Otto, CTCD
Buyer II

DocuSigned by:
Nina Cook
5163F40913774C8...
Nina Cook, MBA, CTCM, CTCD
Purchasing Director

DocuSigned by:
Vanessa McKeown
0405B9FF5CB4CA...
Vanessa McKeown, CPA
Chief Financial Officer



Executive Contract Summary

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 Maptician

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- 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* (?)

4/1/2023

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 13,150.00

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 is a new request to purchase Office Space Allocation and Management Tool.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Maptician Order Form_The Harris Center_V4.pdf 210.55KB

Vendor/Contractor Contact Person

Name*

AshLea Allberry

Address*

Street Address

600 P Street

Address Line 2

City

Lincoln

Postal / Zip Code

68508

State / Province / Region

NE

Country

US

Phone Number*

(402) 405-2449

Email*

ashlea.allberry@maptician.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 5,400.00	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 7,750.00	553003
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Year One Total NTE: \$13,150.00
\$5,400.00 (Annual Software Subscription)
\$7,750.00 Floor Plan Creation and Implementation

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Jones, Anthony	2/2/2023

Budget Manager Approval(s)

Approved by	Approval Date
<i>Debbie Chambers Shelby</i>	2/2/2023

Approved by	Approval Date
<i>Erica Brown</i>	2/2/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
<i>Sharon Brauner</i>	2/2/2023

Contract Owner Approval

Approved by	Approval Date
<i>Todd McCorquodale</i>	2/2/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/2/2023



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2023

Contract Term End Date* (?)

8/31/2023

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
- 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* (?)

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

State / Province / Region

N/A

Country

N/A

Phone Number*

512-589-2909

Email*

lisa.sullivan@texassuicideprevention.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 39,900.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

\$19,950/class

Project WBS (Work Breakdown Structure)* (?)

AS+K: 8hr/day class

CALM: 2 - 8hr/day class (total of 16 hours)

Requester Name	Submission Date
Bittner, Tiffany	1/18/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/18/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Gertrude Leidich

Approval Date

1/18/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/19/2023



Executive Contract Summary

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

- | | |
|---|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input style="width: 200px;" type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/17/2023

Contract Term End Date* (?)

2/17/2023

If contract is off-cycle, specify the contract term

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Need a facility to have a CMO - Clinical Retreat - Friday, February 17th from 8:00 to 3:30

Contract Owner*

Luming Li

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

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

United Way Contract - New.pdf

110.3KB

Vendor/Contractor Contact Person

Name*

Kevin Wollin

Address*

Street Address

50 Waugh Drive

Address Line 2

City

Houston

Postal / Zip Code

77007-5813

State / Province / Region

Texas

Country

US

Phone Number*

713-685-2732

Email*

kwolling@unitedwayhouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 0.00	548001

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name	Submission Date*
Mayne, Annette	1/13/2023



Executive Contract Summary

Contract Section ▲

Contractor*

Wei Guo

Contract ID #*

2023-0608

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/28/2023

Parties* (?)

Wei Guo and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/15/2023

Contract Term End Date* (?)

1/15/2024

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 61,424.51
Fiscal Year* (?)	Amount* (?)
2024	\$ 36,854.70

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 respomding 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
- No
- Unknown

Please provide an explanation *

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

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name *

Wei Guo

Address *

Street Address

201 S. Lewis St., #102

Address Line 2

City

Orange

Postal / Zip Code

92868

State / Province / Region

California

Country

United States

Phone Number *

8325496688

Email *

wei.guo@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1148	\$ 61,424.51	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

The proposed rate is \$47.25 per hour, equivalent to \$3779.98 per pay period or annual rate of \$98279.21.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hickey, Scott

Submission Date

12/22/2022

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/3/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

1/10/2023

Contract Owner Approval

Approved by

Gertrude Leidich

Approval Date

1/12/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date*

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							
	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							
	LEASES							



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

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.

Renewal Term Start Date*

3/1/2023

Renewal Term End Date*

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 2,260.00

Rate(s)/Rate(s) Description

IDEA License Renewal \$590.00 per License

Unit(s) Served*

1101

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

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 2,260.00	542000
Budget Manager*	Secondary Budget Manager*	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,260.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2023

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

The Harris Center Renewal Quote 2023.pdf

179.72KB

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

David Fojtik

Budget Manager Approval(s)



Approved by

Erica Brown

Contract Owner Approval



Approved by

David W. Fortik

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/26/2023



Annual Renewal Evaluation

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

2023

Contract ID# *

2022-0351

Contractor Name *

Civic Initiatives, LLC

Service Provided* (?)

Consulting support services for On Demand Procurement and contract-related projects for both Purchasing and Contracts departments.

Renewal Term Start Date *

3/1/2022

Renewal Term End Date *

12/31/2022

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

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 10,000.00	542000
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

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

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Please Explain*

New Responsible Party: Vanessa McKeown
 Previous Contract Owner: Sean Kim
 This contract is shared between Contracts, Legal and Purchasing

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

Vanessa McKeown

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Val

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/24/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6527

Contractor Name*

Centre Technology, Inc.

Service Provided* (?)

Dell/Compellent support renewal for data center equipment

Renewal Term Start Date*

5/1/2023

Renewal Term End Date*

4/30/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 53,000.00	553001

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 12,000.00	553003

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

Fiscal Year* (?)	Amount* (?)
2023	\$ 65,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochinwala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/4/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

2021-0289

Contractor Name*

Headspace, Inc.

Service Provided* (?)

Headspace for Work Platform

Renewal Term Start Date*

4/7/2023

Renewal Term End Date*

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+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 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 Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 27,600.00	549005
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 27,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/24/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

7106

Contractor Name*

ASSA ABLOY Entrance Systems US Inc.

Service Provided* (?)

Maintenance of Automatic Doors at NPC.

Renewal Term Start Date*

3/1/2023

Renewal Term End Date*

2/28/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 2,079.00

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 Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,286.90	557001
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Kornmayer, Kimberly	

Fiscal Year* (?)	Amount* (?)
2023	\$ 2,286.90

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/3/2023

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								
	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.
3	Ellen B. Kagen	Consulting Services for Leadership and the CEO	\$12,600.00	\$28,710.00	\$41,310.00	09/01/2022-08/31/2023	GR	N/A	Amendment to increase the NTE to cover an outstanding invoice and to expand the scope of work through the remainder of fiscal year.
4	Medical Practice Consultants, Inc.	Consulting Services for Medical Coding and Training	\$8,000.00	\$41,500.00	\$49,500.00	12/01/22-08/31/23	Private Pay Source	Request for Quote	Amendment to increase the NTE and for expansion of coding/compliance bill review and training for outlier Providers as identified each quarter in this fiscal year.
	CPEP/CRISIS SERVICES								
5	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 Loop 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 and evaluations to ensure that performance targets 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.



Executive Contract Summary

Contract Section

Contractor*

BoardBookit, Inc. dba Govenda

Contract ID #*

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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

1/15/2023

Contract Term End Date* (?)

1/15/2024

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

Email*

lhuber@boardbookit.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,000.00	551003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

1/27/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/27/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

1/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/27/2023



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2021

Contract Term End Date* (?)

8/31/2022

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

Current Contract Amount*

\$ 39,000.00

Increase Not to Exceed*

\$ 30,000.00

Revised Total Not to Exceed (NTE)*

\$ 69,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 30,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Contract has ended but we have continued to utilize services during the transition with another vendor.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/21 to 08/31/22, pre-employment drug screening testing

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

Yes No Unknown

Please provide an explanation*

NA

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Gissel Ariza

Address*

Street Address

10900 Corporate Centre Drive

Address Line 2

City

Houston

Postal / Zip Code

77041

State / Province / Region

Texas

Country

United States

Phone Number*

281-673-2400

Email*

gissel.ariza@disa.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 30,000.00	543025
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

1/6/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

1/9/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/9/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/9/2023



Executive Contract Summary

Contract Section

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 Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 12,600.00

Increase Not to Exceed*

\$ 28,710.00

Revised Total Not to Exceed (NTE)*

\$ 41,310.00

Fiscal Year* (?) 2022 **Amount* (?)** \$ 28,710.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

Justification/Purpose of Contract/Description of Services Being Provided* (?)
Leadership and Consultant Services for the CEO

Contract Owner*
Wayne Young

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

Please add previous contract dates and what services were provided*
FY2022

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ⬆

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*
3016519850

Email*

ellen.b.kagen@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 28,710.00	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$375 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

2/8/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

2/8/2023

Contract Owner Approval

Approved by

[Signature]

Approval Date

2/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Kay Stude

Approval Date*

2/8/2023



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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

11/28/2022

Contract Term End Date* (?)

8/23/2023

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

Fiscal Year* (?)
2023

Amount* (?)
\$ 49,500.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

Expanding contract to include coding/compliance bill review and training for outlier providers as identified each quarter in the fiscal year.

Contract Owner*

Eva Honeycutt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/2019 - 08/31/2021

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Medical Practice Consultants.docx 118.23KB

Vendor/Contractor Contact Person

Name*

Medical Practice Consultants, Inc.

Address*

Street Address

1900 Northwest Expressway, Suite 625

Address Line 2

City

Oklahoma City

Postal / Zip Code

73118-1802

State / Province / Region

OK

Country

US

Phone Number*

405-848-8558

Email *

renee@mpcinc.biz

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1134	\$ 49,500.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

\$2,000 per provider (\$100 per encounter/DOS), outside of this hourly rate of \$375.00 with a 10% reduction. \$125.00 per hour to pull medical records from EPIC.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Honeycutt, Eva

Submission Date

1/23/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/24/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



Executive Contract Summary

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 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* (?)

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

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

To cover increased medical waste usage at the 6160 location (Respite, Rehab, Re-entry Center) due to COVID.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*
the past 10+ years

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Joe Sagala

Address*

Street Address

4010 Commercial Avenue

Address Line 2

City

Northbrook

Postal / Zip Code

60062

State / Province / Region

IL

Country

USA

Phone Number*

855-978-3744

Email*

government@stericycle.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 6,000.00	543026
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

\$28.69 container/minimum no waste stop fee

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Ramirez, Priscilla

Submission Date

1/19/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Denaio Walker

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



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

N/A

Current Contract Amount*

\$ 24,500.00

Increase Not to Exceed*

\$ 28,310.00

Revised Total Not to Exceed (NTE)*

\$ 52,810.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 52,810.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Amendment to increase PO/CT142468 to cover services rendered for psychological testing and evaluations to ensure that performance targets continue to be met.

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; Consultant Services: Psychological testing and evaluations for the IDD Services Division.

Vendor/Contractor a Historically Underutilized Business (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

Name*

Catherine Lewis

Address*

Street Address
13030 Terrance Run Lane

Address Line 2

City

Houston

Postal / Zip Code

77044

State / Province / Region

Texas

Country

USA

Phone Number*

8503228673

Email*

catherine.lewis@ccassessments.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3355	\$ 28,310.00	540503
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

\$350 PER ASSESSMENT

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/24/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/24/2023

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/24/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/25/2023



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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 6,000.00

Increase Not to Exceed*

\$ 8,000.00

Revised Total Not to Exceed (NTE)*

\$ 14,000.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 14,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Per IPC,the individuals has received additional hours which results in an increase of current contract.

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*

9/1/2021 -8/31/2022

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Huan Bui

Address*

Street Address

13750 Bonilla Lane

Address Line 2

City

Houston

Postal / Zip Code

77083-3430

State / Province / Region

TX

Country

US

Phone Number*

7132403556

Email*

haunbui77067@gamil.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,000.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 4,000.00	543009

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

Provide Rate and Rate Descriptions if applicable* (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure)* (?)

N/a

Requester Name	Submission Date
Anthony, Patrina	1/20/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date
1/20/2023

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date
1/20/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
1/24/2023

EXHIBIT R-12

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

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY23 CONTRACTS						
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.
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	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.
GRANTS						
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.
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.

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.
14	CareSource Network Partners LLC	Managed Care Agreement	Letter of Intent	01/24/2023-08/31/2024	Revenue	Letter of Intent for the Harris Center to work with CareSource in 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.
16	Community Services Associates, 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.
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						



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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2023

Contract Term End Date* (?)

12/31/2027

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Practicum and Supervision Requirements.pdf 109.41KB

Vendor/Contractor Contact Person

Name*

Amal Anderson

Address*

Street Address

6100 Center Drive

Address Line 2

City

Los Angeles

Postal / Zip Code

90045-9200

State / Province / Region

CA

Country

US

Phone Number*

512-695-7296

Email*

aandersen@onlinepsych.pepperdine.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

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

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

Requester Name	Submission Date
Williams, JeDonne	11/28/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
11/28/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
12/27/2022

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
12/28/2022



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

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

12/28/2022

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT THE UNIVERSITY OF TEXAS 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 Unknown

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

Yes No Unknown

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

Arlington

Postal / Zip Code

76019

State / Province / Region

TX

Country

US

Phone Number*

817-272-2011

Email*

brittanie.ash@uta.edu

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, JeDonne

Submission Date

12/28/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

12/28/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

12/28/2022

Contracts Approval

Approve*

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

Approved by*

Bolinda Stude

Approval Date*

1/13/2023



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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

1/12/2023

Contract Term End Date * (?)

1/31/2028

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

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Funding Source *

County

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled at the University of Houston School of Education to complete field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

FY19-H0064-25 K-19-00587 Harris Center.pdf 1.23MB

Vendor/Contractor Contact Person

Name*

Thu Nguyen

Address*

Street Address

3657 Cullen Blvd #214

Address Line 2

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

USA

Phone Number*

713-743-8425

Email*

tnguyen239@uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, JeDonne

Submission Date

1/12/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

1/13/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Neil Edor

Approval Date

1/16/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/19/2023



Executive Contract Summary

Contract Section

Contractor *

Western Governors University (BSN)

Contract ID # *

2022-0602

Presented To *

- Resource Committee
 Full Board

Date Presented *

2/21/2023

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 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 * (?)

1/3/2023

Contract Term End Date * (?)

12/31/2028

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

Fiscal Year * (?)

2023

Amount * (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

THIS AGREEMENT WILL ALLOW STUDENTS ENROLLED AT 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 Unknown

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

Salt Lake City

Postal / Zip Code

84107

State / Province / Region

Utah

Country

USA

Phone Number*

1-877-435-7948 Ext. 3702

Email*

kimberly.mau@wgu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, JeDonne

Submission Date

12/28/2022

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

12/28/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

12/28/2022

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/29/2022



Executive Contract Summary

Contract Section

Contractor*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2023

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type * (?)

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

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

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 (?)

Center for Success - ID 2022-0605 - BAA-The HARRIS CENTER- Omnibus Rule.docx	37.43KB
Center for Success - ID 2022-0605 - MOU.docx	33.77KB
Center for Success - ID 7695 - FY20 MOU and DUA - Fully Executed.pdf	848.82KB
Center for Success & Independence - ID 2022-0605 - TCSI MOU Partial Executed.pdf	875.45KB
DUA 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

City

Houston

Postal / Zip Code

77018

State / Province / Region

TX

Country

US

Phone Number*

713-426-4545

Email*

migernale@tcsi.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Macleod, Ann	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

1/5/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

1/5/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

1/5/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

1/5/2023



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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/25/2023

Contract Term End Date* (?)

1/25/2028

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

Indefinite

Fiscal Year* (?)

2023

Amount* (?)

\$ 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

Houston

State / Province / Region

TX

Postal / Zip Code

77027

Country

United States

Phone Number*

P: 713 348 2512

Email*

dpotter@rice.edu

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1148	\$ 0.00	542000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

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

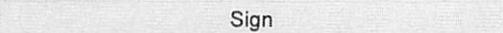
Requester Name	Submission Date
Hickey, Scott	1/25/2023

Budget Manager Approval(s)

Approved by	Approval Date
	1/25/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	1/25/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/25/2023



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

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source *

State

Contract Description / Type* (?)

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

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

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 (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 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



Name *

Michelle Ethridge

Address *

Street Address

14 Santa Clarita Circle

Address Line 2

City

Manvel

Postal / Zip Code

77578

State / Province / Region

Texas

Country

USA

Phone Number *

713-478-9719 (cell) 281-489-9719 (fax)

Email *

Aboveallothers@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See attached rate sheet in supporting documentation upload section.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/25/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

1/25/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/26/2023



Executive Contract Summary

Contract Section

Contractor*

Advancing Abilities

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/27/2023

Parties* (?)

Advancing Abilities and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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 *

Street Address

4495 Otto Lane

Address Line 2

City

Flatonia

Postal / Zip Code

78941-5090

State / Province / Region

TX

Country

US

Phone Number *

713.855.6361

Email *

birgitgreen@me.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/27/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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*

Alexis's Care Facility

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person

Name*

Caroline Bookman

Address *

Street Address

1411 Tarberry Road

Address Line 2

City

Houston

Postal / Zip Code

77088

State / Province / Region

Texas

Country

USA

Phone Number *

281-744-2029, 832-644-9295

Email *

cbookman@aleiscarefacility.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/1/2023



Executive Contract Summary

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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 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

Address *

Street Address

9000 Southwest Freeway Suite # 303

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

US

Phone Number *

281.888.9248

Email *

mkarlsen@alsdonline.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/1/2023



Executive 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 Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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:

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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 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***

Sandra Borten

Address *

Street Address

11500 Northwest Freeway

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77092

Country

US

Phone Number *

713.686.9993

Email *

Sandraborten@amcarehcs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/27/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive Contract Summary

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type * (?)

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

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

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:

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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 *

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

Houston

Postal / Zip Code

77074

State / Province / Region

Texas

Country

USA

Phone Number *

832-203-5197 ext 107 (office) 832-203-5274 (fax)

Email *

angelsthatwork@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



Executive Contract Summary

Contract Section

Contractor*

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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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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*

09/01/22 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

Houston

Postal / Zip Code

77060

State / Province / Region

Texas

Country

USA

Phone Number *

281-272-1464

Email *

marcusdenman@assuredqualitycareservices.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/25/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/25/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date*

1/25/2023



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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/24/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2023

Fiscal Year* (?)

2024

Funding Source *

Private Pay Source

Contract Description / Type* (?)

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

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

This is a LOI stating THC will in good faith negotiate and work with CareSource in the event 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 Underutilized 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 Brochure - FINAL (002).pdf	956.11KB

Vendor/Contractor Contact Person

Name*

david Wachtel

Address*

Street Address
230 N Main St
Address Line 2

City	State / Province / Region
Dayton	OH
Postal / Zip Code	Country
45402-1263	US

Phone Number*

4804926600

Email*

david.wachtel@caresource.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 0.00	000000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

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

Requester Name	Submission Date
Paick, Daniel	1/24/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/24/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



Executive Contract Summary

Contract Section

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 and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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 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

Houston

Postal / Zip Code

77071

State / Province / Region

Tx

Country

US

Phone Number *

346.932.7423

Email *

dan.citihealthgroug@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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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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 Unknown

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

Spring

Postal / Zip Code

77388-4421

State / Province / Region

TX

Country

United States

Phone Number*

2813558260

Email*

cacoulter529@aol.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See uploaded document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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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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 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***

Samuel Nwojo

Address *

Street Address

PO Box 710483

Address Line 2

City

Houston

Postal / Zip Code

77271

State / Province / Region

Texas

Country

US

Phone Number *

713.298.9892

Email *

cclcmal@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See Uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/27/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive Contract Summary

Contract Section

**Contractor***

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 Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type * (?)

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

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

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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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 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

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person



Name *

Norma Barrera

Address *

Street Address

8200 Wednesbury Lane #475

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77074

Country

USA

Phone Number *

713-485-4899, 281-631-5460

Email *

nberrera@crystalsupport.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/27/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/1/2023



Executive Contract Summary

Contract Section

Contractor*

Divine Embrace

Contract ID #*

N/A

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/21/2023

Parties* (?)

Divine Embrace and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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:

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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*

Divine Embrace

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person

Name*

Violet Idokogi

Address *

Street Address

P.O. Box 1549

Address Line 2

City

Missouri City

Postal / Zip Code

77459

State / Province / Region

Texas

Country

USA

Phone Number *

713-255-6806 (office), 713-255-6807 (fax)

Email *

divineembracehcs@att.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

See supporting documentation upload section for ISS rate list.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Erinthe 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



Executive Contract Summary

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 Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

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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- 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 Unknown

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

Houston

State / Province / Region

TX

Postal / Zip Code

77084-3553

Country

US

Phone Number *

713.505.0736

Email *

gloshopehcs@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/1/2023



Executive Contract Summary

Contract Section ^

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 Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

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

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*

09-01-2023 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*

Timothy Reynolds

Address *

Street Address

6423 Indigo Street

Address Line 2

City

Houston

Postal / Zip Code

77074-7202

State / Province / Region

TX

Country

US

Phone Number *

713.541.6449

Email *

indigohouseinc@msn.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evantke Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive Contract Summary

Contract Section

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 Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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*

The Essentials HCS

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person**Name***

Sandra Corneluis

Address *

Street Address

P.O. Bos 300809

Address Line 2

City

Houston

Postal / Zip Code

77230

State / Province / Region

Texas

Country

USA

Phone Number *

713-598-2424, 713-748-2122

Email *

Essentialshcs@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/26/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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*

1/31/2023



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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type * (?)

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

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

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

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

- Yes
- No
- Unknown

Community Partnership * (?)

- Yes
- No
- Unknown

Specify Name *

1 Care Premier Services

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person ▲

Name *

Nicole Mays

Address *

Street Address

340 Beltway 8 Suite 247

Address Line 2

City

Houston

Postal / Zip Code

77060

State / Province / Region

Texas

Country

USA

Phone Number *

713-594-0469 (cell), 713-583-0900 (fax), 832-995-5170 (office)

Email *

nicole.mays@1careps.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



Executive Contract Summary

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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 - 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	13.58KB
ISS rates FY 23.xlsx	10.63KB

Vendor/Contractor Contact Person ▲

Name*

Angela Warren

Address *

Street Address

9888 Bissonnett #350

Address Line 2

City

Houston

State / Province / Region

Texas

Postal / Zip Code

77036

Country

USA

Phone Number *

713-272-7229 (office), 713-272-7238 (fax)

Email *

angela@kevfran.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable* (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/1/2023



Executive Contract Summary

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

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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- Pasadena Enrichment Center
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- 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 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

Birmingham

Postal / Zip Code

35238

State / Province / Region

Al

Country

United States

Phone Number *

713.703.3159

Email *

mckennahcs@att.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive Contract Summary

Contract Section

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 Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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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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*

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

Houston

Postal / Zip Code

77084

State / Province / Region

Texas

Country

USA

Phone Number *

281-647-7733 (office), 281-647-7744 (fax)

Email *

Alicelane76@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See ISS rates attachment in the supporting documentation upload section.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/25/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/25/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/26/2023



Executive Contract Summary

Contract Section

Contractor*

Trinity Ayomide, LLC

Contract ID #*

N/A

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/21/2023

Parties* (?)

Trinity Ayomide, LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

3/1/2023

Contract Term End Date* (?)

8/31/2023

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

N/A

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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	13.58KB
ISS rates FY 23.xlsx	10.63KB

Vendor/Contractor Contact Person

Name*

Christie Samuel

Address *

Street Address

P.O. Box 440882

Address Line 2

City

Houston

Postal / Zip Code

77244

State / Province / Region

Texas

Country

USA

Phone Number *

713-909-6533 (cell), 713-909-3717 (fax)

Email *

trinityayomide@yahoo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	N/A

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable * (?)

See supporting documentation upload section for ISS rates list.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Childs, Margo

Submission Date

1/25/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

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



Executive Contract Summary

Contract Section

Contractor*

Vita Living Inc.

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/30/2023

Parties* (?)

Vita Living Inc. and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

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 Unknown

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 #150

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77063-5100

Country

US

Phone Number *

713.292.1820

Email *

darmstead@vitaliving.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



Executive Contract Summary

Contract Section

Contractor*

Volunteers of America Texas

Contract ID #*

2022-0598

Presented To*

- Resource Committee
 Full Board

Date Presented*

12/9/2022

Parties* (?)

The Harris Center for Mental Health and IDD and Volunteers of America Texas

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/9/2022

Contract Term End Date* (?)

8/31/2023

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

NA

Fiscal Year* (?)

2023

Funding Source*

State

Contract Description / Type* (?)

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

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

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

Contract Owner*

Lily Pan

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Fiscal Year 2021

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

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

Vendor/Contractor Contact Person

Name*

Beanca Williams

Address*

Street Address

4808 Yale Street

Address Line 2

City

Houston

Postal / Zip Code

77018-2202

State / Province / Region

TX

Country

US

Phone Number*

713.460.0781 fax# 832.304.5231

Email*

Bwilliams@voatx.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 0.00	000

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

Provide Rate and Rate Descriptions if applicable* (?)

See uploaded document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Wills, Thomas	12/9/2022

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

12/9/2022

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lily Pan

Approval Date

12/14/2022

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/14/2022



Executive Contract Summary

Contract Section

Contractor*

Weathers & Associates

Contract ID #*

NA

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

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

Contract Description / Type* (?)

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

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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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 Unknown

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

Houston

Postal / Zip Code

77272

State / Province / Region

Tx

Country

US

Phone Number *

281.330.3816

Email *

wweathers18@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3585	\$ 0.00	000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Provide Rate and Rate Descriptions if applicable * (?)

See uploaded document

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Wills, Thomas

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

1/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/30/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

2/1/2023



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

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

Funding Information*

New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

UTAUS-SUB00000245M2.pdf

72.61KB

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

State / Province / Region

TX

Postal / Zip Code

78759-5316

Country

US

Phone Number*

(514) 471-6424

Email*

mlopez@austin.utexas.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2424	\$ 0.00	421002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

\$0.00

Project WBS (Work Breakdown Structure)* (?)

\$0.00

Requester Name

Shelby, Debbie

Submission Date

1/30/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

1/30/2023

Contract Owner Approval

Approved by

Lance Britt

Approval Date

1/30/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/2/2023



Executive Contract Summary

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

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

Purchased service agreement for crisis line/emotional support line services to increase telehealth services for SUD and non-severe mental illness for consumers.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*
same services provided in FY22

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

171692_The_Harris_Center_For_Mental_Health_And_IDD_LMHA-02.pdf 245.68KB

Vendor/Contractor Contact Person

Name*

Chris Green

Address*

Street Address
7703 Floyd Curl Drive
Address Line 2
MSC 7828
City
San Antonio
Postal / Zip Code
78229

State / Province / Region
TX
Country
US

Phone Number*

210-567-2340

Email*

grants@uthscsa.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7110	\$ 250,000.00	437085

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

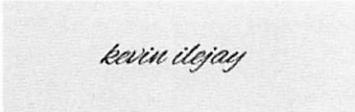
62,500 to be billed to UT/Be Well quarterly

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Battle, Jennifer	12/28/2022

Budget Manager Approval(s)

Approved by	Approval Date
	12/28/2022

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	12/29/2022

Contracts Approval

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

Approved by *	Approval Date *
	12/29/2022