

**Full Board Meeting**  
February 28, 2023  
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
  - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, January 24, 2023  
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
  - A. Resource Committee Report and/or Action  
(*G. Womack, Chair*)
  - B. Quality Committee Report and/or Action  
(*G. Santos, Chair*)
  - C. Program Committee Report and/or Action  
(*B. Hellums, Chair*)
  - D. Governance Committee Report and/or Action  
(*J. Lykes, Chair*)
  - E. Foundation Committee Report and/or Action  
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
  - A. FY'22 Year-to-Date Budget Report-January  
(*EXHIBIT F-2 Vanessa McKeown*)
  - B. February 2023 New Contracts Over 100K  
(*EXHIBIT F-3 Silvia Tiller*)
  - C. February 2023 Contract Amendments Over 100K  
(*EXHIBIT F-4 Silvia Tiller*)
  - D. February 2023 Contract Renewals Over 100K  
(*EXHIBIT F-5 Silvia Tiller*)
  - E. February 2023 Interlocal Agreements  
(*EXHIBIT F-6 Silvia Tiller*)
  - F. Mobile Medical Vehicle  
(*EXHIBIT F-7 Vanessa McKeown/Stanley Williams*)
  - G. Application for Beverly Lively to serve on Pasadena Cottages Board  
(*EXHIBIT F-8 Evanthe Collins*)
  - H. NEW/UNCHANGED
    1. Cellular Phone Distribution and Management  
(*EXHIBIT F-9*)

2. Confidentiality and Disclosure of Parent/Individual Health Information  
(EXHIBIT F-10)
3. The Development and Maintenance of Center Policies  
(EXHIBIT F-11)

#### **I. REVISED/MINOR CHANGES**

1. Burglaries or Theft  
(EXHIBIT F-12)
2. Court-Ordered Outpatient Mental Health Services  
(EXHIBIT F-13)
3. Delegation and Supervision of Certain Nursing Acts  
(EXHIBIT F-14)
4. Emergency Medical Care for Consumers, Employees and Volunteers  
(EXHIBIT F-15)
5. Infection Control and Prevention  
(EXHIBIT F-16)
6. Management of Legal Documents & Litigation  
(EXHIBIT F-17)
7. Mandatory COVID-19 Vaccination  
(EXHIBIT F-18)
8. Medical Peer Review  
(EXHIBIT F-19)
9. Medical Services  
(EXHIBIT F-20)
10. Pharmaceutical or Patient Assistance Programs (PAP)  
(EXHIBIT F-21)
11. Referral, Transition and Discharge  
(EXHIBIT F-22)
12. Research Procedures and the Committee for Protection of Human Subjects  
(EXHIBIT F-23)
13. Risk Management Plan  
(EXHIBIT F-24)
14. Social Media Use  
(EXHIBIT F-25)
15. Utilization of Security Officer Services  
(EXHIBIT F-26)

#### **VII. REVIEW AND COMMENT**

- A. Health Management Associates: Supporting the Harris Center to Become a Federally Qualified Health Center Look-Alike

*(EXHIBIT F-27 Stanley Williams/Health Management Associates)*

- B. Human Resource Update  
*(EXHIBIT F-28 Carrie Rys/Joseph Gorczyca)*
- C. IDD Update  
*(Evanthe Collins)*
- D. Legislative Update  
*(Amanda Jones)*

#### VIII. BOARD CHAIR'S REPORT

- A. Board Committee Appointments  
*(Shaukat Zakaria)*

#### IX. EXECUTIVE SESSION

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

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

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

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

- **In accordance with §551.071 of the Texas Government Code, consultation with General Counsel about pending litigation, Cause No. 4-23-cv-00297 Christian Thompson v. the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel**

- **In accordance with §551.074 of the Texas Government Code, discussion of personnel matters related to the nomination and election of Board members to service on the Board's Audit Committee this calendar year. Mr. James Lykes, Chair of Governance Committee and S. Zakaria, Chair of the Harris Center Board of Trustees**

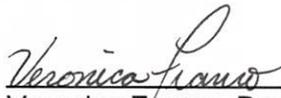
**X. RECONVENE INTO OPEN SESSION**

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

**XII. INFORMATION ONLY**

- A. February 2023 New Contracts Under 100K  
(EXHIBIT F-29)
- B. February 2023 Contract Renewals Under 100K  
(EXHIBIT F-30)
- C. February 2023 Contract Amendments Under 100K  
(EXHIBIT F-31)
- D. February 2023 Affiliation Agreements, Grants, MOU's and Revenues Information Only  
(EXHIBIT F-32)
- E. Feeding Disorders Program at The Harris Center-Article  
(EXHIBIT F-33)
- F. Addressing Psychiatric Workforce Shortages Article  
(EXHIBIT F-34)
- G. Abbreviations List  
(EXHIBIT F-35)

**XIII. ADJOURN**



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



# **EXHIBIT F-1**

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

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

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

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**PLACE OF MEETING:** Conference Room 109  
9401 Southwest Freeway  
Houston, Texas 77074

**TYPE OF MEETING:** Regular

**DATE:** January 24, 2023

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

**TRUSTEES ABSENT:** Mrs. Natali Hurtado, Sheriff Ed Gonzalez

**I. Declaration of Quorum**

Mr. Shaukat Zakaria, Chairperson, called the meeting to order at 9:34 a.m. noting that a quorum of the Board was in attendance.

**II. Public Comments**

Mr. Womack reiterated the importance of including residents of Northeast Houston in the discussions related to the new construction of the Northeast Clinic and the selection of contractors.

**III. Approval of Minutes**

**MOTION BY: GEARING SECOND: MOORE**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Tuesday, November 15, 2022 as presented under Exhibit F-1, are approved.

**IV. Board Chair's Report**

The Board Chair's Report was deferred until after Executive Session.

- V. Chief Executive Officer's Report was provided by CEO Wayne Young**  
Mr. Young provided a Chief Executive Officer report to the Board.
- VI. Committee Reports and Action were presented by the respective chairs:**
- A. Resource Committee Report and/or Action- G. Womack, Chair  
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on January 17, 2023
  - B. Quality Committee Report and/or Action-G. Santos, Chair  
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on January 17, 2023.
  - C. Program Committee Report and/or Action-B. Hellums, Chair  
Judge Hellums and Mr. Zakaria provided an overview of the topics discussed and the decisions made at the Program Committee meeting on January 17, 2023.
  - D. Governance Committee Report and/or Action-J. Lykes, Chair  
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on January 17, 2023.
  - E. Audit Committee Report and/or Action-L. Moore, Chair  
Dr. Moore provided an overview of the topics discussed and the decisions made at the Audit Committee meeting on January 17, 2023.
  - E. Foundation Committee Report and/or Action-J. Lykes, Chair  
Mr. Lykes provided the Board of Trustees an update about the Foundation.
- VII. Consent Agenda**
- A. Approve FY'22 Year-to-Date Budget Report-December
  - B. January 2023 New Contracts Over 100K
  - C. January 2023 Contract Amendments Over 100K
  - D. January 2023 Interlocal Agreements
  - E. RFP Proposed Contract Award-Insurance Agent of Record
  - F. Whole Home Generator Project
  - G. New/Unchanged
    - 1. Employment Policies
    - 2. Pharmacy Peer Review

3. Privacy Officer
4. Relief Service Employees
5. The Requisitioning and Purchasing of Goods and or Services

H. Revised/Minor Changes

1. Business Associate Policy
2. Employee Performance Evaluation
3. Nursing Peer Review: Incident Based or Safe Harbor
4. Personal Relationships in the Workplace
5. Petty Cash
6. Reporting Automobile Accidents
7. Telehealth/Telemedicine Services
8. Third Party Participation in Patient Services
9. Trauma Informed Practice
10. Workforce Reduction

**MOTION: Mr. Womack moved to approve Consent Agenda items A through H-10**

**SECOND: Dr. Santos seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A through H-10 were approved agenda items.**

I. External Financial Report

**MOTION: Mr. Womack moved to approve Consent Agenda item I.**

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

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items I were approved agenda items.**

**VIII. Review and Comment**

- A. **Legislative Update**-Amanda Jones presented Legislative Updates to the Full Board.
- B. **IDD GR Interest List Update**-Dr. Evanthe Collins presented an update related to the IDD GR Interest List to the Full Board.

**IX. Executive Session -**

At 11:17 a.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with §551.071 of the Texas Government Code, consultation with General Counsel about pending litigation, Cause No. 4-21-cv-02351 Lawrence Bell v. Janet May and the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel and Paul Lamp, Spalding Nichols, Lamp Langlois

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

**X. Reconvene into Open Session**

At 12:06 p.m., the Board of Trustees reconvened into open session.

**MOTION:**

Dr. Santos moved to authorize our Counsel and Chief Executive Officer to attend the Court's court ordered mediation conference on February 6, 2023 and attempt to resolve or negotiate the resolution of the Bell vs. the Harris Center case within the terms and conditions and in accordance with the instructions provided by the Harris Center Board of Trustees during Executive Session.

Mr. Lykes second the motion.

**With unanimous affirmative votes, BE IT RESOLVED the Harris Center authorized our Counsel and Chief Executive Officer to attend the Court's court ordered mediation conference on February 6, 2023 and attempt to resolve or negotiate the resolution of the Bell vs. the Harris Center case within the terms and conditions and in accordance with the instructions provided by the Harris Center Board of Trustees during Executive Session.**

**XI. Executive Session -**

At 12:11 p.m. Chairperson Mr. Shaukat Zakaria announced the Board would enter into Executive Session for the following reasons:

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

**XII. Reconvene into Open Session**

At 12:17 p.m., the Board of Trustees reconvened into open session.

**MOTION:**

Mr. Lykes moved the Board adopt the following 2023 Board officers elected during Executive Session:

Shaukat Zakaria, Chair

Dr. R. Gearing, 1<sup>st</sup> Vice Chair

Dr. L. Moore, 2<sup>nd</sup> Vice Chair

Dr. G. Santos, Secretary

Mr. Zakaria, Chair reported the membership of the Board committees, except the Audit Committee, will remain the same for the 2023 calendar year.

The proposed slate of Audit Committee members to be voted upon at the February Full Board meeting are: Dr. M. Miller, Dr. L. Moore, Dr. G. Womack, Mr. J. Lykes and Dr. R. Gearing.

**With unanimous affirmative votes, BE IT RESOLVED the Chair will be Shaukat Zakaria, 1<sup>st</sup> Vice Chair will be Dr. Gearing, 2<sup>nd</sup> Vice Chair will be Dr. Moore, Secretary will be Dr. Santos.**

**The membership of the Board committees, except the Audit Committee, will remain the same for the 2023 calendar year.**

**XIII. ADJOURN**

**MOTION: WOMACK SECOND: HELLUMS**

**Motion passed with unanimous affirmative votes.**

**The meeting was adjourned at 12:25 PM.**

Respectfully submitted,

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

# **EXHIBIT F-2**



## The Harris Center for Mental Health and IDD

Financial Report  
For the Fourth Month and Year to Date Ended December 31, 2022  
Fiscal Year 2023

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

## The Harris Center for Mental Health & IDD

January 17, 2023

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

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

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



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Vanessa McKeown  
Chief Financial Officer

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

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

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

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

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

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

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

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

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

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

II. Comparative Balance Sheet

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

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

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

Inventory consists of the following:

	Ending Balance		Increase (Decrease)
	11/30/2022	12/31/2022	December
Inventory-Central Supplies	2,561	2,561	\$ -
Supplies Purchased			\$ -
Supplies Used	(10,163)	(15,613)	(5,450)
Inventory-Drugs	395,662	395,662	-
Total Inventory	<u>\$ 388,060</u>	<u>\$ 382,610</u>	<u>\$ (5,450)</u>

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

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other increased in December.

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

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

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

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

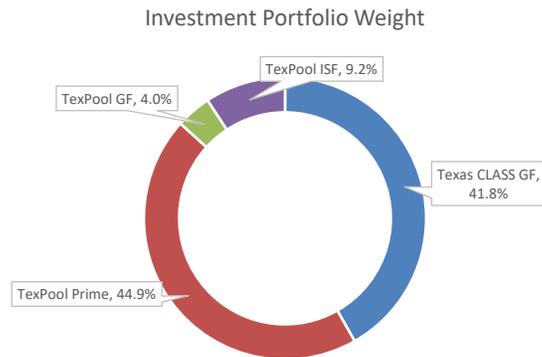
III. Investment Portfolio

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

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

**Local Government Investment Pools (LGIPs)**

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



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

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

Approved   
 Hayden Hernandez, Accounting and Treasury Manager

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

Report for December 2022

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

\* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective February 22, 2022.

Note: Non-employee portion of December payments of Liabilities for Employee Benefits = 11% of Expenditures.

# **EXHIBIT F-3**

# **February 2023**

## **NEW CONTRACTS OVER 100k**

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>FY23 NEW CONTRACTS</b>						
<b>ADMINISTRATION</b>						
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.
<b>CPEP/CRISIS SERVICES</b>						
<b>FORENSICS</b>						
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>						
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>						
<b>LEASES</b>						
<b>MENTAL HEALTH SERVICES</b>						



**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 F-4**

**FEBRUARY 2023  
AMENDMENTS OVER 100k**





# Executive Contract Summary

## Contract Section



**Contractor\***

CTEK Security, Inc.

**Contract ID #\***

7284

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

2/21/2023

**Parties\* (?)**

CTEK SECURITY  
THC

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

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

**Procurement Method(s)\***

Check all that Apply

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

- 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\* (?)

"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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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**

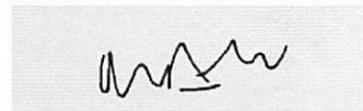


**Approval Date**

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 F-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
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
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 F-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

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

2/1/2023

**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
<b>Budget Manager</b> Oshman, Jodel	<b>Secondary Budget Manager</b> Macleod, Ann	

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

na

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

na

<b>Requester Name</b> Singh, Patricia	<b>Submission Date</b> 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
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
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 Ileyay*

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
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
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 <input type="text"/> |

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

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

na

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

na

<b>Requester Name</b> Battle, Jennifer	<b>Submission Date</b> 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 F-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**

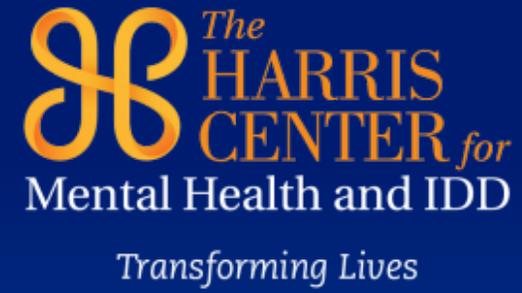
## Total Not to Exceed (NTE)

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

# Request for Proposal – Proposal Evaluation Scores

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

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



**Thank You**

# **EXHIBIT F-8**

The Harris Center for Mental Health & IDD  
9401 Southwest Freeway  
Houston, TX 77074  
PASADENA COTTAGES BOARD

Name: Beverly Lively  
Mailing Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_

I am being nominated by: Lily Pan

Why do you want to be a member of Pasadena Cottages Board?

*Member of Pasadena Junior Forum whose members constructed the Pasadena Cottages and the adjacent building for The Center to provide IDA services in this community.*

What special interest, talents, or experience do you feel you bring to the Pasadena Cottages Board?

*Employed by the Center to manage programs at the Pasadena Center (15 years). Cottages residents attended the deaf program for several years. Teaching certification. Past member Cottages Board.*

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

*Board member Pasadena Public Library and Pasadena Philharmonic Society, Member Pasadena Jr. Forum; Halveston Bay Area Ch. Texas Martin Luther King; United Women in Faith, Sunset U.M.C. Sect. the Crowder (Funding 50k\$) organizations in this area) Foundation*

You will be provided a copy of The Harris Center Policy pertaining to Pasadena Cottages Board and the Code of Ethics for review. To be considered as a Director & Officer nominee, you need to review and sign a non-conflict of interest statement regarding participation on the board and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center.

Beverly Lively  
(SIGNATURE)

1/17/23  
(DATE)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION**  
**Pasadena Cottages Inc.**

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.\*

EXCEPTION:

\_\_\_\_\_  
\_\_\_\_\_

I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family\*.

EXCEPTION:

\_\_\_\_\_  
\_\_\_\_\_

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family\*.

EXCEPTION:

\_\_\_\_\_  
\_\_\_\_\_

I am not employed by The Harris Center, nor is any member of my immediate family\*.

EXCEPTION:

\_\_\_\_\_  
\_\_\_\_\_

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

EXCEPTION:

\_\_\_\_\_  
\_\_\_\_\_

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Beverly Lively

Signature: Beverly Lively

Date: 1/17/23

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

**CERTIFICATION OF COMPLIANCE**

**THE HARRIS CENTER'S CODE OF ETHICS**

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

Beverly Lively  
(Signature)

1/17/23  
(Date)

# EXHIBIT F-9

Status **Pending** PolicyStat ID **12363056**



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

## HIM21A Cellular Phone Distribution and Management

### 1. PURPOSE:

The purpose of this policy is to ensure The Harris Center issued cellular phones and the data contained therein are securely distributed and managed.

### 2. POLICY:

- Smart phones intended for workforce member use must have mobile device management enforced prior to distribution.
- Cellular phones intended for consumer use must not be smart phones unless approved by the Chief Information Officer (CIO) and Information Security Officer (ISO) on a per program basis.
- The Harris Center staff members must not distribute/provide smart phones configured with Center staff credentials to other staff members, even for temporary/single use cases.
- The Harris Center staff members must not distribute/provide smart phones configured with Center staff credentials to consumers, even for temporary/single use cases.
- The Harris Center smart phones must be assigned to the intended individual user by the Information Technology (IT) Department. Exceptions must be approved by the CIO and ISO.
- The assigned smart phone user is responsible for the device and the information on the device and must return the device to the IT department for service/reassignment, etc.
- End-user departments shall not assign/reassign cellular phones.

### 3. APPLICABILITY/SCOPE:

All employees, staff, contractors, interns and volunteers with a Harris Center issued cellular phone.

## 4. PROCEDURES:

Cellular Phone Distribution and Management Procedure

## 5. RELATED POLICIES/FORMS:

- HIM4A Information Security Policy

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

- NIST Special Publication 800-53 Rev. 5: AC-19
- CARF: Section 1., Subsection J., Technology

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Mustafa Cochinwala: Dir	12/2022
Initial Assignment	Wesley Farris: ITSecOfcr	12/2022

### History

**Created by Robinson, Anthony: VP** on 9/13/2022, 1:29PM EDT

Imported policy draft

**Last Approved by Farris, Wesley: ITSecOfcr** on 12/14/2022, 12:22PM EST

**Last Approved by Cochinwala, Mustafa: Dir** on 12/15/2022, 9:59AM EST

Approved

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**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:23PM EST

**Administrator override by Webb, Christopher: Audit** on 1/27/2023, 3:15PM EST

Added Area and policy number to document.

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:49PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:13PM EST

# **EXHIBIT F-10**

Status **Pending** PolicyStat ID **11725237**

Origination 06/2000

Last Approved N/A

Effective Upon Approval

Last Revised 06/2000

Next Review 1 year after approval

Owner Rita Alford: Dir

Area Information Management

Document Type Agency Policy

## HIM6A Confidentiality and Disclosure of Patient/Individual Health Information

### 1. PURPOSE

The Center shall protect the privacy of all patient/individual health information and safeguard such information against loss, damage, alteration, or impermissible disclosure. Uses and disclosures will be made only as permitted or required by law and will consist of only the relevant or minimal amount necessary to satisfy the purpose of the use or disclosure.

### 2. POLICY

It is the policy of The Harris Center that the patient/individual records are the property of the Center and may be removed from Center premises only in accordance with a court order, subpoena, or statute. Proven privacy violations of the patient/individual health information by any employee or business associate may be cause for disciplinary actions including termination of employment or contract. Violations will also be mitigated in accordance with privacy regulations.

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

See procedure HIM: 003b.

## 5. RELATED POLICIES/FORMS

<b>Policy and Procedures</b>	<b>Reference</b>
Patient/individual Records Administration	HIM: 005
Faxing Patient/individual Record Information	HIM: 009
Patient/ Individual Access to Medical Records	HIM: 016
Sanctions for Privacy and Security Violations	HIM: 017
<b>Forms</b>	<b>Reference</b>
Authorization Request Cover Letter	
Authorization to Disclose Patient/individual Health Information	HIM: 016
Revocation for Disclosure of Health	HIM: 016
Information Media Consent Form	HIM: 015

### Procedure Attachments Reference

Patient/individual Protected Health Information	
Release of Information Log	Attachment A
Release of Information Grid	Attachment B
Verification Checklist for Processing Authorizations	Attachment C
Release of Information Cover Letter	Attachment D
Confidentiality Statement	Attachment E
Release of Information Processing Fee	Attachment F
Release of information Invoice	Attachment G
Subpoena Information Sheet	Attachment H
Employee Statement of Information Security and Confidentiality	Attachment I
Emergency Verification for Disclosure of Protected Health Information	Attachment J
Confidentiality Awareness Guidelines	Attachment K
Guidelines for Releases	Attachment L
Business Records Affidavit	
No Records Affidavit	

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS

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

Health Insurance Portability and Accountability Act 1996,45 CFR Parts 160 and 164

Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Texas Human

Resources Codes Chapter 48  
 Medical Records Privacy Act, Texas Health & Safety Code Chapter 181  
 Mental Health Record, Texas Health and Safety Code Chapter 611  
 Interagency Sharing of Certain Noneducational Records, Texas Family Code §58.0052  
 Physician-Patient Communication, Texas Occupations Code Chapter 159  
 Physician-Patient Privilege, Texas Rules of Evidence Rules 509  
 Mental Health Information Privilege in Civil Cases, Texas Rules of Evidence 510

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Mustafa Cochinwala: Dir	01/2023
Initial Assignment	Rita Alford: Dir	01/2023

## History

**Sent for re-approval by Alford, Rita: Dir** on 5/11/2022, 9:36AM EDT

**Last Approved by Alford, Rita: Dir** on 5/11/2022, 9:47AM EDT

**Administrator override by Webb, Christopher: Audit** on 5/11/2022, 10:55AM EDT

Updated owner of document and removed a owner.

**Approval flow updated in place by Webb, Christopher: Audit** on 7/18/2022, 11:02AM EDT

**Administrator override by Webb, Christopher: Audit** on 7/25/2022, 5:26PM EDT

Updated document owner.

**Approval flow updated in place by Webb, Christopher: Audit** on 12/21/2022, 12:04PM EST

**Last Approved by Alford, Rita: Dir** on 1/6/2023, 5:38PM EST

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**Last Approved by Cochinwala, Mustafa: Dir** on 1/9/2023, 9:44AM EST

Approved

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:22PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:48PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:12PM EST

# **EXHIBIT F-11**

Status **Pending** PolicyStat ID **13038769**



Origination	N/A	Owner	Anthony Robinson: VP
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## LD18A The Development and Maintenance of Center Policies

### 1. PURPOSE:

The purpose of this policy is to establish the guidelines of The Harris Center for Mental Health and IDD (The Harris Center) for the development of agency policies.

### 2. POLICY:

It is the policy of The Harris Center to develop and maintain policies and procedures, which define the internal management and operations of the agency. All policies, procedures, plans, protocols notices and all other regulatory documents shall comply with state/local contracts, grants, rules, regulations, The Harris Center's Board of Trustees' policies and other applicable statutes. Polices shall be reviewed and updated at least annually, unless changes in regulations, laws, changes within The Harris Center's privacy practices or The Harris Center business needs require an earlier review.

Updated copies of the agency's policies are maintained within a data management system accessible to all staff. Suggestions for the development of new agency policies or revisions to existing policies may be made by contacting The Harris Center's Compliance department. When immediate action is needed and timing precludes the normal review and approval, process, the CEO may issue Administrative Directives that are followed up with the formal policy and procedure development process. Board Committee and Full Board meeting agendas will include two sections, as it relates to policies. One section will include new and revised policies for consideration. The other section will include policies with no substantive changes from review period to review period, but which require an annual review and approval.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

LD11B. Policy Changes Outside of Board Review and Approval

### 5. RELATED POLICIES/FORMS:

Bylaws of the Board of Trustees of the Harris Center for Mental Health and Intellectual Developmental Disabilities

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

CARF Section 1. Aspire to Excellence

#### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023
Initial Assignment	Christopher Webb: Audit	01/2023

#### History

**Created by Webb, Christopher: Audit** on 1/26/2023, 6:37AM EST

Uploaded document and started the workflow approval process.

**Last Approved by Webb, Christopher: Audit** on 1/26/2023, 6:37AM EST

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**Administrator override by Webb, Christopher: Audit** on 1/27/2023, 9:58AM EST

Added policy number to document.

**Administrator override by Fleming, Shannon: Counsel** on 2/6/2023, 10:42AM EST

added procedure and removed procedure

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:46AM EST

**Administrator override by Webb, Christopher: Audit** on 2/6/2023, 10:48AM EST

I have updated the policy number for this document.

**Administrator override by Robinson, Anthony: VP** on 2/7/2023, 1:13PM EST

Updated heading "Policy", added procedural and policy references

**Last Approved by Robinson, Anthony: VP** on 2/7/2023, 1:13PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/7/2023, 2:32PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 4:11PM EST

# **EXHIBIT F-12**

Status **Pending** PolicyStat ID **12961079**



Origination 06/2013  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2023  
 Next Review 1 year after approval

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

## EM3A Burglaries or Thefts

### 1. PURPOSE

To ensure documentation, tracking, and reporting of lost or stolen property.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, **theft or loss** **thefts or losses** of The Harris Center property shall be reported immediately upon discovery to the local police and/or to the appropriate personnel at The Harris Center. Property losses shall be reviewed to determine negligence, including degree of financial responsibility for the loss.

### 3. APPLICABILITY/SCOPE

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

### 4. DEFINITIONS

N/A

### 5. PROCEDURES

- Reporting Procedures
- Recovery of Lost Property

## 6. RELATED POLICIES/FORMS:

- [HIM11A Off Premises Equipment Usage](#)
- [incidentEM4A Incident Reporting](#)
- Equipment Disposal Report
- The Harris Center Property Authorization for Employee Use Form

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

- The Harris Center Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Anthony Robinson: VP	02/2023

### History

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Draft saved by Robinson, Anthony: VP** on 2/6/2023, 11:30AM EST

**Edited by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

Updated Scope and added Policy references

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:46PM EST

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**Last Approved by Young, Wayne: Exec** on 2/13/2023, 3:42PM EST

# **EXHIBIT F-13**

Status **Pending** PolicyStat ID **12961078**



Origination 06/2000

Last Approved N/A

Effective Upon Approval

Last Revised 02/2023

Next Review 1 year after approval

Owner Shiela Oquin:  
ExecAsst

Area Assessment,  
Care & Continuity

Document Type  
Agency Policy

## ACC1A Court-Ordered Outpatient Mental Health Services

### 1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

### 2. POLICY:

It is the policy of The Harris Center that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or a risk associated with relapse or re-hospitalization, dangerous behavior or deterioration.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

Section I: Routes to Court-Ordered Out-Patient Mental Health Services

Section II: Order Following Hearing on Application for Temporary Mental Health Services

Section III: Modification of In-Patient to Out-Patient Commitment

Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment

Section V: Termination of Commitment

Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In Patient Treatment

Section VII: Treatment Failure

Section VIII: Procedure for Transmitting Documents to Court Staff Training

Section IX: Staff Training

Section X: Review of Policy and Procedure

Section XI: References

Section XII: Forms

Section XIII: Attachments

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

NA

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

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574

CARF: Section 1. Subsection E., Legal Requirements

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Shiela Oquin: ExecAsst	01/2023

### History

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**Comment by Oquin, Shiela: ExecAsst** on 9/16/2022, 2:10PM EDT

@[Britt, Lance: Dir](#) - Policy does not have any procedures. Please review, create procedures and have them uploaded into Policy Stat for approval.

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Comment by Oquin, Shiela: ExecAsst** on 1/11/2023, 9:18AM EST

@[Britt, Lance: Dir](#) Are we good with me approving this policy/procedure?

**Last Approved by Oquin, Shiela: ExecAsst** on 1/24/2023, 4:32PM EST

**Last Approved by Pace, Keena: Exec** on 2/3/2023, 6PM EST

**Administrator override by Robinson, Anthony: VP** on 2/7/2023, 1:15PM EST

formatting

**Last Approved by Robinson, Anthony: VP** on 2/7/2023, 1:15PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/7/2023, 2:28PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 4:04PM EST

# **EXHIBIT F-14**

Status **Pending** PolicyStat ID **12316254**



Origination 09/2015  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Kia Walker: Chief Nursing Officer  
 Area Medical Services  
 Document Type Agency Policy

## MED14A Delegation and Supervision of Certain Nursing Acts

### 1. PURPOSE:

The purpose of the policy is to describe the method by which The Harris Center for Mental Health and IDD complies with rules established by the Texas Board of Nursing when delegating certain nursing acts. It is not the intent to describe every situation in which an act maybe delegated, but to provide the framework necessary to delegate certain acts in a safe and appropriately supervised manner.

### 2. POLICY:

The Harris Center Registered Nurses (RNs) may delegate certain nursing acts to LVNs, and unlicensed staff. Acts delegated by RN's must comply with rules developed by the Texas Board of Nursing.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center areas where nursing delegates services or tasks. ~~Texas Administrative Code Title 22, Part 11, Chapter Texas Board Rule 225 applies to IDD and CPEP Residential sites. Texas Administrative Code Title 22, Part 11, Chapter Board Rule 224 applies to Mental Health Clinics, PES and GSU.~~

### 4. DEFINITIONS:

- a. **Activities of daily living**-Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation,

- positioning, and range of motion.
- b. **Client**–the individual receiving care
  - c. **Non-licensed staff.** Direct care staff who have received training and demonstrate competency in supervision of self-administration of medications or have received training and demonstrate competency in administration of prescribed medications by a licensed ~~healthcare~~health care practitioner.
  - d. **Delegation**–Authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.
  - e. **Unlicensed person**–An individual, not licensed as a health care provider:
    - i. Who is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the RN in providing direct client care or carrying out common nursing functions;
    - ii. including, but is not limited to, nurse aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by a state agency, and other individuals providing personal care/assistance of health related services; or
    - iii. Who is a professional nursing student, not licensed as a RN or LVN, providing care for monetary compensation and not as part of their formal educational program shall be considered to be unlicensed persons and must provide that care in conformity with this chapter.

## 5. Related Procedures/Policies/Forms:

- ~~MED-10 Policy~~
- ~~GPEP-Delegation & Supervision of Nursing Acts Procedure~~
- ~~Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure~~
- ~~IDD-Delegation & Supervision of Nursing Acts~~
- MED17A Physician Assistant, Advanced Practice Registered Nurse Delegation Protocol

## 6. References: Rules/Regulations/Standards

- Texas Administrative Code Title 22, Part 11, Chapter ~~Texas Board Rule~~-225 - RN Delegation to Unlicensed Personnel & Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable ~~Condition~~Conditions
- Texas Administrative Code Title 22, Part 11, Chapter ~~Board Rule~~-224 - Delegation of Nursing Tasks by ~~RNs~~Registered Professional Nurses to Unlicensed Personnel for Clients with ~~Active~~Acute Conditions or in Acute Care Environments
- Texas Board of Nursing, **Delegation Resource Packet**
- Texas Occupations Code, ~~Chapter 301 - 25 TAC §412.323 Medication Services~~Subtitle E. Chapter 301. Nurses. General Provisions

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Kia Walker: Chief Nursing Officer	12/2022

## History

**Sent for re-approval by Muzquiz-Drummond, Sylvia: VP** on 9/6/2022, 9:10AM EDT

**Last Approved by Muzquiz-Drummond, Sylvia: VP** on 9/13/2022, 12:48PM EDT

No to add or change.- S

**Rejected by Li, Luming: Chief Medical Ofcr (1101 1817)** on 9/27/2022, 11:19AM EDT

Please update to include the referenced policies and procedures:

MED 10 Policy

CPEP Delegation & Supervision of Nursing Acts Procedure

Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure

IDD Delegation & Supervision of Nursing Acts

**Comment by Muzquiz-Drummond, Sylvia: VP** on 9/27/2022, 4:42PM EDT

Referenced P and P appear to have been added.

**Last Approved by Muzquiz-Drummond, Sylvia: VP** on 9/27/2022, 4:43PM EDT

P and P added

**Comment by Li, Luming: Chief Medical Ofcr (1101 1817)** on 10/27/2022, 11:14AM EDT

[@Muzquiz-Drummond, Sylvia: VP](#) Should this go to Kia to review? Also - can we link to P&P as identified here? Thanks

**Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/1/2022, 2:14PM EDT

**Sent for re-approval by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/1/2022, 2:15PM EDT

updated to Kia as owner

**Last Approved by Walker, Kia: Chief Nursing Officer** on 11/1/2022, 5:14PM EDT

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/3/2022, 12:53PM EDT

**Last Approved by Robinson, Anthony: VP** on 12/6/2022, 5:40PM EST

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 11:57AM EST

**Draft discarded by Fleming, Shannon: Counsel** on 12/12/2022, 11:57AM EST

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 12:05PM EST

**Edited by Fleming, Shannon: Counsel** on 12/12/2022, 12:06PM EST

*Deleted- MED 10 Policy, and CPEP Delegation & Supervision of Nursing Acts Procedure, Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure IDD Delegation & Supervision of Nursing Acts- THEY ARE INCORRECT REFERENCES OR THEY DON'T EXIST Deleted- TAC Code reference- INCORRECT*

**Last Approved by Walker, Kia: Chief Nursing Officer** on 12/12/2022, 12:49PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:41PM EST

**Administrator override by Robinson, Anthony: VP** on 1/10/2023, 4:57PM EST

updated related policy

**Last Approved by Robinson, Anthony: VP** on 1/10/2023, 4:57PM EST

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 3:29PM EST

corrected statutes

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 3:29PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:10PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:07PM EST

# **EXHIBIT F-15**

Status **Pending** PolicyStat ID **12653272**

Origination	02/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED15A Emergency Medical Care for Consumers, Employees and Volunteers

### 1. PURPOSE:

The purpose of the policy is to describe ~~the manner that The Harris Center manages emergent~~ the emergency medical preparedness strategies implemented at the Harris Center to manage both a crisis and non-emergent injuries and illnesses ~~for consumers, employees and volunteers with the Harris Center for Mental Health and IDD.~~

### 2. POLICY:

Acute injuries ~~and~~ or illnesses of individuals occurring during visits at The Harris Center for Mental Health and IDD shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a ~~minor~~ non-emergent injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

### 3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of the Harris Center where consumers, employees and volunteers may be present.

## 4. Related Procedures/Policies/Forms:

- ~~Composition and Function of First-Aid Kits~~
- ~~Incident Reporting (for injury or illness resulting from an accident or non-accidental injury or illness)~~
- ~~Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)~~
- ~~Employee On-the-Job Injuries and Illnesses (Worker's Compensation Reporting) – (for accidental injury of employees and volunteers)~~
- ~~Disaster and Severe Weather Emergencies Disaster and Evacuation Plan~~
- ~~Emergency Codes, Alerts and Response Policy~~
- ~~Code Blue/Medical Alert Procedure~~
- [EM 15B - Medical Alert- Code Blue](#)
- [EM25B- Weather Alert](#)

## 5. Related Policies

[EM2A - Emergency Codes, Alerts and Response](#)

[EM4A - Incident Reporting](#)

## 6. References: Rules/Regulations/Standards

- Organizational Standards-Environment of Care and Safety, [Title 26](#), Tex. Admin. Code, 301.323

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2023
Initial Assignment	Jennifer Evans	01/2023

## History

**Sent for re-approval by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

This one is due in Jan.

**Last Approved by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/14/2022, 5:33PM EST

**Administrator override by Webb, Christopher: Audit** on 11/17/2022, 2:42PM EST

Updated document owner to Jennifer Evans Director of Medical Services.

**Administrator override by Robinson, Anthony: VP** on 12/6/2022, 5:38PM EST

Formatting. Adding Policy/Procedure cross references

**Last Approved by Robinson, Anthony: VP** on 12/6/2022, 5:39PM EST

**Sent for re-approval by Fleming, Shannon: Counsel** on 12/12/2022, 11:32AM EST

Removed incorrect procedures- Composition and Function of First-Aid Kits, and Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 11:37AM EST

**Edited by Fleming, Shannon: Counsel** on 12/12/2022, 11:38AM EST

Corrected p&ps.  
Deleted bc incorrect name or could not find- Composition and Function of First-Aid Kits, and Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)

**Last Approved by Evans, Jennifer** on 12/12/2022, 12:25PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:40PM EST

**Administrator override by Robinson, Anthony: VP** on 1/9/2023, 2:07PM EST

Formatting

**Last Approved by Robinson, Anthony: VP** on 1/9/2023, 2:07PM EST

**Draft saved by Fleming, Shannon: Counsel** on 1/13/2023, 5:33PM EST

**Edited by Fleming, Shannon: Counsel** on 1/13/2023, 5:33PM EST

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grammar

**Last Approved by Evans, Jennifer** on 1/17/2023, 5:13PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:27PM EST

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:09PM EST

**Last Approved by Fleming, Shannon: Counsel** on 1/27/2023, 3:56PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:27PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:37AM EST

# **EXHIBIT F-16**

Status **Pending** PolicyStat ID **12653269**

Origination	01/2000
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	1 year after approval

Owner	Vanessa Miller: Mgr
Area	Infection Control
Document Type	Agency Policy

## MED2A Infection Control and Prevention Policy

### 1. PURPOSE:

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

### 2. POLICY:

The Harris Center shall provide an effective infection control and prevention plan for staff, individuals served, volunteers and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices and precautions to prevent or mitigate the spread of infectious organisms and diseases.

### 3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

### 4. PROCEDURES:

- a. Infection Control
- b. Tuberculosis Testing and Exposure to Tuberculosis
- c. Regulated Medical Waste Disposal
- d. Accidental Blood and Bodily Fluid Exposures

- e. Hand Hygiene
- f. Handling Contaminated Linens

## 5. RELATED POLICIES/FORMS:

[MED19P Infection Control Plan](#)

[EM10P Risk Management Plan](#)

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

- a. Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030. [Bloodborne Pathogens](#)
- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H-~~§§~~. [Bloodborne Pathogen Exposure Control Plan. §81.301 et seq.](#)
- f. Online Incident Report Form

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Kia Walker: Chief Nursing Officer	12/2022
Initial Assignment	Vanessa Miller: Mgr	12/2022

### History

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**Sent for re-approval by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

This one is due in Jan.

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**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/14/2022, 5:36PM EST

**Administrator override by Robinson, Anthony: VP** on 12/13/2022, 5:50PM EST

Changed ownership to Infection Control Director and CNO

**Draft saved by Robinson, Anthony: VP** on 12/13/2022, 5:53PM EST

**Edited by Robinson, Anthony: VP** on 12/13/2022, 5:53PM EST

Updated plan references

**Last Approved by Miller, Vanessa: Mgr** on 12/14/2022, 7:55AM EST

**Last Approved by Walker, Kia: Chief Nursing Officer** on 12/14/2022, 10:12AM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:06PM EST

**Administrator override by Fleming, Shannon: Counsel** on 2/13/2023, 5:57PM EST

updated references

**Last Approved by Fleming, Shannon: Counsel** on 2/13/2023, 5:57PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 7:03PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:39AM EST

# **EXHIBIT F-17**

Status **Pending** PolicyStat ID **12880445**



Origination 06/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Leadership  
 Document Type Agency Policy

## LD10A - Management of Legal Documents & Litigation

### 1. PURPOSE

To ensure all staff of The Harris Center for Mental Health & Intellectual and Developmental Disability (The Harris Center) properly respond to service of lawsuits, court orders, legal documents and other official notices.

### 2. POLICY

It is the policy of The Harris Center to comply and respond timely to lawsuits, court orders, legal documents or other official documents served on The Harris Center to avoid any delay in legal proceedings and to protect the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department is administratively responsible for all legal matters related to The Harris Center, including management of litigation.

~~A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. A lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to the Legal Services Department and the Chief Executive Officer for review. This will ensure service was proper and met legal requirements, will avoid delay, and will protect the interests of The Harris Center, staff, volunteers, interns, contractors and persons served.~~

### 3. APPLICABILITY/SCOPE

All Harris Center Staff, contractors, volunteers and interns.

## 4. RELATED POLICIES/FORMS

[Subpoenas](#)

[Search Warrants](#)

[LD7A Subpoenas](#)

[HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information](#)

## 5. PROCEDURES:

[A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. A lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to the Legal Services Department and the Chief Executive Officer for review. This will ensure service was proper and met legal requirements, will avoid delay, and will protect the interests of The Harris Center, staff, volunteers, interns, contractors and persons served.](#)

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

[Regulations/Standards/Statutes](#)

[The Harris Center Compliance Plan](#)

### Approval Signatures

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

### History

**Sent for re-approval by Thomas, Kendra: Counsel** on 12/27/2022, 11:20AM EST

No changes made

**Last Approved by Thomas, Kendra: Counsel** on 12/27/2022, 11:20AM EST

**Comment by Fleming, Shannon: Counsel** on 1/13/2023, 5:50PM EST

Is there a procedure for search warrants?

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 5:50PM EST

comment

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 5:55PM EST

**Draft saved by Robinson, Anthony: VP** on 1/13/2023, 6:05PM EST

**Comment by Robinson, Anthony: VP** on 1/13/2023, 6:08PM EST

[@Fleming, Shannon: Counsel](#) A search warrant would follow this Policy as it would be a legal document. We may want to add it as a Named component of the Subpoena policy. I moved the third paragraph to the Procedures heading since it is describing the process of what to do when a document is received.

**Edited by Robinson, Anthony: VP** on 1/13/2023, 6:09PM EST

Moved 3rd paragraph to procedure heading. Added additional reference citation.

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 6:14PM EST

**Last Approved by Thomas, Kendra: Counsel** on 1/13/2023, 6:22PM EST

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:23PM EST

**Last Approved by Thomas, Kendra: Counsel** on 1/23/2023, 2:22PM EST

**Last Approved by Young, Wayne: Exec** on 1/27/2023, 12:46PM EST

# **EXHIBIT F-18**

Status **Pending** PolicyStat ID **13029815**

Origination 02/2022  
Last Approved N/A  
Effective Upon Approval  
Last Revised 02/2023  
Next Review 1 year after approval

Owner Shannon Fleming: Counsel  
Area Leadership  
Document Type Agency Policy

## LD14A Mandatory COVID-19 Vaccination Policy

### 1. PURPOSE:

To comply with the Center for Medicare Services (CMS) Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule dated November 5, 2021 and updated as of January 20, 2022.

### 2. POLICY:

**By February 22, 2022**, applicable individuals shall have received, at a minimum, the first dose of the primary series or a single dose of an acceptable COVID-19 vaccine, or requested and/or been granted a medical or religious exemption, prior to said individual providing any care, treatment, or other services for the Harris Center and/or its patients.

**By March 21, 2022**, all applicable individuals are fully vaccinated for COVID-19, except for those individuals who have been granted a medical or religious exemption or those individuals for whom vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

Although not considered fully vaccinated until 14 days (2 weeks) after the final dose, an individual who has received the final dose of a primary vaccination series by **March 21, 2022**, is considered to have met the vaccination requirement, even if the individual has not yet completed the 14-day waiting period.

### 3. APPLICABILITY/SCOPE:

To Harris Center employees, direct, contracted, volunteers, students, working at the Intermediate Care Facilities for individuals with intellectual disabilities (ICF-IDD) and long-term care facilities (Preadmission Screening and Resident Review (PASRR) Program). It applies to all eligible staff working at those

facilities regardless of clinical responsibility or patient contact. The requirement includes all current staff as well as any new staff who provide any care, treatment, or other services for the facility and/or its patients:

- Facility employees;
- Licensed practitioners;
- Students, trainees, and volunteers; and
- Any individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or by other arrangement.

This policy does not apply to:

- Staff who exclusively provide 100 percent telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with patients and other staff.
- Staff who provide support services for the facility hospital that are performed exclusively outside of the facility setting such as payroll services and who do not have any direct contact with patients and other staff.

## 4. DEFINITIONS

- **Fully vaccinated** means it has been 2 weeks or more since an individual has completed a primary vaccination series for COVID-19.
- **Primary vaccination series for COVID-19** means the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.
- **Acceptable vaccine** means administration of one of the following:
  - BioNTech, Pfizer Vaccine
  - Johnson & Johnson Vaccine
  - Moderna NIAID Vaccine
  - A vaccine listed by the World Health Organization (WHO) for emergency use that is not approved or authorized by the FDA, or a vaccine administered in a clinical trial.
- **Medical exemption** means an individual is not required to be vaccinated due to an allergic and/or recognized clinical contraindication to COVID-19 vaccines.
- **Religious exemption** means an individual is not required to be vaccinated due to religious beliefs or practices in accordance with ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Accountable Care Act, and Title VII of the Civil Rights Act.

## 5. PROCEDURES:

### EVIDENCE OF VACCINATION

The following are considered acceptable forms vaccination proof:

- CDC COVID-19 vaccination record card (or a legible photo of the card),

- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record.

If vaccinated outside of the United States or its territories, a reasonable equivalent of any of the previous examples shall suffice.

## **EXEMPTIONS FROM VACCINATION**

Individuals may request an exemption from COVID-19 vaccination requirements based on medical contraindication or for conflict with religious beliefs, observances, or practices. Requests shall be submitted to the Human Resource Department on a Harris Center approved or comparable form.

### **Medical Exemption**

If an individual requests a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which supports the individual's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.

Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the individual be exempted from the facility's COVID-19 vaccination requirements based on the recognized clinical contraindications.

### **Religious Exemption**

If an individual requests a religious exemption from vaccination, the individual shall provide a personal written and signed statement detailing the religious basis for the vaccination objection, explaining why the religious exemption is requested, the religious principle(s) that guide the objection to vaccination, and the religious basis that prohibits the COVID-19 vaccination.

### **Mitigation Strategies**

Individuals who are not fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19.

- Staff will be required to identify open roles that they are interested in and qualified for and submit a transfer application.
- Require staff who have not completed their primary vaccination series to follow additional, CDC-recommended precautions and Harris Center guidelines.
- Requiring staff who have not completed their primary vaccination series to use an N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with clients.

Individuals exempted from vaccination shall undertake the following measures designed to mitigate the risk of getting / transmitting COVID-19:

- Wear appropriate personal-protective-equipment in accordance with current CDC guidelines.
- Be tested for the COVID-19 virus weekly with a CDC approved test. If tested positive, the individual's supervisor shall be immediately notified, and the individual shall be placed immediately off work and quarantined in accordance with CDC guidelines, law, and regulation.
- The individual will not be permitted to work / or access Harris Center or contracted facilities until a negative COVID test is resulted and it has been at least 14 days since the positive test result.

### **TRACKING OF VACCINATION STATUS**

The Harris Center shall track and securely document the vaccination status of each individual, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. The Harris Center shall also track any booster doses as recommended by the CDC. Vaccine exemption requests and outcomes shall also be documented.

For employees, proof of vaccination shall be submitted using the COVID-19 vaccination documentation online form located on the Harris Center Harrisphere.

For individuals who provide care, treatment, or other services for the facilities and/or its patients, under contract or by other arrangement, the Harris Center may track and securely document the vaccination status of each individual prior to engaging in care, treatment or service.

**While no specific tool is mandated, records shall contain the following information – as applicable – for each individual:**

- Start of Employment Date
- End of Employment Date
- Last Name, First Name, Date of Birth
- Medical or Religious Exemption Granted / Date
- Declined COVID Vaccine / Date
- Vaccinated with Dose 1
  - Date Administered
  - Vaccine Manufacturer Name
- Vaccinated with Dose 2
  - Date Administered
  - Vaccine Manufacturer Name
- Is Vaccination Series Complete? Yes / No
- Eligible for Additional/Booster Dose? Yes / No, if Yes
  - Additional/Booster Dose Vaccination Date?
  - Additional/Booster Dose Manufacturer
- Employee or Non-Employee

**Documentation shall be kept confidential and stored separately from the individual's personnel file.**

This does not apply to the Request for Religious Exemption to the Covid-19 Vaccination Requirement which will be stored in the personnel file.

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

Request for Religious Exemption to the Covid-19 Vaccination Requirement

Request for Medical Exemption to the Covid-19 Vaccination Requirement

COVID-19 Vaccination Documentation Online Form

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

- A. Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination Centers for Medicare & Medicaid Services on 11/05/2021
- B. § 482.42(g) and § 485.640(f): Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs.
- C. Safer Federal Workforce; Vaccinations, November 2021
- D. ADA, Section 504 of the Rehabilitation Act
- E. Section 1557 of the Accountable Care Act
- F. Title VII of the Civil Rights Act

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023

### History

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**Sent for re-approval by Webb, Christopher: Audit** on 1/24/2023, 3:47PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:53AM EST

**Administrator override by Robinson, Anthony: VP** on 2/6/2023, 11:25AM EST

Removed template signposting language

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:25AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:34PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:39AM EST

# **EXHIBIT F-19**

Status **Pending** PolicyStat ID **11936826**

Origination	04/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Luming Li: Chief Medical Ofcr (1101 1817)
Area	Medical Services
Document Type	Agency Policy

## MED4A - Medical Peer Review Policy

### 1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by physicians and physician assistants at the Harris Center for Mental Health & IDD (The Harris ~~center~~Center) is physician peer-driven and meets professionally recognized standards of health care via ongoing objective, non-judgmental, consistent and fair evaluation by the medical staff.

### 2. POLICY:

It is the policy of The Harris Center to consistently assess, monitor and evaluate physician-patient care activity, ~~monitor and evaluate this activity~~ to ensure the highest quality of care for all patients of The Harris Center. Triggers for physicians and physician assistants may include findings from routine patient record reviews, incident reports, patient or staff complaints, sentinel events or critical incident reviews. The deliberations of the medical peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations in regard to confidentiality and privileged nature of medical peer review deliberations and proceedings. The Medical Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

### 3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed physicians and physician assistants for the evaluation of clinical practice under the supervision of a licensed physician.

## 4. PROCEDURES:

[MED 4B.](#) Medical Peer Review Procedure

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

[MED12A.](#) Professional ~~Responsibility~~ [Review](#) Committee Policy

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

Health Care Quality Improvement Act of 1986, 42 U.S.C. §§11101, et seq.

~~Report & Confidentiality Requirements, Tex. Occupations Code, Sub-chapter A, §§160.001, et. seq. Physician Assistant Licensing Act-Duty to Report; Medical Peer Review, Tex. Occupations Code §204.208~~

[Report and Confidentiality Requirements, Tex. Occupations Code, Subchapter A. §§160.001, et. seq.](#)

[Physician Assistants- Duty to Report; Medical Peer Review, Texas Occupations Code Subchapter A. §204.208](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023
Initial Assignment	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023

### History

Sent for re-approval by Li, Luming: Chief Medical Ofcr (1101 1817) on 6/21/2022, 7:20PM EDT

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Draft saved by Fleming, Shannon: Counsel on 7/15/2022, 6:11PM EDT

Edited by Fleming, Shannon: Counsel on 7/15/2022, 6:11PM EDT

Corrected statutes

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 7/22/2022, 3:13PM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 8/22/2022, 1:26PM EDT

Last Approved by Robinson, Anthony: VP on 9/1/2022, 5:40PM EDT

Draft saved by Fleming, Shannon: Counsel on 9/21/2022, 11:41AM EDT

Edited by Fleming, Shannon: Counsel on 9/21/2022, 11:42AM EDT

Edited the name of the related policy

Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Edited by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Copy editing update

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Can we also link procedures and related documents?

Last Approved by Robinson, Anthony: VP on 10/21/2022, 4:13PM EDT

Last Approved by Fleming, Shannon: Counsel on 11/1/2022, 4:03PM EDT

Draft saved by Thomas, Kendra: Counsel on 12/13/2022, 6:24PM EST

Edited by Thomas, Kendra: Counsel on 12/13/2022, 6:25PM EST

I updated the legal citations.

Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817) on 12/20/2022, 12:43PM EST

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**Edited by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

updated nomenclature for medical peer review to professional practice evaluation and included clinical supervision of NP practice

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

**Rejected by Robinson, Anthony: VP** on 1/12/2023, 11:31AM EST

Please remove references to NP/APRN

**Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Edited by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

updated nomenclature and title

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Last Approved by Robinson, Anthony: VP** on 1/23/2023, 2:37PM EST

**Draft saved by Fleming, Shannon: Counsel** on 1/25/2023, 2:58PM EST

**Edited by Fleming, Shannon: Counsel** on 1/25/2023, 3PM EST

Corrected the name of the med peer review procedure

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 2/1/2023, 5:36PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 2/1/2023, 5:37PM EST

**Last Approved by Robinson, Anthony: VP** on 2/13/2023, 3:15PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/13/2023, 6:23PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:24PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:35AM EST

# **EXHIBIT F-20**

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

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED1A Medical Services

### 1. PURPOSE

To document The Harris Center's expectation for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

### 2. POLICY

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs or PAs working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, [Professional Practice Evaluation Committee](#), Medical Peer Review [Committee](#), [Nursing Peer Review Committee](#), Incident Reports, Patient Safety Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

### 3. APPLICABILITY/SCOPE

All Harris Center programs and clinical services.

## 4. PROCEDURES

- A. Medication Reviews/Consultation
- B. [MED 1B Medical Services](#)
- C. Administration of Medication to Patient
- D. Medication Errors
- E. Patient Consent, Information, and Education

## 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> <li>• Behavior Supports</li> </ul>
<ul style="list-style-type: none"> <li>• Abnormal Involuntary Movement Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) &amp; (Spanish)</li> </ul>

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

### ~~Role and Responsibilities of Local Authority, 40 Tex. Admin. Code, Part 1, Ch. 2, Subchapter G~~

- [Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part 1, Ch. 2, Subchapter G](#)
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, [Division 3](#)
- ~~Prescribing of Psychoactive Medications~~ [Provider Clinical Responsibilities - Mental Health Services](#), 25 Tex. Admin. Code, Part 1, Chapter 415, ~~Subchapter~~
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of ~~Texas~~the HHSC [Psychiatric](#) Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter ~~6-G~~

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2023
Initial Assignment	Jennifer Evans	01/2023

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**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:39PM EST

**Administrator override by Robinson, Anthony: VP** on 1/12/2023, 11:35AM EST

Changed Medical Peer Review Committee to Professional Practice Evaluation Committee and Added Nursing Peer Review Committee

**Last Approved by Robinson, Anthony: VP** on 1/12/2023, 11:35AM EST

**Administrator override by Fleming, Shannon: Counsel** on 1/12/2023, 5:39PM EST

added former name of PPEC

**Administrator override by Fleming, Shannon: Counsel** on 1/12/2023, 5:42PM EST

added more to statutes ch. 415

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 11:51AM EST

corrected statute names

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 11:51AM EST

**Draft saved by Thomas, Kendra: Counsel** on 1/13/2023, 1:50PM EST

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**Edited by Thomas, Kendra: Counsel** on 1/13/2023, 1:53PM EST

Per our meeting today with Dr. Li, the PPEC is a separate committee from the Medical Peer Review Committee. An update to reflect this change was made.

**Last Approved by Evans, Jennifer** on 1/17/2023, 5:15PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:27PM EST

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**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:31PM EST

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# **EXHIBIT F-21**

Status **Pending** PolicyStat ID **12784260**



Origination 08/2017  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Jennifer Evans  
 Area Medical Services  
 Document Type Agency Policy

## MED9A Pharmaceutical or Patient Assistance Programs (PAP)

### 1. PURPOSE

The purpose of this policy is to establish best practices regarding any Patient or Pharmacy Assistance Program (PAP).

### 2. POLICY

It is the policy of The Harris Center to ensure and support best practices for the management and governance of PAP and that the following policies are to be adhered to:

- Adhere to applicable governing laws, regulation, rules, and manufacturer guidelines for PAP brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the Pharmacy, dispensing to Financially Disadvantaged or Indigent patients and disposition of expired or unused pharmaceuticals.
- PAP products are received at each pharmacy location or at a centralized location to reduce chances of package loss and to streamline package receipt process. Packages distributed to the central location shall be transferred to individual clinics for PAP management. Dispensing consistent with internal pharmacy procedures and in accordance with sponsored program recommendations will be done in all cases. Patient specific PAP oral medications may be shipped by sponsoring PAP programs to the patients' residence, unless deemed inappropriate by prescriber and/or pharmacy team.
- Annually Physicians and Pharmacists will receive a PAP Authorization and Pharmacy Acknowledgment form for review and signature for applicable PAP program. The form reaffirms the professional's participation in PAP and notice of any applicable rules, regulations,

guidelines, or legal change(s).

- All pharmaceuticals are to be disposed of in accordance with internal disposition procedures and/or per manufacturer request as confirmed and documented with individual manufacturer.
- Information gathered or exchanged through PAP is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA) such that access is limited in accordance with 45 CFR Part 160 and Part 164.
- PAP has no requirement of financial remuneration and there is never a charge for PAP medication brand or generic.

### 3. APPLICABILITY/SCOPE

All Harris Center staff, employees, interns, volunteers, contractors, and programs

### 4. PROCEDURES:

[MED 9B Pharmaceutical or Patient Assistance Programs \(PAP\)](#)

### 5. Related Policies/Forms:

#### ~~Pharmaceutical or Patient Assistance Programs (PAP) Procedure~~

- Patient Attestation Form – The HARRIS CENTER
- PAP Authorization to Disclose – Medicaid Eligibility Status Form
- Texas HHS Form H1003 – Appointment of an Authorized Representative to Allow Another Person to Act for You
- Authorization to Provide Navigator Support to Complete a Medicaid Application On-Line
- Authorization to Continue to Provide Pharmacy Services
- PAP Notification of Pending Eligibility Status
- Pharmacy Services PAP Patient Status Form
- Zero Income Letter
- Zero Income Letter Modifiable for Special Circumstances
- Distribution of PAP from SW to other Clinic Pharmacies
- Transfer of Medications in or Out of a Pharmacy
- Transfers of Medications in or Out of Pharmacy Form(s)
- Monthly Unit Inspections
- Monthly Unit Inspection Form
- PAP Haldol Injection Protocol
- Pharmacy Records Retention
- PAP Disposition
- PAP Disposition Documentation Log

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

- Texas Food, Drug and Cosmetic Act, Drug Donation Program, ~~Tex.~~ Health and Safety Code, Chapter 431, Subchapter M
- Charitable Immunity & Liability ~~Act of 1987~~, Texas Civil Practice and Remedies Code, Chapter 84
- Pharmacy and Pharmacists, Title 3 Texas ~~Pharmacy Act, Texas Occupations~~ Occ Code, Subtitle J, Ch. 551-556, 559
- Texas State Board of Pharmacy ~~Rules~~, Title 22 Tex. Admin. Code, Part 15, Ch 281-311
- Donation of Unused Drugs, Title 25 Tex. Admin. Code, Chapter 229, Subchapter B
- CARF Section 2

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Maria Richardson: Dir	12/2022

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**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 4:26PM EST

minor corrections to statutes

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 4:26PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:30PM EST

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# **EXHIBIT F-22**

Status **Pending** PolicyStat ID **11502181**

Origination	11/1994
Last Approved	N/A
Effective	Upon Approval
Last Revised	12/2022
Next Review	1 year after approval

Owner	Lance Britt: Dir
Area	Assessment, Care & Continuity
Document Type	Agency Policy

## ACC10A Referral, Transition, and Discharge

### 1. PURPOSE

~~To~~The purpose of this policy is to provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ~~provide linkage~~coordinate services in the least restrictive environment between persons served and other service delivery systems. ~~The Harris Center will coordinate services in the least restrictive treatment environment~~ upon request ~~or evidence needed, provided in the least restrictive setting and based on the needs of the persons served.~~ The Agency shall seek to facilitate integration of the persons served into the community, whenever appropriate. A referral, transition or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

### 3. APPLICABILITY/SCOPE

Persons residing in Harris ~~County as well as individuals in Harris~~ County, as well as, individuals in Harris County but reside outside of the county who are in crisis.

### 4. PROCEDURES

~~None~~

ACC10B Referral, Transition, and Discharge

## 5. Related policies/Forms

None

## 6. References: Rules/Regulations/Standards

- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306, ~~Subchapter~~[Subchapters](#) A, D
- CARF: Section 2. Subsection D., Transition/Discharge

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
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Departmental Review	Keena Pace: Exec	12/2022
Initial Assignment	Lance Britt: Dir	07/2022

### History

**Sent for re-approval by Downey, Michael: VP** on 4/5/2022, 9:11AM EDT

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**Edited by Robinson, Anthony: VP** on 4/29/2022, 1:37PM EDT

Updated procedure reference to the policy

**Last Approved by Oquin, Shiela: ExecAsst** on 4/29/2022, 2:33PM EDT

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**Last Approved by Downey, Michael: VP** on 5/3/2022, 8:51AM EDT

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**Edited by Thomas, Kendra: Counsel** on 5/31/2022, 6:15PM EDT

I revised the language under the purpose and policy subsections. please let me know if you have concerns.

**Comment by Oquin, Shiela: ExecAsst** on 6/1/2022, 10:41AM EDT

@[Britt, Lance: Dir](#) - Please review

**Last Approved by Oquin, Shiela: ExecAsst** on 6/1/2022, 10:41AM EDT

Lance Britt to review

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Updated document owner.

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# **EXHIBIT F-23**

Status **Pending** PolicyStat ID **12784285**

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Last Approved	N/A
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Last Revised	01/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED18A Research Procedures and the Committee for the Protection of Human Subjects

### 1. PURPOSE:

The purpose of policy is to establish a uniform process for the review, selection, approval and handling of inquiries or requests for any research, studies, clinical trials involving The Harris Center [for Mental Health and IDD \(hereinafter "The Harris Center"\)](#) patients.

### 2. POLICY:

It is the policy of The Harris Center ~~for Mental Health and IDD (Harris Center)~~ to permit certain research programs and research training to be conducted, whereby Agency consumers or staff serve as research subjects.

Any research conducted on human subjects must be done in compliance with the rules and regulations as outlined by the U.S. Department of Health and Human Services (HHS) and as governed by other state and federal guidelines.

Research involving the use of aversive procedures (aversive stimuli and/or effortful tasks, including overcorrection, forced exercise and negative practice), placebos, convulsive therapy or phase I or phase II investigational and experimental drugs shall not be allowed.

Any research being done by individuals working under the auspices of an academic institution, health care system, or research sponsor, must have approval of their institutions' Institutional Review Board (IRB) before it can be considered by The Harris Center's IRB. Researchers must submit a full research protocol describing research procedures for The Harris Center's IRB review.

[The Harris Center IRB Committee](#) (or approved designee – university partner, in accordance with state and federal guidelines) must review and approve any research studies prior to soliciting research subjects (both consumers or staff). The Harris Center IRB Committee (or approved designee) must provide a formal letter stating that research can be conducted at The Harris Center. Without formal approval, no research subjects shall be solicited, verbally, through mail or e-mail, or through posting, nor shall research be conducted involving consumers or staff.

### 3. APPLICABILITY/SCOPE:

All [agency research conducted at The Harris Center or in connection with The Harris Center programs and/or clinical services](#).

### 4. PROCEDURES:

[HIM6B Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[HIM7B Consents and Authorizations](#)

### 5. RELATED POLICIES:

[HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[HIM7A Consents and Authorizations](#)

[RR1P Compliance Plan](#)

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

Protection of Human Subjects, 45 CFR Part 46, Subparts A, B, C & D

Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 & Part 164

[Research in TDMHMR Facilities, 25 Tex. Admin. Code, Chapter 414, Subchapter P](#)

[Rights and Protections of Persons Receiving Mental Health Services, Tex. Admin. Code, Title 25, Part 1, Chapter 414.](#)

### Approval Signatures

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Initial Legal Review	Shannon Fleming: Counsel	02/2023
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Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Maria Richardson: Dir	12/2022

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Formatting

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Added related policies, procedures, and references

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# **EXHIBIT F-24**

Status **Pending** PolicyStat ID **13136598**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2023  
 Next Review 1 year after approval

Owner Eunice Davis: Dir  
 Area Environmental Management  
 Document Agency Plan  
 Type

## Risk Management Plan

### 1. Purpose

The purpose of the Risk Management Program is to strengthen The Harris Center for Mental Health and IDD's (The Harris Center) mission and vision related to consumer safety ~~and~~, clinical risk, ~~as well as~~ and the safety of visitors, employees, ~~third parties~~, property, ~~operational and business risks~~ and operations.

### 2. Guiding ~~Principle~~ Principles

The Risk Management Program supports The Harris Center's philosophy that safety and risk management is everyone's responsibility. Employees shall observe safe work practices, rules, ~~and operating~~ policies, and procedures to ~~help assure~~ provide a safe environment for everyone at The Harris Center's facilities or ~~in properties~~. Employees shall assist individuals served at The Harris Center vehicles and our visitors in complying with these procedures and activities.

### 3. Program Goals and Objectives

~~The Harris Center's goal is to reduce accidental losses and improve environmental safety. The Harris Center is committed to protecting its patients, personnel, and property.~~

~~Through loss prevention efforts, The Harris Center is committed to:~~

- ~~1. Continuous improvement of safety and minimizing errors and events that result in harm;~~
- ~~2. Mitigating the effects of errors and events when there is an occurrence; and~~
- ~~3. Minimizing losses by identifying and analyzing errors and events by performing a root cause analysis.~~

~~The Harris Center has a Safety and Loss Control Program that supports established policies and procedures to help provide a safe environment. It is vital that all employees participate to help achieve~~

~~the goals of the program. Proper risk management will help reduce injuries and losses. It will also help ensure that The Harris Center will be able to provide quality care to our patients.~~

~~Continuously evaluating methods of reducing loss frequency and severity of accidental losses inherent in the existence of The Harris Center, lends itself towards implementing the most appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention allows the organization to retain financial responsibility for the risk associated with accidental loss, while risk transfer extends financial responsibility through contractual relationships and the Commercial Insurance Program. Implementing precise risk avoidance measures involves the coordination of multiple organizational functions, as well as loss control resources that are available through The Harris Center's Commercial Insurance Program and Property/Casualty Agent of Record.~~

~~The Harris Center's Board of Trustees require the expertise of a competitively selected Agent of Record to analyze the insurance market on an annual basis and make recommendations for appropriate coverage of exposures to its programs, human capital, individuals served, and assets.~~

~~All reports, audits, inspections and reviews will be communicated or forwarded to the Risk Management Director. Where reports or audits cannot be forwarded due to work-product privilege or privacy concerns, the Risk Management Director should serve on these committees. After review by the Risk Management Director, submitted resources will be forwarded to the Vice President of Enterprise Risk Management, then to the appropriate department heads, Vice President, Chief, and/or Chief Executive Officer.~~

The Harris Center's goal is to provide employees, consumers, and visitors a safe environment. The Harris Center is committed to continuous improvement of quality of care, safety and minimizing or preventing errors through risk management activities.

The Harris Center's Risk Management Program aims to reduce the frequency of losses and severity of accidents. Root Cause Analyses will guide implementation of appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention is the practice of setting up a self insurance program and Commercial Insurance Program to pay for losses as they occur. Risk transfer is a risk management and control strategy that involves contractually shifting risk, potential loss from an adverse outcome and financial responsibility that may or may not occur to a contractor. The Harris Center uses an Agent of Record to analyze the insurance market on an annual basis and make recommendations for appropriate coverage of exposures to its programs, personnel, consumers, and assets.

#### **4. Leadership**

Following the lead of the Board of Trustees, employees of The Harris Center are committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The responsibilities of the Board of Trustees, ~~Executive Leadership~~executive leadership, ~~Directors and Managers~~directors, supervisors, and employees are established in the ~~Safety~~Risk Management Program. The Harris Center's executive leadership is committed to the effectiveness of The Harris Center's ~~risk management~~Risk Management plan and its role in serving the ~~Houston and Harris County community~~of need.

#### **5. Role of the Risk Management Director**

The Risk Management Director is empowered by The Harris Center to implement the functions and

activities of the Risk Management Plan. The role of the Risk Management Director is to maintain a proactive Risk Management Program under the guidance of the VP of Enterprise Risk Management that complies with the provisions of federal, state, and local laws and regulations. ~~The role of the Risk Management Director is to maintain a proactive Risk Management Program under the guidance of the VP of Enterprise Risk Management that complies with the provisions of federal, state and local laws and regulations. The Risk Management Director is~~ responsible for creating, implementing, and evaluating the ~~outcome~~outcomes of the Risk Management Plan. The Risk Management Director shall utilize reports, audits, inspections, and reviews for evidence-based decisions. The Risk Management Director shall serve on the System Quality, Safety and Experience Committee and Safety and Risk Management Committee to provide information and trends learned from the The Harris Center's incident report system.

## 6. Components of the Risk Management Program

The Harris Center Risk Management Program ~~will include~~includes the following components:

- A. **Designated Risk Management Director and System Quality, Safety and Experience Committee and Safety and Risk Management Committee shall perform the following responsibilities:** ~~with demonstrated training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis. Reviews, identifies, monitors, and minimizes risks and potential risks associated with injury, infectious disease, property damage or loss, harm to individuals being served, and other sources of potential liability. Documentation of all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring and actions taken to reduce risk. Actively collaborates with loss prevention experts.~~
1. Demonstrate training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis.
  2. Review, identify, monitor, and minimize risks, and potential risks associated with injury, infectious disease, medication errors, property damage or loss, and harm to individuals being served.
  3. Document all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring, and actions taken to reduce risk.
- B. **Incident Reporting System ("IRS")** is utilized for reporting ~~non~~incidents involving consumers, employees, or property. Employees are required to report all events in The Harris Center Incident Reporting system as outlined in the Harris Center's Incident Reporting policy. Clinical Risk Management reviews are required for incidents that indicate follow-up ~~routine incidents involving consumers, employees, or property which are not consistent with the usual operation of the agency. Non-routine incidents involving staff, consumers or others in programs operated by The Harris Center Contract affiliates are also documented. An "Incident"up is defined as an event which is not consistent with the operation of any The Harris Center /contracted program or which is not consistent with the routine care of an individual~~necessary. Clinical Risk Management reviews are conducted by the Professional Review Committee and its subcommittees. Employees are required for incidents that indicate follow up is necessary. Clinical reviews are conducted by the Professional Review Committee and its subcommittee,

- ~~the Pharmacy and Therapeutics Committees. All employees are required to report all events in The Harris Center Incident Reporting system. All new employees are required to complete an incident report training during orientation. This~~The incident report training includes when to complete an incident report, how to complete an incident report and, and consequences for failure to report a serious injury or incident.
- C. **Annual Risk Assessment** is conducted annually to help identify and bring attention to the likelihood of ~~the~~a risk event occurring and ~~how~~the potential impact if the risk event occurs. A Risk Event refers to any unforeseen or unexpected occurrence that can cause losses for the Harris Center. Classifications of the likelihood of risk range from "rare to almost certain", with consequences of likely risks ranging from "insignificant to severe~~the outcomes could be if the risk event occurs".~~Classifications of the likelihood of risk ranging from rare to almost certain, with consequences of likely risks ranging from insignificant to severe. This type of risk assessment ~~directs~~assists the organization's ~~responsiveness~~response to certain practices, situations, and policies that ~~could~~may help ~~eliminate~~reduce the risk of harm to ~~The Harris Center~~consumers, employees, visitors, assets, and systems involved in operations before problems occurand property.
- ~~Additional Risk Assessments are conducted by individual departments. These assessments vary by department and the results and mitigation plan shall be documented and made available to the Risk Management Director upon request.~~
- D. **Ongoing Monitoring and Data Analysis** of harm and potential harm to identify and promptly respond to ~~risk of harm to individuals receiving services is an activity that is carried out at operational, administrative, financial, and medical levels of The Harris Center, including the General Counsel, Chief Executive Officer and Board of Trustees~~risks.
- E. **Root Cause Analyses:** The Harris Center is committed to the utilization of ~~robust~~robust improvement models, tools, and techniques such as ~~Lean, root cause analysis (RCA), failure mode event analysis (FMEA), and other appropriate tools.~~ Sources of data will include prospective, concurrent, and retrospective reviews of records and events, reports from regulatory and contracting agencies relating to care deficiencies, complaints ~~and,~~ grievances, and clinical reviews of sentinel events ~~(through RCA, FMEA, etc.).~~
- F. **Life Safety Inspections** are performed ~~at least~~at least annually at each service location owned, rented or leased by The Harris Center. The Facility Services ~~department assures~~Department oversees that applicable permits required by local government are maintained for fire safety surveys, alarms, fire box keys, intrusion alarms, and sprinkler systems.
- G. **Death Mortality Reviews** of the deaths of ~~all~~all consumers ~~being~~being served in The Harris Center programs, including consumers served in The Harris Center contracted placements, are conducted by ~~way of an administrative review.~~the Closed Records Committee [See MED16A & MED16B Policy and Procedures for Closed Records Committee.] Closed Record reviews are conducted to identify clinically related problems requiring correction and opportunities to improve the quality of care pursuant to ~~the statutes that authorize peer review activities in the State of Texas.~~requirements of the Texa Administrative Code (TAC)[See Community Centers: Clinical Death Review 25 TAC §405.274.] ~~Mortality reviews are performed by the Professional Review Committee and its subcommittee, the Closed Record Committee to identify opportunities to reduce risk and improve upon The Harris Center's service delivery system of care.~~
- H. **Commercial Insurance Program:** The ~~Texas Council Risk Management Fund ("Fund") is a self-~~

insurance trust composed of 36 of the 39 community centers in Texas. The Harris Center is a member. The Fund provides carries the following coverages/lines of coverage:

- **Workers' Compensation** coverage responds to injuries to center employees who are injured on the job while in the course of their employment. Workers' compensation covers medical bills, rehabilitative, and lost income benefits for center employees. ~~Claims adjusters work with the employer to return the employee to meaningful work as soon as possible. To insure the most efficient use of members' contributions, claims adjusters employ significant cost savings strategies by directing medical care to pre-approved providers who are members of the Political Subdivision Workers Compensation Alliance. Cost and claim management measures include a drug formulary, pre-authorization of treatment, medical bill review and assignment of nurse case managers to serious and complex claims.~~
- **Liability coverage** includes automobile liability (AL), general liability (GL), medical malpractice for both mental health and primary health care (PL) ~~that is available for selection,~~ public official's errors & omissions (E&O) coverage, and Excess Liability (EL) to provide additional limits of insurance of the underlying liability policies. ~~The liability coverage has been customized to meet the exposures commonly faced by community centers in Texas. Some examples of this include the addition of options for primary care facilities that were established as a result of the 1115 Waiver program, increased coverage for non-owned automobiles, defense cost coverage for professional licensees in disciplinary actions by their licensing boards and employment practices liability including employee benefits program coverage.~~
- **Property** coverage includes buildings, office contents, computers, contractor's equipment, and vehicles owned by ~~the center~~ The Harris Center. ~~The insuring agreement in the Basic crime coverage document grants the~~ is included within property coverage based on an all risk of direct physical loss subject to deductibles and exclusions. ~~Coverage is on a blanket basis at replacement cost valuation re-determined annually. Basic crime coverage is included.~~
- **Cyber Liability** coverage ~~will guide~~ includes the response to an incident with forensics, attorneys, notification, and public relations strategies. Coverage is also provided for damage caused by a breach, penalties or fines and injury to the public from a breach.
- **Flood** coverage provides property coverage to The Harris Center properties that are within federally identified flood zones.
- The Texas Council Risk Management Fund also provides ~~effective~~ safety consulting, assistance with auditing processes for determining premiums, leadership training, risk management consulting, ~~excellent~~ claim service, and the ability of The Harris Center to have input in the claim management and settlement practices.

## 7. Risk Management ~~Responsibilities in other~~ in Operational Units ~~of The Harris Center~~

The Harris Center has a fully developed following risk management philosophy that assigns responsibilities for risk management in areas outside the actual provision of services to elements are in place and support the Risk Management Plan and its clients. ~~The following risk management elements are in place and support the Risk Management Plan and its~~ reach and mission.

### A. **Compliance and Financial Risk Management**

~~The Harris Center's compliance to HIPAA is paramount. In addition, The Harris Center maintains an emphasis on legal and fiscal requirements of funders and regulatory agencies. In~~

every area devoted to client intake, medical services, medical records and medication administration, client privacy is strictly enforced. Medical Records areas maintain very good procedures and oversight to prevent any breach of confidentiality. The annual financial statement and audit underlie the financial stability of The Harris Center and address the monetary risks The Harris Center faces.

**B. Health and Safety** The Harris Center has a written safety program and the training that goes along with it includes the following elements:

- Statement of Safety Policy by CEO
- Premises safety
- Safety Rules
- Accident Reporting
- SAMA and/or PMAB standards
- Vehicle and Driver Safety
- Blood-Borne Pathogens
- Infection Control
- Emergency Response and Disaster Preparedness
- Electrical Safe Practices and Lock-out/Tag-out
- Hazardous Materials
- Back Safety
- Ergonomics
- Security
- Confined Spaces
- Remote Site Safety
- Accident Investigation
- Safety Committee
- Visitor Safety
- Contractor Safety

**C. Risk Management in Clinical Setting**

- Physicians and nurses at The Harris Center provide leadership and oversight for medical and nursing practices. Clinic spaces are well equipped and fully staffed for the number of clients on site. Medical supplies and pharmaceuticals are secured behind locked doors. Clinic spaces are very clean and disinfectant protocols are in place. Risk Management in the clinic setting includes Infection Control, Wellness and Disease Prevention.

**D. Contracting Practices**

- Contracts with providers, vendors and maintenance contractors are readily available to the Risk Management Director. Contracts contain "hold harmless" agreement

language in the indemnification section, requirements for insurance coverage that the contractor should carry and provisions for the contractor's adherence to safety standards. All contracts are reviewed by legal and purchasing/risk management functions.

**E. Security of Information including Client Confidentiality**

- Strict adherence to HIPAA and other privacy regulations are in effect. The Medical Records departments are secure to outside entry with the use of badge readers to restrict the area from unauthorized persons and employ an effective sign-out procedure for release of files. Hard copy records are scanned into the EHR system in the Medical Records department. The EHR system is username and password protected to restrict unauthorized access.

**F. Conflict of Interest**

- Policies and procedures to protect against the risks inherent in conflict of interest are in place for medical staff that interface with the pharmacy contractor and other medical vendors. All contractors or vendors should be surveyed for conflict of interest per our employee handbook.

**G. Employment Practices**

- Leadership training offered by the Fund addresses many of the employment practices or mistakes that can lead to allegations of discrimination or retaliation in employment actions. Documentation regarding performance or disciplinary issues is the key to effective risk management in employment liability.

**H. Inter-agency Collaborations or Joint Ventures**

The primary inter-agency collaborations at The Harris Center are with city, county, and state agencies, including local law enforcement agencies.

**Primary:**

- Houston Police Department
- Harris County Sheriff's Department
- Harris County Office of Homeland Security and Emergency Management
- [Regional] Joint Information Center
- Harris County Public Health and Environmental Services
- Community Services Department
- City of Houston Office of Emergency Management – Houston Department of Health and Human Services
- Health and Human Services Commission – According to performance contract
- SETRAC – SouthEast Texas Regional Advisory Council

**The Crisis Counseling Programs collaborate extensively with:**

- VOADs – Volunteer Organizations Active in Disaster

- ~~Red Cross~~
- ~~United Way~~
- ~~Medical Reserve Corp.~~
- ~~Network of Behavioral Health Providers~~
- ~~Local Independent School Districts~~
- ~~Long Term Recovery Meetings~~
- ~~Faith-based organizations~~
- ~~Community Centers~~
- ~~Neighborhood and Property Owner Associations~~
- ~~Food Banks~~
- ~~First Responders~~
- ~~Shelters~~
- ~~Apartment Communities~~

**A. Compliance and Financial Risk Management**

The Harris Center follows legal and fiscal requirements of all funders and regulatory agencies. Operational units are audited by Internal Audit and Compliance departments.

**B. Health and Safety** The Harris Center safety program includes the following:

- System Quality, Safety and Experience Committee and Safety and Risk Management Committee
- Incident Reporting
- Prevention and Management of Aggressive Behavior (PMAB) 25 TAC §417.515
  - The Harris Center uses Handle with Care to comply with this requirement.
- Vehicle and Driver Safety Campaign
- Slips, Trips and Falls Campaign
- Accident Investigation
- Infection Control and Prevention
- Emergency Response and Disaster Preparedness
- Online Training
  - Electrical Safe Practices
  - Hazardous Materials
  - Chair ergonomics and safety
- Security Officers
- Entrapment prevention environment review

**C. Risk Management in Clinical Setting**

- Physicians and nurses at The Harris Center provide leadership and oversight for

medical and nursing practices through continuous monitoring of the quality of care and peer review. Clinic spaces are equipped and staffed for consumer treatment. Medical supplies and pharmaceuticals are secured with access control measures. Clinic spaces are to be cleaned in accordance to the Infection Control and Prevention Plan overseen by the Chief Nursing Officer.

#### **D. Contracting Practices**

- : The Harris Center contracts shall be reviewed by the Contracts Services Department. Contracts shall contain indemnification language and minimum insurance coverages and amounts that contractors shall carry. The Harris Center Board of Trustees reviews and approves all contracts within its authority.

#### **E. Security of Information including Client Confidentiality**

- : The Harris Center follows federal and state laws and regulations regarding privacy and consumer information. The Information Security Officer and Health Information Management Department oversee policies and procedures to protect consumer information.

#### **F. Conflict of Interest**

- : The Harris Center has policies and procedures to protect against conflicts of interests [LD12A Code of Ethics, LD5A Solicitation of/and Acceptance of Donations, FM19B Requisitioning and Purchasing of Goods and/ or Services, MED10B Pharmaceutical Representatives]. All contractors or vendors are surveyed for conflicts of interest and employees on vendor selection committees are required to sign a conflict of interest acknowledgement form. The Harris Center Board of Trustees are required to complete Conflict of Interest Disclosure forms.

#### **G. Employment Practices**

- : Leadership training is offered to employees online that covers topics such as discrimination, sexual harassment, and retaliation at work.

#### **H. Inter-agency Collaborations or Joint Ventures**

- : The Harris Center has inter-agency collaborations with city, county, and state public health and emergency management agencies.

### **I. Public Relations Risk Management**

~~The effectiveness of The Harris Center is built on hard-won relationships with community organizations and law enforcement. Some of the clients served are unstable and prone to criminal activity that could reflect on these partners and The Harris Center. Any contacts from the press are forwarded to the Communications Director for a coordinated response. Any requests for information or interviews from the press must be referred to the Communication Director.~~

~~Social media is an important part of the communication process for The Harris Center. The Harris Center has a Social Media policy that every staff member must comply with. This is to protect clients, the center and individual staff members from the abuses of social media. Failure to comply with this policy can result in disciplinary action up to and including termination.~~

- The Harris Center has policies on Communications (LD2A Communications with the Media and Other Entities) and Social Media (LD13A Social Media Use). Requests for information, interviews, or postings on social media sites shall be forwarded to the Communications Department per policy.

**J. Risk Management Monitoring and Metrics**

~~The reporting process in place at The Harris Center has three main purposes. Its first is quality control related to the services and people affected by risk events. The Harris Center must make every effort to protect people and processes and recover from any damage or injury. The second function is to use data about risk events to revise or modify processes, premises or services to prevent future accidents or injuries from the same cause whether it is related to human action or physical conditions. The third function is to provide measures of the effectiveness of risk control efforts over time. This data informs the review of the risk management function by the Safety Committee and The Harris Center executives. With information, changes can be made to control, eliminate or mitigate risk to the center and its clients. Internal reporting of incidents and the external claims record provided by the Texas Council Risk Management Fund feed data into the system. The Harris Center will conduct an annual Risk Analysis, identifying risk areas of improvement, progress and action taken, and department responsibility for operational leaders that will be incorporated into this plan by reference.~~

- Incident Reporting assists in monitoring the frequency of events. The incident reporting process at The Harris Center has three main purposes:
  1. Quality Control related to the services and people affected by risk events;
  2. Use data about risk events to revise or modify processes, premises, or services; and
  3. Provide measures of the effectiveness of risk control efforts.

Data is used by Risk Management and Clinical Transformation & Quality to provide improvements at The Harris Center. Internal reporting of incidents and external claims records provided by the Texas Council Risk Management Fund assist in the risk management process. The Harris Center shall conduct an annual Risk Analysis in collaboration with the Texas Council Risk Management Fund to identify risk areas of improvement, progress, actions taken, and department responsibility for operational leaders that shall be incorporated into this plan by reference. The Risk Management Plan shall operate in conjunction with the Infection Control Plan.

**Approval Signatures**

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023

Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Eunice Davis: Dir	02/2023

## History

**Draft saved by Robinson, Anthony: VP** on 2/10/2023, 7:29PM EST

**Edited by Robinson, Anthony: VP** on 2/10/2023, 7:30PM EST

Substantially rewrote Plan per suggestions

**Draft saved by Davis, Eunice: Dir** on 2/11/2023, 6:09PM EST

**Comment by Davis, Eunice: Dir** on 2/11/2023, 6:10PM EST

Edited Safety Committee to "System Quality, Safety and Experience Committee and Safety and Risk Management Committee"

**Edited by Davis, Eunice: Dir** on 2/13/2023, 12:05PM EST

Edited "Safety Committee" to include new name of patient safety and show distinctions between the two safety committees.

**Last Approved by Davis, Eunice: Dir** on 2/13/2023, 12:05PM EST

**Draft saved by Thomas, Kendra: Counsel** on 2/13/2023, 2:13PM EST

**Edited by Thomas, Kendra: Counsel** on 2/13/2023, 2:16PM EST

Per request of Board member, I added definitions for Risk Retention, Risk Transfer and Risk Event. Please review them and let me know if you agree. Additional revisions were made pursuant to the recommendations from the Board member.

**Last Approved by Davis, Eunice: Dir** on 2/13/2023, 3:11PM EST

Reviewed with no additional changes

**Last Approved by Robinson, Anthony: VP** on 2/13/2023, 3:15PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 4:59PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 5:08PM EST

# **EXHIBIT F-25**

Status **Pending** PolicyStat ID **13029805**

Origination	02/2022	Owner	Nicole Lievsay: Dir
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2023		
Next Review	1 year after approval		

## LD13A Social Media Use

### PURPOSE:

The purpose of the Social Media Use policy is to ensure The Harris Center employees adhere to the social media standards and guidelines provided by the Communications Department and the agency leadership. This policy defines the rules and procedures for the use of personal and official social media sites to ensure the agency accounts are both legal and in compliance with agency policies.

Social media sites include, but are not limited to, Facebook, Twitter, Instagram, YouTube, Snapchat, [Tik Tok](#), etc.

### POLICY:

All official Harris Center social media sites must adhere to state and federal laws and regulations, and agency policies. Only public information may be posted on official Harris Center social media sites and may not contain sensitive personal information as defined in the Texas Business and Commerce Code and the Health Insurance Portability and Accountability Act (HIPAA).

#### Employee Use:

The Communications Department serves as the designated administrator of the agency's social media sites. Staff members are prohibited from creating social media accounts and posting social media content in representation of The Harris Center unless they are expressly given written permission by the Communications Department and/or agency leadership.

To prevent legal and/or regulatory issues from occurring, avoiding loss of productivity and distraction to employee job performance and to preserve a consistent brand of voice, tone and messaging across

social channels, and the following guidelines are to be maintained:

- Employees may not use social media to discuss matters related to their clients, supervisors, co-workers or The Harris Center in a defaming or abusive manner that may be considered unprofessional and/or disruptive to the work environment.
- The personal use of social media sites by employees via The Harris Center devices and/or network is prohibited unless approved by the Communications Department.
- Staff may not use social media channels to communicate with any consumer/patient/individual regarding their care, including the exchange of personal health information (PHI).
- Employees may not post or stream social media content in representation of The Harris Center, unless expressly given written permission by the Communications Department and/or agency leadership.

Violation of this policy may lead to disciplinary action up to, and possibly including immediate termination of employment.

## APPLICABILITY/SCOPE:

All Harris Center employees, staff, volunteers, interns and contractors.

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

Social Media Guidelines

## REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF Standard: Risk Management - 1.G.3. Written procedures regarding communications, including media relations and social media.

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023

Initial Assignment	Shannon Fleming: Counsel	02/2023
Initial Assignment	Nicole Lievsay: Dir	02/2023

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## History

**Comment by Fleming, Shannon: Counsel** on 2/2/2022, 5:08PM EST

Hi Karen. throughout the policy it refers to the chief business offer as having the authority. It is my understanding that the CBO position was eliminated. You will want to replace that reference.

**Sent for re-approval by Webb, Christopher: Audit** on 1/24/2023, 3:47PM EST

**Administrator override by Webb, Christopher: Audit** on 2/3/2023, 3:11PM EST

Updated the document owner from Karen Boren to Nicole Lievsay.

**Draft saved by Lievsay, Nicole: Dir** on 2/3/2023, 3:23PM EST

**Comment by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

Added Tik Tok to list of social media sites and reviewed for approval.

**Edited by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

Reviewed for updates.

**Last Approved by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:48AM EST

**Administrator override by Robinson, Anthony: VP** on 2/6/2023, 11:16AM EST

Removed instructional template language

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:16AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:34PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 2:30PM EST

# **EXHIBIT F-26**

Status **Pending** PolicyStat ID **12961081**

Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	1 year after approval

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

## EM6A Utilization of Security Officer Services

### 1. PURPOSE

The purpose of this policy is to establish clear expectations on utilization of the security services provided by The Harris Center for Mental Health and IDD.

### 2. POLICY

The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of the Harris Center's commitment to maintain a safe environment, the Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect Harris Center property, proactively identify, and promptly mitigate security risks in the environment.

### 3. APPLICABILITY/SCOPE

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

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

- [EM2A Emergency Codes, Alerts, and Responses](#)
- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program

- Limitation to Security Officer's Role - Least Restrictive Environment

## 5. RELATED PROCEDURES:

- [EM12B Security Alert - Armed Intruder](#)
- [EM18B Security Alert - Bomb Threat/ Suspicious Package](#)
- [EM19B Security Alert - Hostage Situation](#)
- [EM20B Security Alert - Missing Child](#)

## 6. References/Rules/Regulations/Standards

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards- Organizational Standards, 26 Tex. Admin. Code §301.323

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Anthony Robinson: VP	02/2023

### History

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Draft saved by Robinson, Anthony: VP** on 2/6/2023, 12:19PM EST

**Edited by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

Added related procedures and emergency alerts policy reference

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:24PM EST

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**Last Approved by Young, Wayne: Exec** on 2/6/2023, 2:26PM EST

# **EXHIBIT F-27**

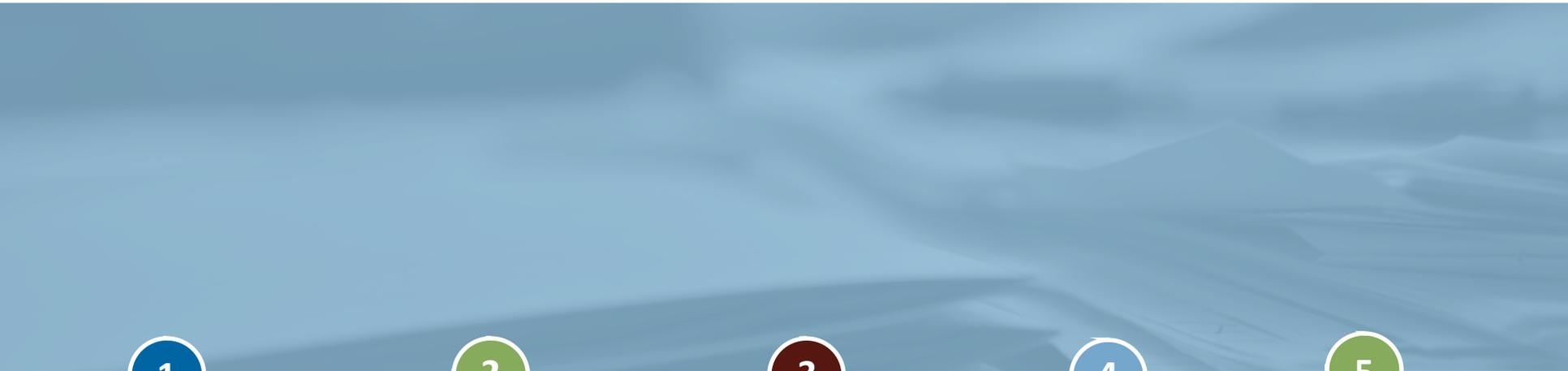
# HEALTH MANAGEMENT ASSOCIATES

## Supporting the Harris Center to Become a Federally Qualified Health Center Look- Alike

*February 28, 2023*

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# AGENDA



1

Overview

2

FQHC  
Application  
Requirements  
and Timeline

3

Considerations

4

Governance

5

Next Steps,  
Questions

# OVERVIEW

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HEALTH MANAGEMENT ASSOCIATES

## PROJECT OVERVIEW

- + The Harris Center began talking to Health Management Associates (HMA) in the Summer of 2022 about engaging HMA to assist The Harris Center to become a Federally Qualified Health Center (FQHC) Look-Alike
- + The Harris Center and HMA executed a contract in December of 2022

Benefit of being an FQHC or Look-Alike	FQHC	LAL
Health Center Program grant funding	YES	NO
Eligible to apply for <u>Medicaid</u> FQHC payment methodologies	YES	YES
Eligible to apply for <u>Medicare</u> FQHC payment methodologies	YES	YES
Access to 340B drug pricing	YES	YES
Eligible for Federal Tort Claims Act medical malpractice insurance	YES	NO
Automatic health professional shortage area designation	YES	YES

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## OUR FIRM

We are the nation's largest leading independent healthcare research and consulting firm providing technical and analytical services.

Our strength is in our people and their real-world experience in integrated care systems and supporting organizational growth.

We have clinicians who have run health centers and integrated systems of care—many still practice medicine.

Our State Medicaid directors, and mental health commissioners provide local and national knowledge and expertise.

## PROJECT TEAM AND RELEVANT EXPERIENCE

### + Project team

- + Stephen Palmer, PhD – Project Director; Managing Principal of HMA’s Texas office
- + Iliana Gilman, MA – Former Texas LMHA executive; as CEO of a public clinic, prepared them to apply for FQHC-LAL status
- + Gail Mayeaux – Former FQHC CEO
- + Bren Manaugh, MSW, LCSW-S, CPHQ, CCTS – Former Texas LMHA executive
- + Greg Vachon, MD – FQHC subject matter expert; currently providing medical services at an FQHC

### + Representative FQHC projects

FQHC	State	Public Entity FQHC	Work
San Mateo Medical Center	CA	Yes	Restructuring of the organization, including primary care
Broward Health	FL	Yes	Organizational structure to become a public entity FQHC
Alameda County Medical Center	CA	Yes	Conducted a compliance audit and developed a long-term strategic plan
CommUnityCare	TX	Yes	Practice transformation, data governance
Maricopa Integrated Health System FQHC	AZ	Yes	Governance and leadership consultation, modeled the impact of several proposed changes in scope
Friend Health	IL	No	Interim leadership, organizational change, and population health

## ■ FROM MENTAL HEALTH TO INTEGRATED CARE: CONTINUING YOUR JOURNEY

- + **Quadruple Aim**
  - + Improves outcomes for patients (comprehensive, wholistic care)
  - + Population health
  - + Quality and efficiency
  - + Mitigates physician burnout
- + Financial performance improvements, value-based delivery, maximizing resources
- + Increasing access and health equity, including personalized solutions
- + Shift toward prevention-focused healthcare (health promotion, disease prevention, self-care)
- + Opportunities for impactful collaboration across the care continuum (including SDoH)
- + Ideally positioned as industry prioritizes behavioral health (approximately 70% of patients with mental health disorders also have other multiple physical conditions)
- + Natural progression as CCBHC and existing partnership with primary care providers and non-profits

F Q H C A P P L I C A T I O N

# REQUIREMENTS

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HEALTH MANAGEMENT ASSOCIATES

## FQHC REQUIREMENTS

Have non-profit status and state licensed; care for all medically underserved

Board of community representatives; 51% primary care patients

Primary role - comprehensive medical care, enabling, and supportive services

Meet all performance and accountability requirements

Collaborate with area safety net providers

Provide comprehensive care regardless of ability to pay (fee scale)

## ■ HRSA PROGRAM REQUIREMENTS

- + Needs
  - + Needs Assessment
- + Services
  - + Required & Additional Services
  - + Clinical Staffing
  - + Accessible Locations and Hours of Operations
  - + Coverage for Medical Emergencies During and After Hours
  - + Continuity of Care/Hospital Admitting
  - + Sliding Fee Scale
  - + Quality Improvement/Quality Assurance
- + Management and Finance
  - + Key Management Staff
  - + Contracts and Subawards
  - + Collaborative Relationships
  - + Financial Management and Accounting Systems
  - + Billing and Collections
  - + Budget
  - + Program Monitoring and Data Reporting Systems
- + Governance
  - + Board Authority
  - + Board Composition
  - + Conflict of Interest

F Q H C   A P P L I C A T I O N

# CONSIDERATIONS

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HEALTH MANAGEMENT ASSOCIATES

## ■ Questions for Consideration

What are the implications for the Board of Directors, such as authority and oversight?

What is a co-applicant Board of Directors?

Which services will you provide directly and which will you contract?

Do you have the resources and capacity to be a successful FQHC?

## ■ CO-APPLICANT BOARD TO MEET FQHC GOVERNANCE REQUIREMENTS

**FQHCs established by a government entity may be structured in one of two ways to meet HRSA program requirements:**

- + The public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency's governing board; or
- + Together, the public agency and the co-applicant meet all Health Center Program requirements, including board composition requirements

**A co-applicant agreement must delegate the required authorities and functions to the co-applicant board and the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project**

F Q H C A P P L I C A T I O N

# GOVERNANCE

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HEALTH MANAGEMENT ASSOCIATES

## ■ BOARD AUTHORITY: FQHC REQUIREMENTS

*HRSA believes health centers should be started by community members who use the health center and determine what the health center needs.*

- + **Overseeing the health center project**
- + **Establishing bylaws that specify the responsibility of the board**
- + **Ensuring the center is operated in compliance with federal, state, and local laws**
- + **Having monthly meetings and a record of the meeting minutes, including the board's attendance, key actions, and decisions**
- + **Selecting, reviewing, and maintaining sole authority over the termination of the CEO**
- + **Establishing policies for the health center program related to financial management, eligibility for services, personnel policies, and quality of care**
- + **Establishing the scope of the health care project (i.e., hours of operations and sites)**
- + **Developing, reviewing, and approving the annual health center budget and budget plan**
- + **Engaging in long-term planning**
- + **Assessing the achievement of project objectives**
- + **Establishing a process for resolving patient grievances**

## ■ BOARD COMPOSITION: FQHC REQUIREMENTS

*HRSA is very prescriptive that Board Members MUST be users (at least 51%). While receiving flu shots meets their criteria, HRSA wants to know the health center is governed by individuals who are patients. As much as you can get genuine users, the better.*

- + Board must have at least 9 but no more than 25 members
- + A majority must be patients served by the health center
- + Non-patient health center board members must be representative of the community with specific, relevant expertise and no more than one-half of non-patient board members may derive more than 10% of their income from the health care industry
- + Board members may not be an employee or the spouse, child, parent, brother or sister (by blood or marriage) of a health center employee
- + Bylaws determine the process for the selection and removal of board members.
- + Board demonstrates compliance by:
  - + Adopting bylaws or other documents specify the above
  - + Verifying periodically that no board member is an employee

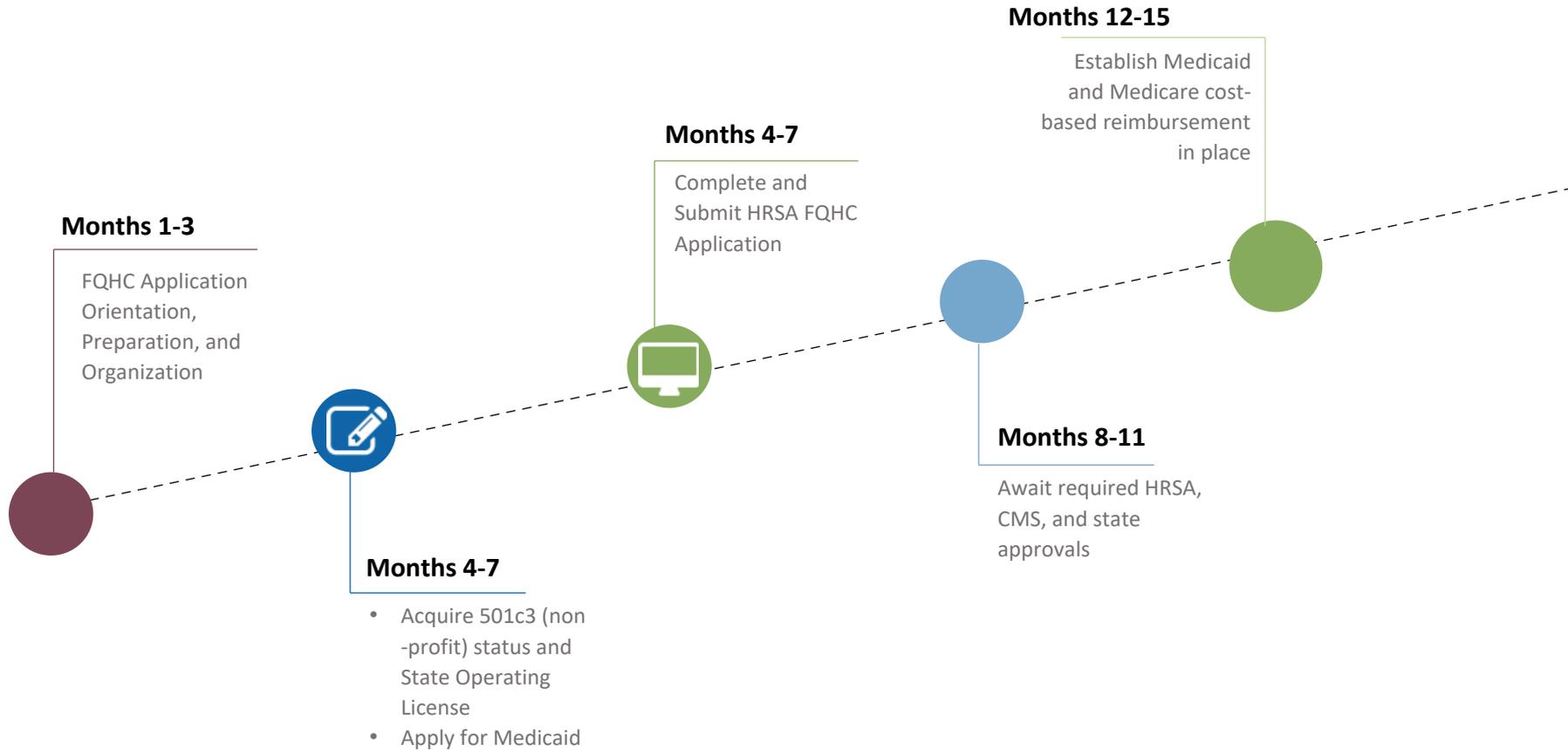
F Q H C A P P L I C A T I O N

# TIMELINE

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HEALTH MANAGEMENT ASSOCIATES

# TIMELINE FROM START TO FINISH: 12-15 MONTHS



# QUESTIONS?

HEALTH  
MANAGEMENT  
ASSOCIATES

HMA

# **EXHIBIT F-28**

# HR Update

Joe Gorczyca, VP-HR

February 2023

# Agenda

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## *HR Organization – New Hires and Efficiency*

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Talent Acquisition

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Organizational Development

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Demographics

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Diversity, Equity, & Inclusion

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Future Focus

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# HR Org Chart | 2023



**Joe Gorczyca**  
Vice President, Human Resources



**Kip Baughman**  
Director, Total Rewards



**Toby Hicks**  
HR Manager



**Oliva Hudson**  
Payroll Manger



**Ninfa Escobar,**  
Director, Talent Acq. & Org. Develop.

Benefits



**Sally Dwyer**  
Benefits Manager

HRIS



**Rob Bennet**  
HRIS Analyst

Compensation



**Jasmine Potts**  
Senior Comp Analyst

Human Resources



**Camelia Lee**  
Sr. HRBP

Human Resources



**Shirley Pickard**  
HRBP

Human Resources



**Nikole Kimble**  
Sr. HRBP

Human Resources



**Ty Fei**  
HRBP

Payroll



**Maxine Odom,**  
Payroll Team Lead

Talent Acquisition



**Shari Mallet,**  
TA Manager

Onboarding



**Danyette Hemanes,**  
HR Onboarding Supervisor

Org. Develop.



**Sharonda McLaurin,**  
OD Delivery Manager

Note: Orange headers indicate new hires

# New Automated Efficiency Tool Verification of Employment & Income

Go-Live on January 9, 2023

Enhanced service for our employees

- It enables banks/mortgage lenders, apartment managers, creditors, and social service agencies to instantly **verify employment status** and often, **earnings information**.
- It helps employees expedite providing proof of employment and income whenever they are buying/refinancing a home/automobile, renting an apartment, seeking financial assistance, etc.
- It is self service and is available 24 hours a day, 7 days a week, 365 days a year.
- Will replace manual process which typically involves up to 300 requests per month



# Agenda

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HR Organization – New Hires and Efficiency

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## *Talent Acquisition*

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Organizational Development

---

Demographics

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Diversity, Equity, & Inclusion

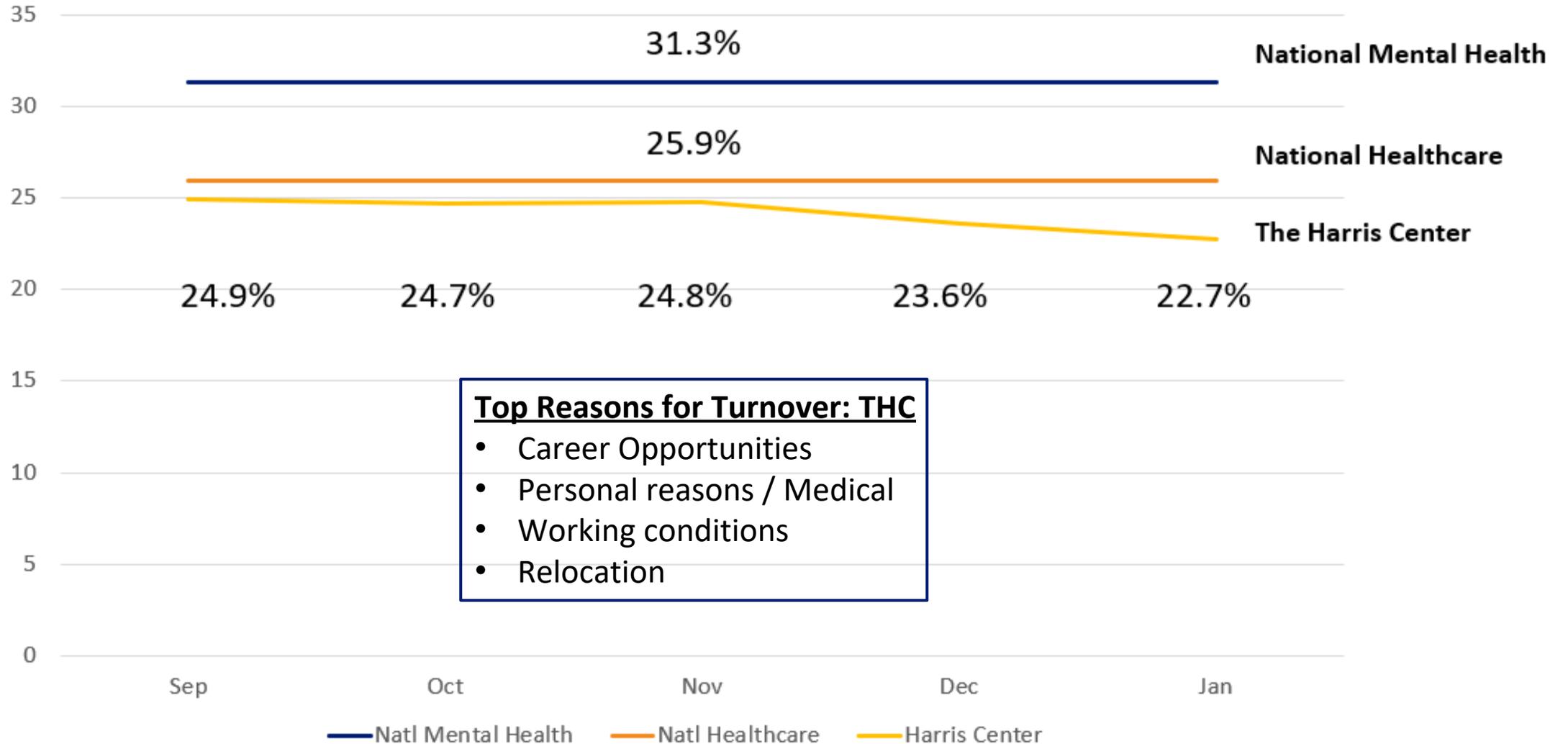
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Future Focus

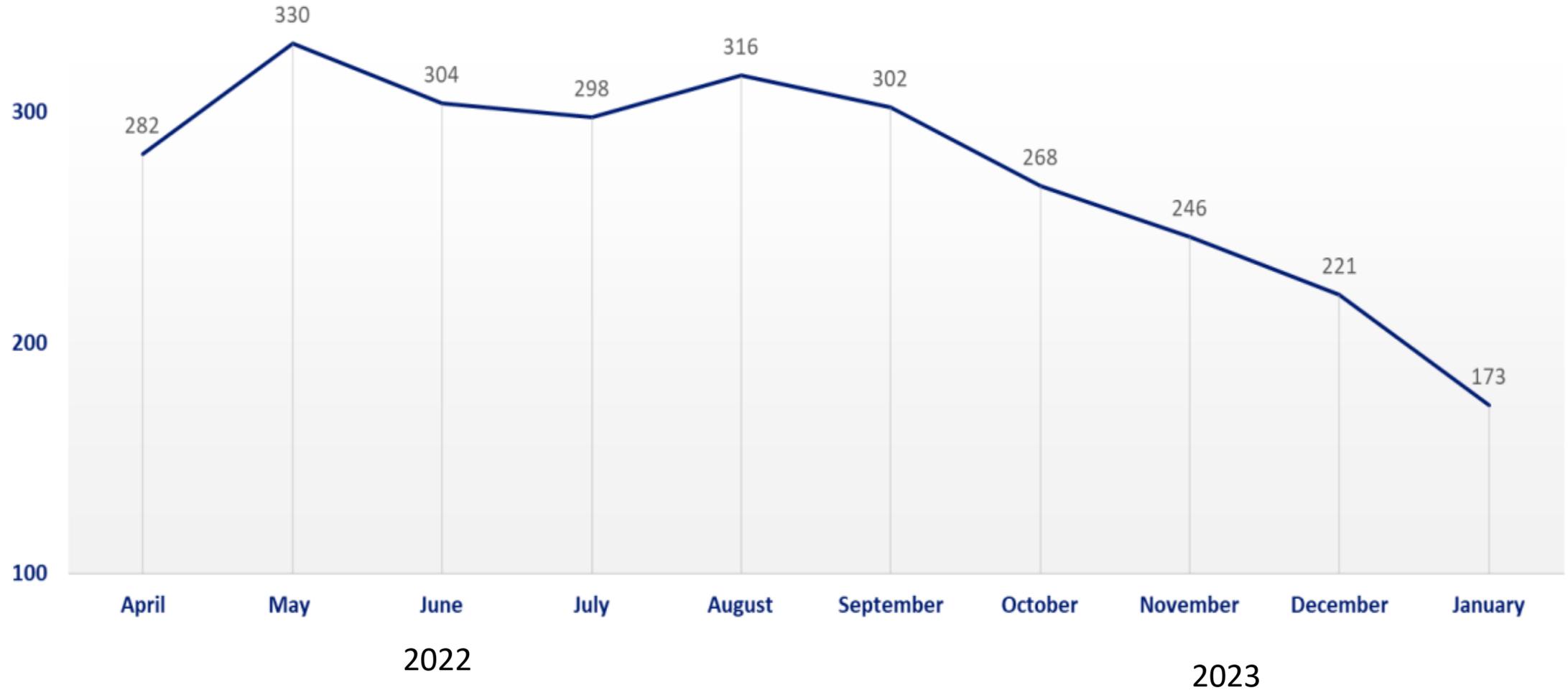
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# Talent Acquisition: FY 23 Turnover Rate



# Talent Acquisition: Open Requisitions



# We are searching for Harris Center Heroes!



Sponsored by:  
Network of Behavioral Health Providers



## • JOB FAIR.

**Now Hiring Harris Center Heroes**

**WEDNESDAY, JAN. 25, 2023**

**10 a.m.-3 p.m.**

**9401 Southwest Freeway**

**Houston, Texas 77074**

**Room 104**

Care Coordinators, Service Coordinators, Wraparound Facilitators,  
Psychiatric Technicians, Residential Specialists, Peer Support Roles

**Get benefit details • Meet hiring managers**  
**Interview for open positions • Be hired on the spot!**

**We are in the process of planning additional events for other employee groups!**

# Agenda

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HR Organization – New Hires and Efficiency

---

Talent Acquisition

---

## *Organizational Development*

---

Demographics

---

Diversity, Equity, & Inclusion

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Future Focus

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# Continuing Education Opportunities

High Priority: in response to employee survey feedback



## Monthly CEU Opportunities

Harrisphere dedicated page to highlight mostly free virtual CEU opportunities



## On Demand CEU Opportunities

We highlight various opportunities from Optum that are available at any time!



## CME Clinical Transformational

Twice a month, Dr. Li and her team work to put on a continuing education event! See Harrisphere for future topics!



## Harris Center Sponsored Events

We work collaboratively with various entities at the Harris Center to offer free and exciting CEU opportunities!



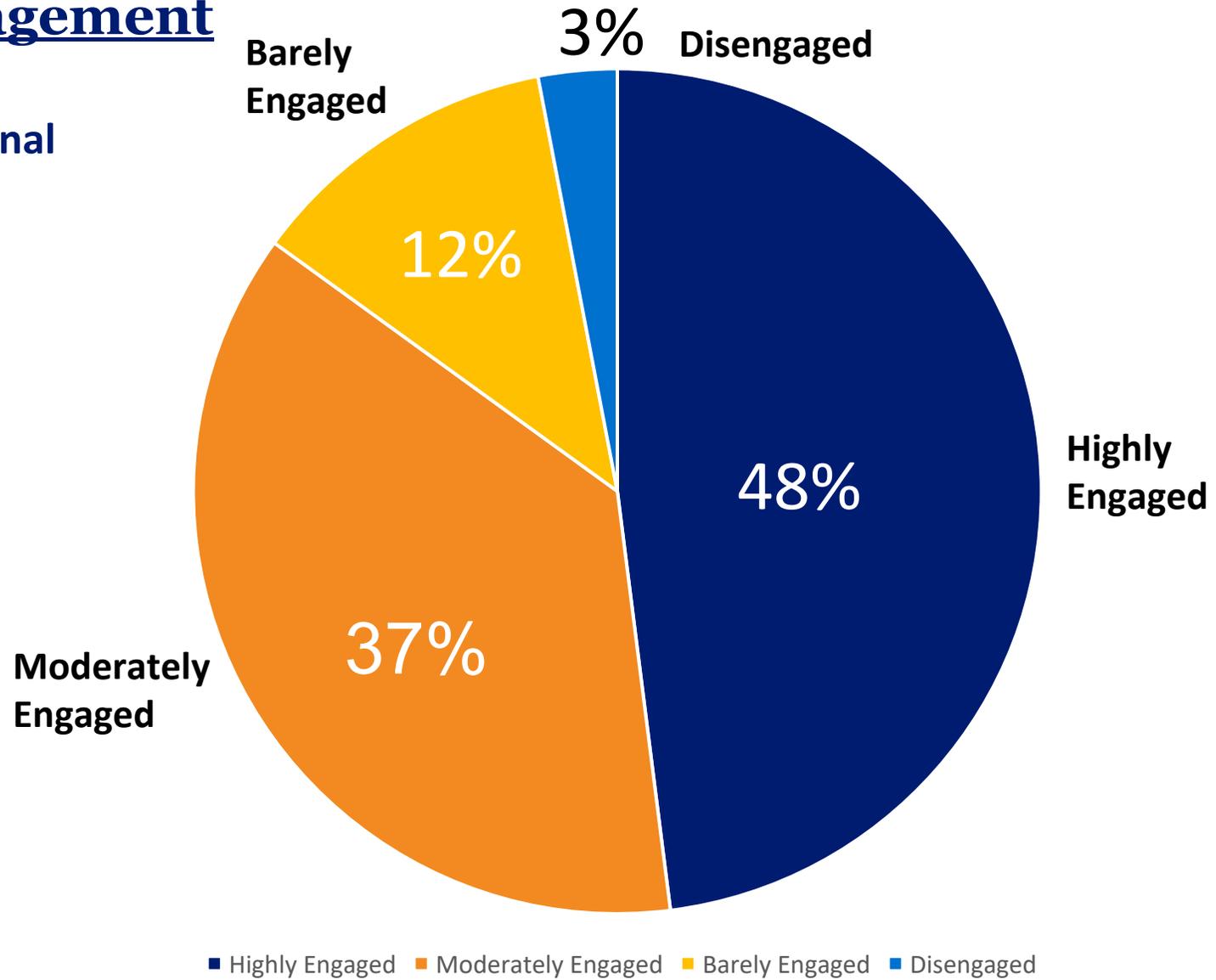
## Texas Council Risk Management Fund

Providing various leadership courses that also provide CEU's; they will provide in person training in the spring, and host virtual events every month



# Employee Engagement

Houston Business Journal  
Best Places to Work in  
Houston FY2022



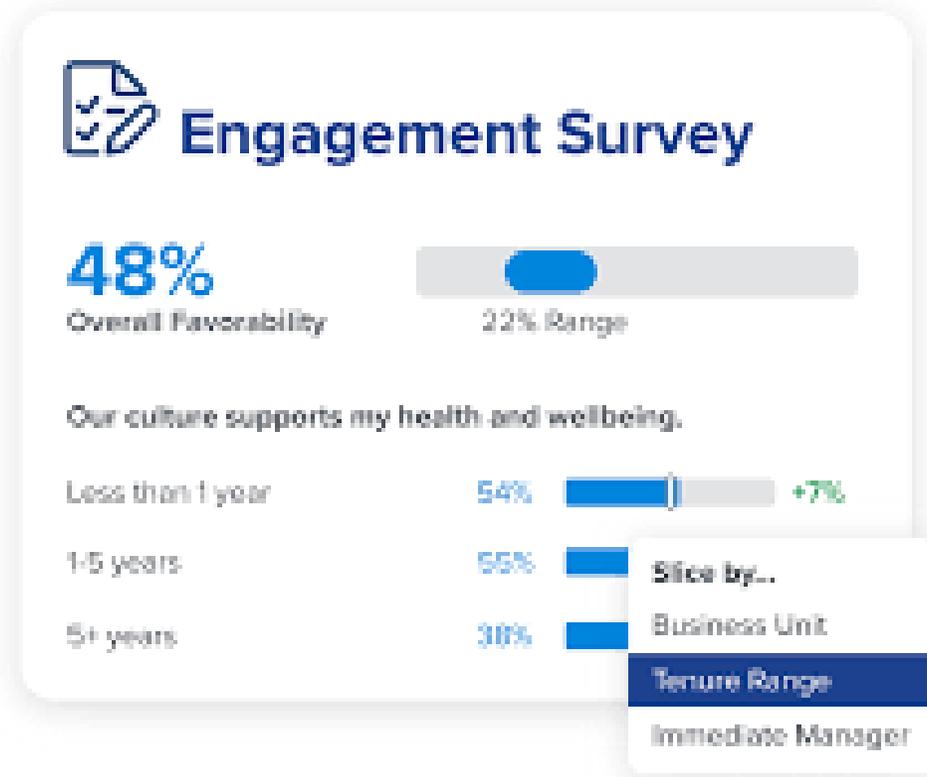
# Employee Engagement Next Steps

- **Employee Engagement Survey Tool: Quantum Workplace**
- **Review survey results (BPTW FY22): Feb-Mar 2023**
- **Develop Action Plans: Apr 2023**
- **Deploy New Survey (include DEI focus): May 2023**

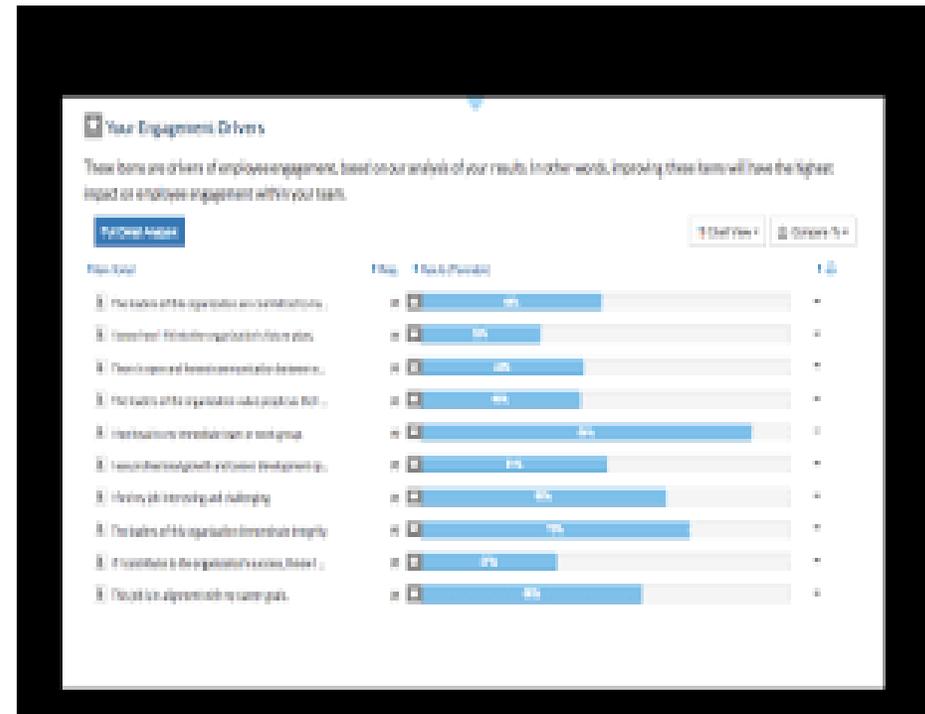
# Employee Engagement Next Steps



Sample Survey



Sample Results



# Agenda

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HR Organization – New Hires and Efficiency

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Talent Acquisition

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Organizational Development

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*Demographics*

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Diversity, Equity, & Inclusion

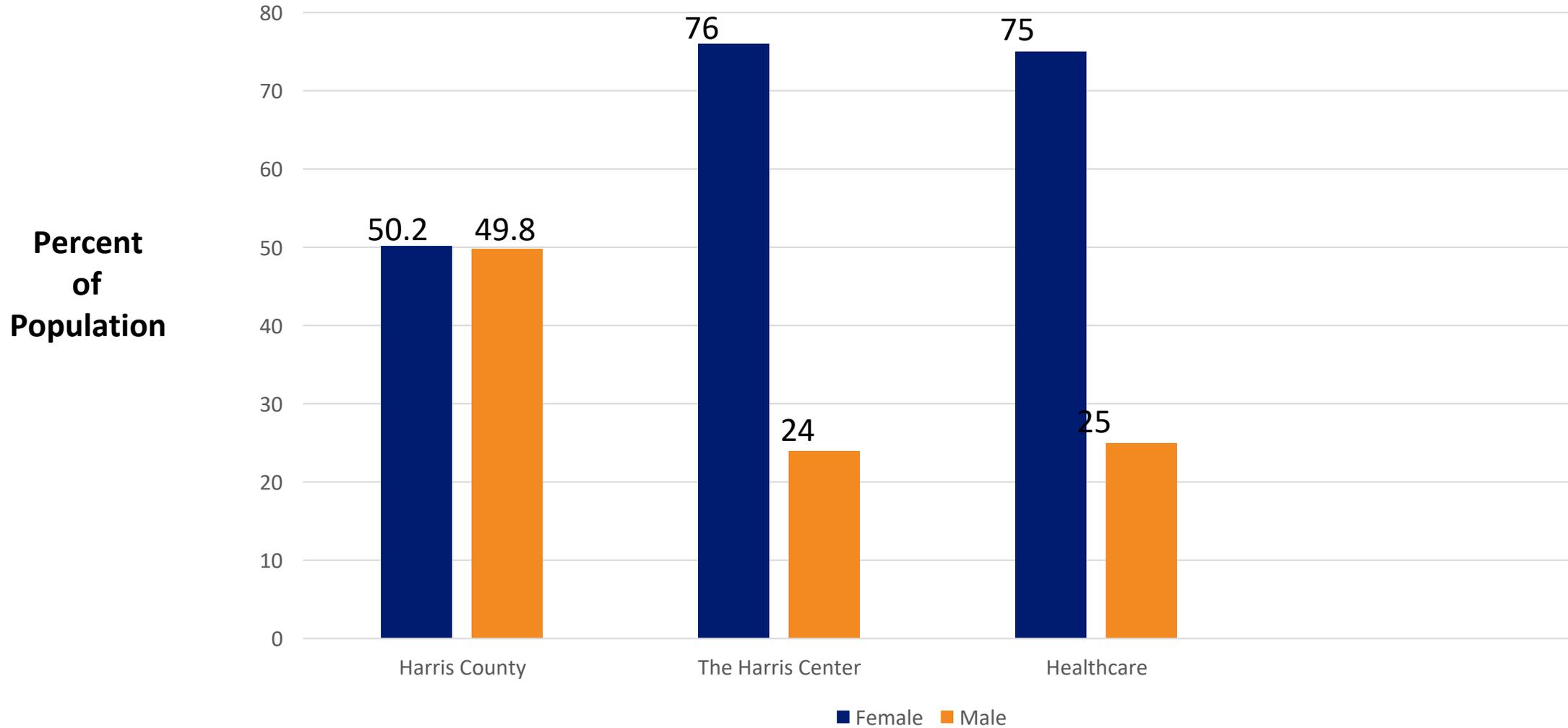
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Future Focus

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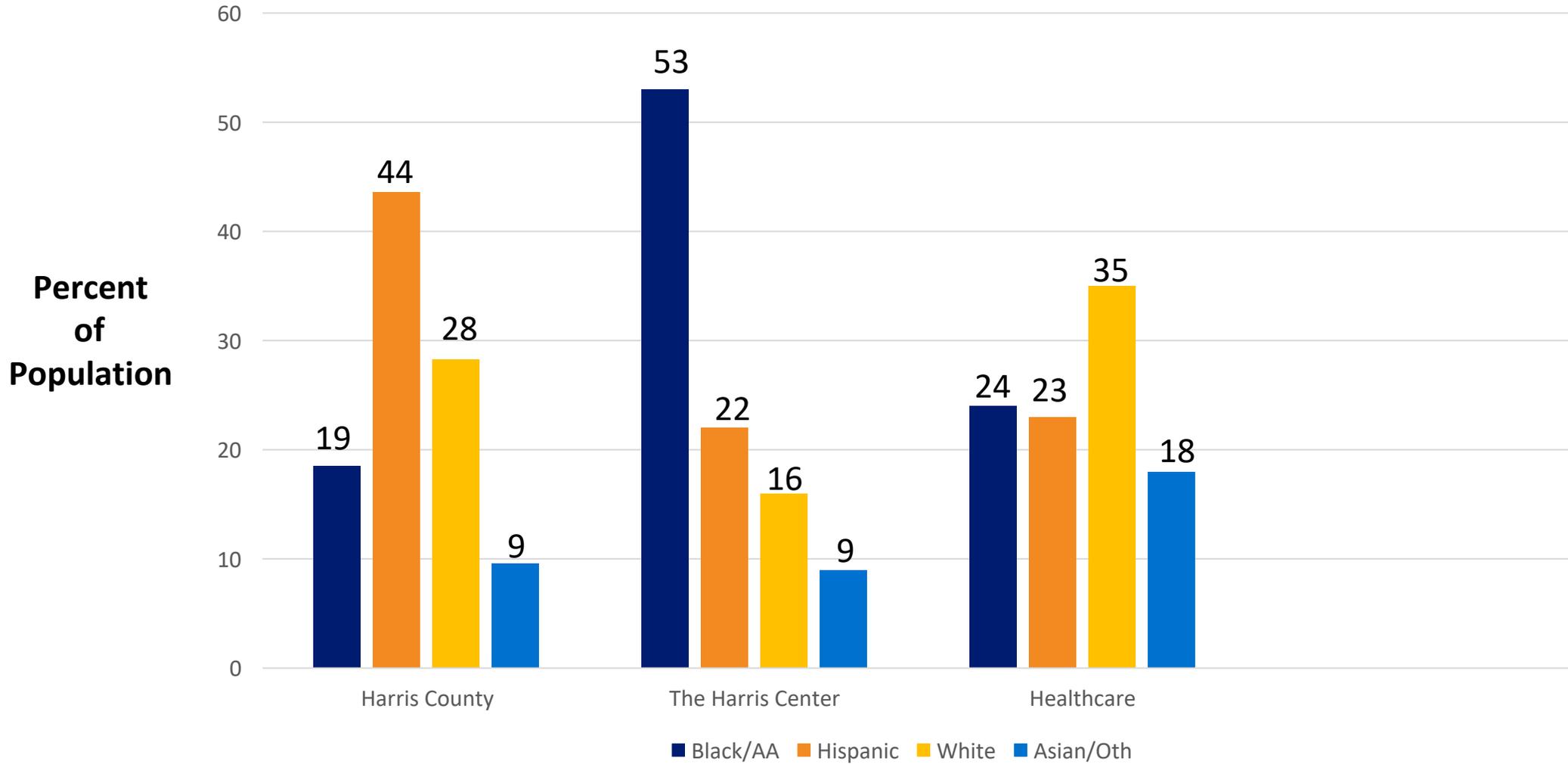


## Gender Comparison 2022



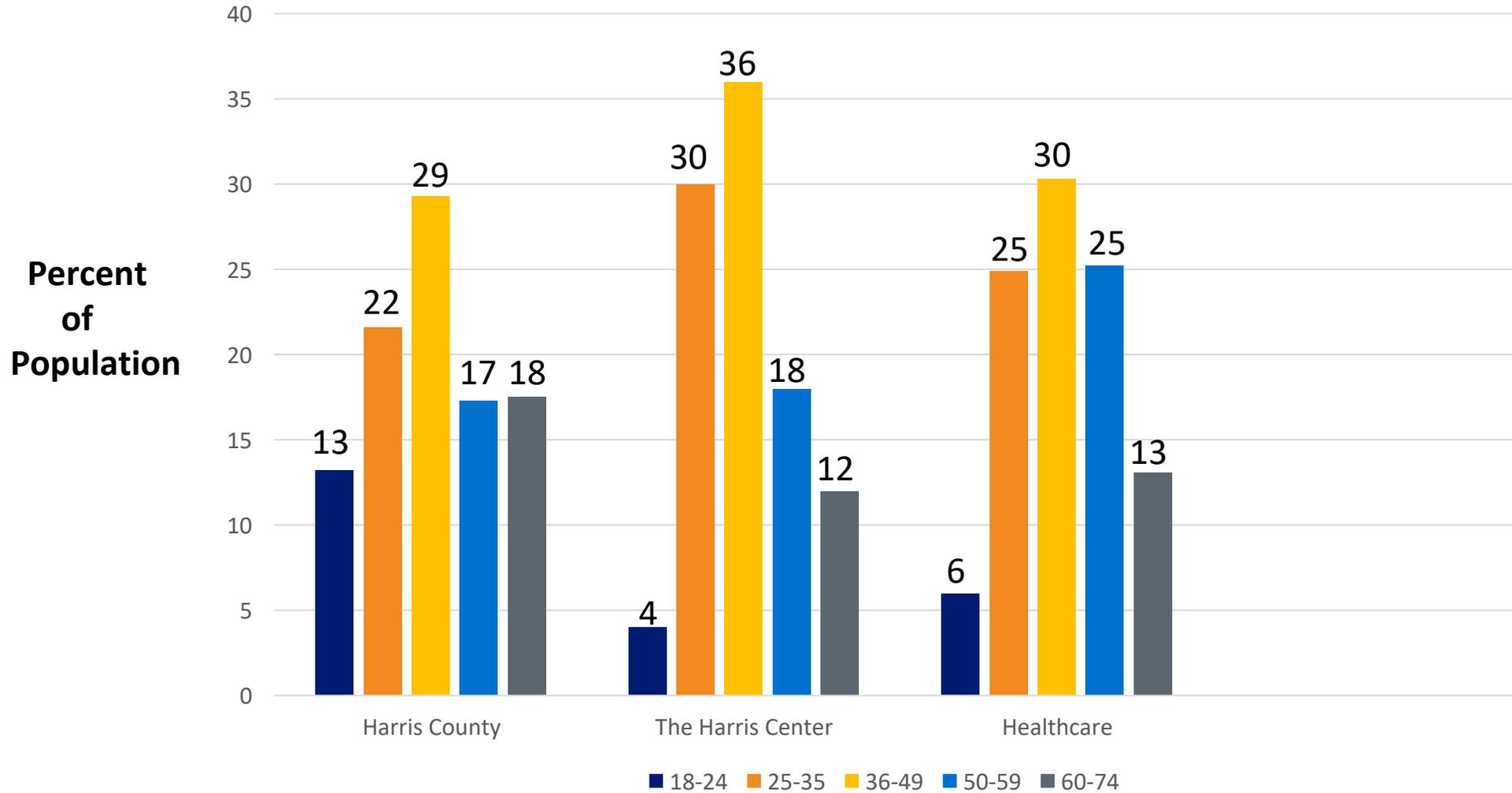
Sources: harriscounty.gov / census.gov

## Race Comparison 2022



Sources: harriscounty.gov / census.gov

## Age Comparison 2022



Sources: harriscounty.gov / census.gov

# Agenda

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HR Organization – New Hires and Efficiency

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Talent Acquisition

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Organizational Development

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Demographics

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*Diversity, Equity, & Inclusion*

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Future Focus

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# Diversity, Equity, and Inclusion

## Updates

**NEW!**

### IHI Collaborative

Institute for Healthcare Improvement

We have been invited to participate in IHI Collaborative

Learning community to make changes for continuous Improvement

Our Quality team will represent The Harris Center

#### Executive Steering Committee

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

#### Education and Development

- **Organizational Development is continuing to work on preparing a DEI training session for upcoming quarterly Leadership Development Institute (LDI)**

#### Thought Exchange Thursdays

- **Thought Exchange Thursdays continue to gain attendance; the first Thought Exchange Thursday in February yielded 40 participants. Given the increase in participation, the Inclusion Hub is going to host a Thought Exchange Thursday weekly during Black History Month!**

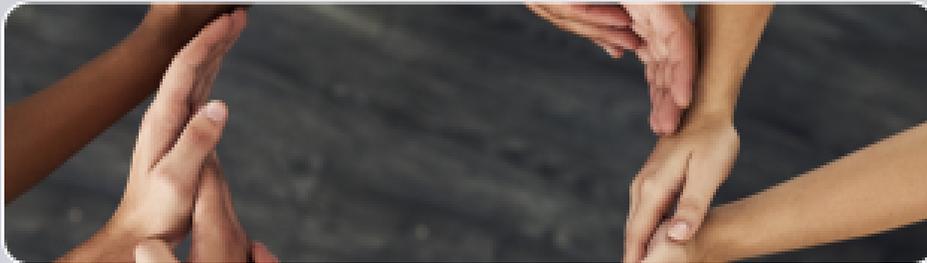
#### Inclusion Hub Expansion

- The Inclusion Hub has expanded! Details on next slide.

# Inclusion Hub Updates 2023

## Purpose

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



## 1<sup>st</sup> ever Inclusion Hub Orientation (Jan 2023)

- Cultural assumptions icebreakers
- Unconscious Bias Exam and Discussion
- Inclusion Hub Mission & Vision
- Inclusion Hub Member responsibilities
- Benefits of serving as an Inclusion Hub Member

## Increased membership to 30 employees!

- Inclusion Hub members span across various locations
- They are also varied in their positions and experience
- Inclusion Hub will assist with maintaining Inclusion Hub signature activities:
  - Thought Exchange Thursdays
  - Rounding Educational Events

# Agenda

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HR Organization – New Hires

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Talent Acquisition

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Organizational Development

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Demographics

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Diversity, Equity, & Inclusion

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*Future Focus*

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# Future Focus

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**DEI Strategy**

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**Compensation Strategy**

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**Employee Engagement Survey**

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**360 Feedback / Development Plans**

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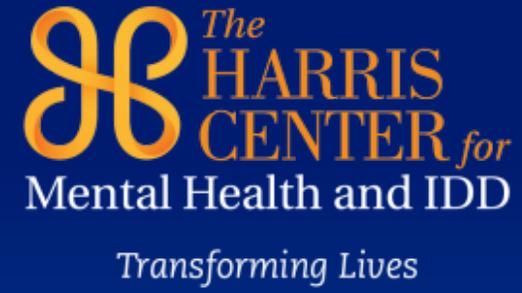
**Enhanced Leadership Training & Development**

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**Succession Planning**

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**Thank You**

# **EXHIBIT F-29**

**February 2023**

**NEW CONTRACTS UNDER 100k**

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	<b>FY23 NEW CONTRACTS</b>						
	<b>ADMINISTRATION</b>						
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.
	<b>CPEP/CRISIS SERVICES</b>						
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>						
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>						
	<b>LEASES</b>						
	<b>MENTAL HEALTH SERVICES</b>						



**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**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1124	\$ 7,750.00	553003
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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

<b>Requester Name</b>	<b>Submission Date</b>
Jones, Anthony	2/2/2023

**Budget Manager Approval(s)** 

<b>Approved by</b>	<b>Approval Date</b>
	2/2/2023

<b>Approved by</b>	<b>Approval Date</b>
	2/2/2023

**Procurement Approval** 

**File Upload (?)**

<b>Approved by</b>	<b>Approval Date</b>
	2/2/2023

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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 <b>facility room</b> |

**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\***

kwoiling@unitedwayhouston.org

**Budget Section**

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

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

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

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

0.00

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

0.00

<b>Requester Name</b>	<b>Submission Date*</b>
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 <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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 F-30**

# **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
	<b>FY23 CONTRACT RENEWALS</b>							
	<b>ADMINISTRATION</b>							
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.
	<b>CPEP/CRISIS SERVICES</b>							
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.
	<b>FORENSICS</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>							
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>							
	<b>LEASES</b>							



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

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
<b>Budget Manager*</b> Brown, Erica		<b>Secondary Budget Manager*</b> 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                     |

**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\* (?)

\$ 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
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
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

*Va...*

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
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
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

- 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 Maintenance Agreement

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

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

Contract NTE\* (?)

\$ 2,079.00

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
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
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 F-31**

**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
	<b>FY23 AMENDMENTS</b>								
	<b>ADMINISTRATION</b>								
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.
	<b>CPEP/CRISIS SERVICES</b>								
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.
	<b>FORENSICS</b>								
	<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2023	\$ 1,000.00

**Funding Source\***

General Revenue (GR)

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

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

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

Board Portal to make Board process easier and materials easily accessible.

**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\***

Boardbookit, Inc.

**Address\***

Street Address

900 Parish Street

Address Line 2

suite 102

City

Pittsburgh

Postal / Zip Code

15220-3425

State / Province / Region

PA

Country

United States

**Phone Number\***

4125874872

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

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

n/a

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

n/a

Requester Name	Submission Date
Franco, Veronica	1/27/2023

Budget Manager Approval(s)

Approved by



Approval Date

1/27/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
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

Annapolis

Postal / Zip Code

21409-4719

State / Province / Region

MD

Country

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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                     |

**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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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                     |

**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	State / Province / Region
Northbrook	IL
Postal / Zip Code	Country
60062	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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)

Amount\* (?)

2023

\$ 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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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

State / Province / Region

TX

Postal / Zip Code

77083-3430

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

<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> Kerlegon, Charles
--	--

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

<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> Kerlegon, Charles
--	--

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

\$10.00 per hour

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

N/a

<b>Requester Name</b> Anthony, Patrina	<b>Submission Date</b> 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 F-32**

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

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
<b>FY23 CONTRACTS</b>						
<b>AFFILIATION AGREEMENTS</b>						
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.
<b>GRANTS</b>						
<b>MOU</b>						
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.
<b>REVENUE</b>						
7	Above All Others	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers in the Coffeehouse program. ISS is a new service which replaces current Day Habilitation services as required by HHSC.
8	Advancing Abilities	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
9	Alexis's Care Facility	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
10	A Little Something Different	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
11	Am Care Residential	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.

SNAPSHOT SUMMARY  
AFFILIATION, GRANTS, MOU and REVENUE AGREEMENTS

CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS	
12	Angels That Work Quality Service	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
13	Assured Quality Care Services	Individualized Skills and Socialization Services (ISS)	New Revenue	03/01/2023-08/31/2024	State	This new Revenue Agreement for the purpose of providing Individualized Skills and Socialization (ISS) to consumers. ISS is a new service which replaces current Day Habilitation service guidelines as implemented by HHSC.
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.

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.
<b>RIFTON CHAIR LOANERS</b>						



## 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**

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

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

N/A

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

N/A

<b>Requester Name</b> Williams, JeDonne	<b>Submission Date</b> 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

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

1/12/2023

#### 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

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

**Funding Information\***

- New Contract  Amendment

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

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)**

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

**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

Postal / Zip Code

77027

State / Province / Region

TX

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

*Ricardo Campbell*

Approval Date

1/25/2023

## Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

## Contract Owner Approval

Approved by

*Scott Hickey*

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\***

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 <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 (?)

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                          |

**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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)**

- |  |  |
|--|--|
| <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).

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\*

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                          |

**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 Karlisen

**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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)**

- 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 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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\***

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\* (?)**

- 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\***

09/01/22 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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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 <b>MCO</b>    |

**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

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

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

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

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

<b>Requester Name</b>	<b>Submission Date</b>
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                      |

#### 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 <span style="background-color: #cccccc; padding: 2px 20px;"></span> |

**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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)**

- 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:

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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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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).

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 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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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

*Evant'he 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 \* (?)**

- |  |  |
|--|--|
| <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).

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- Hillcroft Empowerment Center  
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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

Postal / Zip Code

77074

State / Province / Region

Texas

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).

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- Pasadena Enrichment Center  
817 Southmore Blvd, #150, Houston, TX 77502
- Humble Service Center  
6805 Oak Village, Humble, TX 77396

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

**Contract Owner\***

Dr. Evanthe Collins

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

- Yes  No  Unknown

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

09/01/21 to present; day habilitation services

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

- Yes  No  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).

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\***

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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                      |

#### 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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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

State / Province / Region

TX

Postal / Zip Code

77074-7202

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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).

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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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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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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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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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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

Postal / Zip Code

77036

State / Province / Region

Texas

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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

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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\* (?)**

- |  |  |
|--|--|
| <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).

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\***

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
<b>Budget Manager</b> Adams-Austin, Mamie	<b>Secondary Budget Manager</b> 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\* (?)**

- |  |  |
|--|--|
| <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).

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- Pasadena Enrichment Center  
817 Southmore Blvd, #150, Houston, TX 77502
- Humble Service Center  
6805 Oak Village, Humble, TX 77396

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

**Contract Owner\***

Dr. Evanthe Collins

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

- Yes  No  Unknown

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

09/01/21 to present; day habilitation services

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

- Yes  No  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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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 <input type="text"/> |

**Funding Information\***

- New Contract  Amendment

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

12/9/2022

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

8/31/2023

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

NA

**Fiscal Year\* (?)**

2023

**Funding Source\***

State

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

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

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

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

**Contract Owner\***

Lily Pan

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

- Yes
- No
- Unknown

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

Fiscal Year 2021

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

- Yes
- No
- Unknown

**Community Partnership\* (?)**

- Yes
- No
- Unknown

**Supporting Documentation Upload (?)**

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

**Vendor/Contractor Contact Person**

**Name\***

Beanca Williams

**Address\***

Street Address

4808 Yale Street

Address Line 2

City

Houston

Postal / Zip Code

77018-2202

State / Province / Region

TX

Country

US

**Phone Number\***

713.460.0781 fax# 832.304.5231

**Email\***

Bwilliams@voatx.org

**Budget Section**

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

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

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Adams-Austin, Mamie	Kerlegon, Charles

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

See uploaded document

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

NA

<b>Requester Name</b>	<b>Submission Date</b>
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 <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em;"></span> |

**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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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\***

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
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
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\* (?)**

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

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

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

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3925 West Braker Lane, WPR Building

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State / Province / Region

TX

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

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

\$0.00

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

\$0.00

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 <input type="text"/> |

#### Funding Information \*

- New Contract  Amendment

Contract Term Start Date \* (?)

9/1/2022

Contract Term End Date \* (?)

8/31/2023

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

#### Fiscal Year \* (?)

2023

#### 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\***

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San Antonio

Postal / Zip Code

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State / Province / Region

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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**

*Kevin Ilejay*

**Approval Date**

12/28/2022

#### Procurement Approval

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

#### Contract Owner Approval

**Approved by**

*Jennifer Battle*

**Approval Date**

12/29/2022

#### Contracts Approval

**Approve \***

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

**Approved by \***

*Belinda Scude*

**Approval Date \***

12/29/2022

# **EXHIBIT F-33**

Summer 2022 | Volume 3 | Issue 1

# IAPFS

International Association of  
Pediatric Feeding and Swallowing

## IN THIS ISSUE

- From the President's Desk
- IAPFS 2022 2nd Annual Conference
- Upper Gastrointestinal Endoscopy With Biopsy In Pediatric Feeding Disorders
- The Feeding Disorders Program at The Harris Center
- Eosinophilic Esophagitis Panel of Experts

## Upper Gastrointestinal Endoscopy With Biopsy in PAEDIATRIC Feeding Disorders

**P**rior to participating in the Children's Hospital of Orange County Children's Multidisciplinary Feeding Program, patients are evaluated and treated for conditions that can contribute to ongoing feeding difficulties. In *Acta Paediatrica*, Robyn Robinson et al. (2021) published an article investigating the prevalence of eosinophilic esophagitis (EoE) among children with feeding problems compared to patients seen in the general CHOC pediatric gastroenterology clinic.

EoE is a chronic inflammatory condition which affects the esophagus and can only be diagnosed by endoscopy. Feeding difficulties may be the only symptom that children present with. Many health care providers are reluctant to recommend endoscopy because it is an invasive study. However, if EoE is not treated, children will continue to have feeding challenges and feeding therapy may not be successful.

In this retrospective study, EoE positive biopsies among children with feeding problems were compared with biopsies of patients seen in the general CHOC pediatric gastroenterology clinic. In the feeding program screening group 15.1% had EoE compared with 8% in the general GI patient cohort. Although these differences did not meet statistical significance, there is a strong suggestion that children with feeding problems are at higher risk of having undiagnosed EoE than children who present with overt GI problems. This finding supports endoscopy as an important diagnostic tool to explain why children are not eating well.

Robinson, R., Placone, N., Katz, M., & Ornelas, E. (2021). Upper gastrointestinal endoscopy WITH biopsy in PAEDIATRIC Feeding disorders. *Acta Paediatrica*. <https://doi.org/10.1111/apa.15987> ●

## Program Spotlight: The Feeding Disorders Program At The Harris Center

Rinita L. Roberts, Ph.D., Stacey C. Grebe, Ed.S., & Georgina J. Sakyi, B.A.

**T**he Harris Center's Feeding Disorders Program is located within The Specialized Therapies & Rehabilitation Services (S.T.A.R.S.) Clinic at the Harris Center for Mental Health and Intellectual and Developmental Disabilities in Houston, Texas. The S.T.A.R.S. Clinic provides a variety of therapeutic programs primarily for those with intellectual and developmental disabilities, but the Feeding Disorders Program is one of the only behavioral feeding programs in the state of Texas. It was started in December of 2016 and has treated patients from in and outside the Harris County area, including those from Galveston and Needsville, Texas.

The Harris Center is a Certified Community Behavioral Health Clinic designed to provide high quality,

efficient, and cost-effective services for mental health and/or intellectual and developmental disabilities related concerns. The majority of individuals served at the Harris Center are Medicaid eligible or do not have medical insurance. Traditionally, community behavioral health clinics have been designed to deliver services to underserved populations, including individuals from ethnic minority groups and lower socioeconomic backgrounds. Given the mental health service disparities experienced by diverse groups, the Harris Center's Feeding Disorders Program strives to provide clinical services and research outside of highly controlled settings to better represent the unique treatment experiences of our families.

*Continued*

## *Program Spotlight: The Feeding Disorders Program At The Harris Center* —continued

The positive effects of behavioral interventions for feeding disorders are well documented in intensive interdisciplinary feeding programs, many of which have the capabilities to provide state-of-the-art equipment and around the clock interdisciplinary care. The Harris Center's Feeding Disorders Program affirms that children from sociodemographically diverse populations who have markedly different access to integrated healthcare, equipment, and resources are still able to make long term gains related to their feeding concerns through an outpatient feeding model.

The current team at the Harris Center's Feeding Disorders Program includes a licensed psychologist, a Board Certified Behavior Analyst (BCBA), and behavior specialists. The program provides assessment and intervention services to families impacted by Pediatric Feeding Disorders. Specifically, the program helps individuals who struggle with food and/or liquid refusal, texture or type selectivity, general mealtime problem behavior, and refusal to self-feed, all of which can result in difficulty maintaining their nutritional status.

Admission into the Harris Center's Feeding Disorders Program is determined on an individual basis through clinical assessment conducted by the psychologist on the team. The feeding disorders program serves children ages nine months through 18 years of age. Admission is not restricted for only those with an intellectual/developmental disability, nor only those who live in Harris County.

Treatment needs are identified after the completion of a thorough assessment including client observation with food presentation, indirect assessment measures, and caregiver interview. Once physiological concerns and oral motor deficiencies have been ruled out by medical professionals and/or speech and language pathologists, feeding treatment plans are written to

address the inappropriate mealtime behaviors and skill deficits that remain using evidence-based behavioral approaches for feeding. When an efficacious plan has been created, the caregiver is trained on how to feed their child to achieve optimum results.

Beyond assessment and treatment services, the Harris Center's Feeding Disorders Program also has a focus on research and training. In a recent preliminary outcomes study from the clinic, data show that participants in the program (n = 22) experienced significant treatment gains following discharge including improved weight, acceptance and consumption of food, and texture advancement. Caregivers also reported significant satisfaction and decreased observed symptoms of psychopathology outside of mealtimes. The program also offers practica experiences to local doctoral level psychology students interested in behavioral interventions for feeding concerns. Students have the opportunity to participate in the full spectrum of services provided at the clinic including assessment, treatment, and follow-up through both onsite and telehealth services. The S.T.A.R.S. clinic has also recently been awarded a grant from The Harris Center Foundation to be utilized toward expanding services, improving quality of care, and educating others about the needs of the unique populations served.

Although relatively small and new, the Harris Center's Feeding Disorders Program is creating positive outcomes for families impacted by Pediatric Feeding Disorders in the southern Texas region. The mission of the feeding program aligns with that of the Harris Center, to utilize evidence-based interventions with the ultimate goal of transforming lives. ●

*Want to share highlights from your feeding program? Send your newsletter submissions to [admin@iapfs.org](mailto:admin@iapfs.org)*

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and on  Instagram: [instagram.com/iapfsorg/](https://instagram.com/iapfsorg/)

# **EXHIBIT F-34**

# Addressing Psychiatric Workforce Shortages: The Role of Advanced Practice Psychiatric Nurses and Physician Assistants

The Controversies in Psychiatric Services column aims to highlight differing viewpoints on topics relevant to psychiatric services that have generated a debate or a divide in opinion. For this column, the editorial team chose to focus on the role of advanced practice psychiatric nurses (APRNs) and physician assistants (PAs) in addressing psychiatric staffing shortages, asking authors to respond to the following statement:

Psychiatrist staffing shortages have been exacerbated by the COVID-19 pandemic, limiting access to mental health treatment. Increasing the role of advanced practice psychiatric nurses and physician assistants in the delivery of psychiatric services is the best approach to address these shortages.

Li and Gates argue that recruiting APRNs and PAs is a better and more cost-effective mental health workforce solution than physician-focused *locum tenens* or telehealth hiring. These authors further suggest that stronger training, supervisory, and organizational structures need to be developed to support an expanded APRN/PA workforce and to address concerns about limitations in the training background of its members. In contrast, Tepper and Farb see the scope argument as artificially confining thinking about how mental health service needs should be approached. They maintain that expanding the roles of APRNs and PAs will not address the field's access issues and that narrowly focusing on this solution wastes energy that would be best directed toward broader structural changes. As mental health service demand rises and access remains limited, we hope that these two viewpoints provide objective, thought-provoking perspectives on how and whether APRN and PA role expansion can help address this crisis.

**Rachel M. Talley, M.D.**

*Perelman School of Medicine, University of Pennsylvania, Philadelphia. Send correspondence to Dr. Talley (rachelmtalley@gmail.com). Matthew D. Erlich, M.D., Patrick Runnels, M.D., M.B.A., and Rachel M. Talley, M.D., are editors of this column. Dr. Talley served as action editor for this exchange.*

*Psychiatric Services 2023; 00:1; doi: 10.1176/appi.ps.20220599*

## Addressing Critical Pandemic Psychiatric Staffing Shortages Through Advanced Practice Provider Training and Resources

Over the past 2 years, multiple factors have exacerbated psychiatric workforce shortages. The COVID-19 pandemic has brought dramatic increases in demand for psychiatric services (1). The national implementation of the 988 Suicide

and Crisis Lifeline has led to an anticipated rise in mental health service needs. Inflation and high costs of health care delivery without commensurate increases in insurance reimbursement have compounded the supply-demand challenge. The workforce shortage of psychiatrists by 2024 is projected to be between 14,280 and 31,091 (2). The pandemic increased psychological distress and burnout among health care workers, causing many to leave their jobs as part of a larger workforce shift known as the Great Resignation (1). Given the rapid changes in the mental health care workforce, we support expanding the role of advanced practice providers (APPs), such as advanced practice psychiatric nurses (APRNs) and physician assistants (PAs), as an essential solution for workforce shortages. In this column, we highlight the effects of workforce shortages, provide the rationale for APP role expansion, and describe supervision and training approaches for APPs. We also describe a PA fellowship program that enhances educational rigor and psychiatric practice experience.

Multiple solutions have been used to address current workforce challenges. Organizations have contracted with locum psychiatry staffing services to try to meet the acute staffing needs resulting from the high demand for and low supply of psychiatrists. Although stimulus payments can initially support the higher costs for care delivery, continued costs for locum services are untenable in the long term. In addition, organizations have used technology-enabled solutions such as telehealth and digital tools to support ongoing care or bridge provider gaps. Unfortunately, the use of locums or telehealth can lead to extensive turnover and onboarding costs, which have financial and quality-of-care effects, as well as to multiple transitions for clients. Ensuring organizations' financial health and maintaining quality of care are critical, because patients do not benefit from clinic closures or gaps in care due to a lack of psychiatric providers.

APPs are increasingly important providers of psychiatric services. Although PA and APRN trainings differ, both require graduate-level education, clinical training, and licensure to practice (under either a medical, an osteopathic, or a separate nursing board). Both also have doctorate-level tracks available. Many APPs have generalist training, and no additional training is required to change to specialty practice. A specialized psychiatric mental health nurse practitioner training path is available. The differences between

clinical training for APPs and clinical training for psychiatrists are stark, however. Psychiatrists complete 4 years of medical school and at least an additional 4 years of postgraduate psychiatric training before starting to practice. Within APP training, clinical rotations provide only weeks of exposure to psychiatry practice.

An advantage of APPs is the larger number of providers available and the comparative cost advantages. In 2019, the United States had 139,688 certified PAs, and about 1.9% worked in psychiatry (3). For APRNs, those numbers are even higher, with more than 355,000 licensed in the United States and 6.5% certified to work in psychiatry (4). APP salaries are typically 50%–60% of physician salaries. Although some additional costs related to physician compensation for supervision of APPs may be incurred, the total costs of an APP are still lower than those of a psychiatrist. Also, APPs can bill for most psychiatric services. Medicare reimburses PAs and APRNs at 85% of physician charges, according to the Medicare Learning Network (5).

Primary concerns about APPs include lower training requirements, lack of supervision, minimal exposure to complex needs in community settings, and adherence to safe prescribing practices. These structural concerns may be addressed by strengthening supervision, enhancing organizational supports, and utilizing specialized training such as fellowship programs. State medical boards have developed guidelines for physicians who supervise APPs, assigning the supervising physicians the responsibility of APP oversight and establishing prescriptive authority agreements. Although state laws vary, systems are in place in all states to hold APPs accountable for their actions. APPs can be held directly responsible for their practice behaviors through disciplinary board hearings, license suspension and revocation, and even malpractice lawsuits. Supervising physicians are held accountable for the quality of supervision provided. To provide higher-quality supervision, a supervising physician can choose to increase supervision frequency, limit controlled-substance prescriptions, require notification of patient pregnancy status, and mandate additional monitoring for patients taking clozapine or lithium. As APPs improve their knowledge and skills, these oversight activities can be revised and updated accordingly.

Organizational processes can support APPs before and after hiring. Medical leaders within organizations can be intentional about hiring APPs with specific qualifications and years of experience in psychiatric settings. For example, APPs who work in primary care may have some experience treating less complex mental health conditions. Organizations can also enhance medication safety practices by investing in the monitoring of prescribing practices, clinical quality measurement review for all medical staff (including APPs), medication event reporting, and robust professional peer review processes. Organizations can also support educational programs designed to increase the rigor of practice and enhance APPs' experience in psychiatric care delivery, such as psychopharmacology presentations and clinical case conferences.

In addition, specialized postgraduate training can further support APP integration into practice. Psychiatry PA specialization programs termed “fellowships” or “residencies” are yearlong programs open to newly graduated PAs and working PAs looking to pivot to a new career path. In the United States, approximately 25 spots, spread across 14 programs, are offered per year. After the training, many residency or fellowship programs encourage or require participants to continue their education to earn a Certificate of Added Qualifications in psychiatry, a credential established by the National Commission on Certification of Physician Assistants. This examination is available only to PAs with a minimum of 75 hours in specialty continuing medical education, 2,000 hours working as a PA in psychiatry, and experience in procedures and patient cases appropriate for that specialty (6).

The Harris Center for Mental Health and IDD (the largest local mental health authority in Texas) invested in a PA fellowship program to support workforce development in a community mental health setting. The program, implemented in 2021, accepted two PAs a year and has now expanded to up to four PAs per year. Fellows rotate through various settings, including crisis services (psychiatry emergency services, voluntary crisis stabilization unit), jail services, and outpatient services (e.g., assertive community treatment program, child/adolescent and adult programs). During fellowship year, PA fellows take a curated selection of postgraduate year 1–3 didactic courses from a local accredited psychiatry postgraduate residency training program and established psychopharmacology courses. Fellows also receive direct supervision and clinical training from experienced community psychiatrists. By the end of their training, fellows are prepared to advance their clinical practice and complete the Certificate of Added Qualifications. The program enables qualified individuals to serve in community settings after fellowship training. Graduates are encouraged to provide 2 additional years of care delivery at the Harris Center.

As health care becomes increasingly interdisciplinary and psychiatric workforce shortages increase, the role of APPs should become more prominent to address psychiatric workforce needs, and training programs such as that provided by the Harris Center should be disseminated more widely to support this growing role. Changes in health care economics and the high demand for mental health services will further prompt the expansion of APRN and PA roles in the delivery of psychiatric services.

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5. Medicare Learning Network: Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants. Booklet MLN901623. Baltimore, Centers for Medicare and Medicaid Services, 2022. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf>
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Janet Gates, P.A.

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*The authors thank Sylvia Muzquiz-Drummond, M.D., and J. Michael Smith, D.H.Sc., P.A.-C., for their work initiating and supporting the physician assistant fellowship program and reviewing the manuscript. These views represent the opinions of the authors and not necessarily those of the Harris Center for Mental Health and IDD or Baylor School of Medicine.*

*The authors report no financial relationships with commercial interests.*

*Psychiatric Services 2023; 00:1–3; doi: 10.1176/appi.ps.20220390*

## The Behavioral Health Workforce Crisis and the Need for Complex, Adaptive Change

The behavioral health workforce crisis is not new, but its urgency, coupled with the expanded public conversation about mental health in the wake of the pandemic, has propelled it into prominence. The crisis has many aspects, including marked disparities between workforce demographic characteristics and the population the workforce serves, insufficient attention paid to the voices of those with lived experience, geographic variation in availability, lack of clinical expertise for particular populations (i.e., youths, older adults), insufficient access to substance use disorder treatment, inadequate focus on prevention or early intervention, and a shortage of direct care staff (i.e., for residential settings). Because the recent increased need for services will likely be sustained, a thoughtful approach to building a workforce to meaningfully address future needs must be developed.

Framing the question as whether advanced practice providers (APPs), including physician assistants and advanced practice psychiatric nurses, can ameliorate the problem of limited mental health treatment availability obscures several critical aspects of the workforce crisis. Therefore, we argue that the debate about the expansion of the role of APPs in psychiatric care distracts from the more pressing problems of system redesign and that collective advocacy efforts are better focused on improving how care is delivered.

First, the workforce crisis is much more than a shortage of psychiatrists. In fact, the psychiatrist shortage has been protracted and its exacerbation anticipated (1, 2). The shortages of direct care staff, therapists, and other providers are newer developments and, it could be argued, more

vexing, particularly in relation to the care of children and adolescents. Given that the role of APPs in community settings is largely to prescribe medication, the argument that hiring more APPs is the best solution to the workforce crisis trivializes the multidimensional nature of certain populations' needs and suggests that medication is the primary necessary intervention. This is particularly problematic for children and adolescents, for whom nonpharmacological interventions would ideally be the cornerstone of treatment, and when medication is required, it should be prescribed in conjunction with other treatment modalities. For instance, in a family struggling to maintain housing and meet other essential needs, a chronically chaotic home environment may contribute to a child's development of emotional dysregulation. This situation warrants community services and case management, in addition to therapy, before medication is considered for the child. Although psychiatrists and APPs are important parts of the care delivery system, the full constellation of potential providers and treatments must be available to improve access and outcomes.

Second, the workforce crisis should prompt a reevaluation of traditional approaches to delivering care. When an individual presents for care, the collective default has typically been to offer medication and therapy. This cookie-cutter approach discourages personalized care and ties up treatment resources in inefficient ways. A more person-centered and resource-preserving approach might instead begin by characterizing the individual's preferences and needs. Those requesting a particular intervention would ideally receive it, if clinically appropriate, given that outcomes are often improved when interventions are matched with preferences (3). Beyond preferences, people need different interventions at different intensities and treatment durations; thoughtful characterization of clinical presentations can therefore lead to stratified treatment that both targets individuals' specific needs and is delivered by the appropriate providers. For instance, individuals with very-low-acuity mental health needs might benefit from psychoeducation, guidance on self-guided tools, and periodic monitoring with a nonclinician. Those with mild or moderate conditions may respond well to support and basic interventions from a trained lay provider. Individuals with common conditions or an established relationship with their primary care provider might be well served in a medical context. Those with conditions of greater severity would usually be best served by team-based care that leverages professional expertise in the service of individuals' goals. With such a stratified approach, mental health care systems might more effectively meet individuals' needs and be more parsimonious in resource allocation. It is also important to consider whether those with similar needs may benefit from group modalities and to optimize participation through a variety of access points. For example, school-based mental health service availability is growing but remains highly underutilized. Powerful change can occur when options other than a one-size-fits-all approach are made available.

Finally, rather than mental health care organization administrators trying to decide whether to hire providers trained in a specific discipline, time and energy would be better spent grappling with how to organize treatment in public mental health settings. In many instances, such treatment can be most effective and most sustaining for staff when delivered by interdisciplinary teams working in close partnership with those served. True teamwork means determining what work is done by whom, how to coordinate within the team, and how to support therapeutic relationships in the context of team-based care. Extensive knowledge exists on how to create and sustain high-quality teams that can be adapted to public mental health settings. Although APPs can serve in a variety of roles, they will likely have their greatest impact as key players on high-performing collaborative teams rather than working in isolation to slowly chip away at growing waitlists.

For all of these reasons, proposing that APPs may solve the problems of mental health treatment access is to suggest a technical solution to an inherently adaptive challenge. Adaptive challenges are described as those of “wrenching organizational transformation” that cause deep disruptions to the status quo and, very often, distress (4). In contrast, technical problems are those that can be solved with existing approaches and problem-solving processes (4). The adaptive challenges of the behavioral health workforce crisis cannot be fixed by technical solutions only. Therefore, a discussion of technical solutions, such as expansion of APP scope, remains critical but should be undertaken in conjunction with consideration of the complex structural issues that contribute to the problem. Adaptive solutions that foster system redesign should be prioritized, and then how APPs’ roles can be most impactful in this new system may be clarified.

What might the necessary adaptive changes look like? Principles for leading adaptive work include moving between seeing the big picture and being in the thick of the action, identifying the adaptive challenges, maintaining attention, regulating distress, and sharing responsibility for developing solutions with those doing the work (5). Given these principles, could active engagement with providers help stem the tide of clinicians leaving public mental health? Such active engagement might include eliciting why individuals do this work in the first place, asking them to identify specific problems, and then partnering with them to address these challenges, instituting meaningful mentorship, identifying professional goals and supporting staff in accessing what they need to achieve those goals, and giving staff a voice in reshaping the care delivery environment.

When considering adaptive changes to support the workforce, managers might also borrow from innovations in the mental health field. For instance, just as providers of clinical services should aspire to a recovery orientation, managers can maintain a hopeful and recovery-oriented approach to recruitment and retention. Similarly, the clinical goal of pursuing wellness instead of treating only illness, if applied here, could lead to emphasizing long-term sustainability (i.e., developing

desirable, adequately compensated, and diversified job roles) and not only crisis management (i.e., hiring temporary staff). Principles of shared decision making might foster participatory management practices. The importance of evidence-based practices would suggest that clinicians and managers must learn to use and implement tools needed to navigate the current health care landscape. Finally, much as data are becoming critically important to track progress in treatment, data also could be used to guide workforce decision making and enable follow-up and accountability for decisions.

Concrete changes will always be needed to improve the lives of the clinicians doing the hard work of mental health care. But selective focus on these solutions—the technical changes, such as those related to the APP scope of practice—cannot substitute for the necessary adaptive work. Therefore, APP scope should be expanded in tandem with harder and more substantive systemic adaptations. However, bear in mind some caveats when considering the expansion of the APP scope of practice. For instance, APP training programs lack consistency in admission requirements, program duration, clinical contact hours, quality of clinical experiences, and opportunities for training in key populations. Although all APP training programs license their graduates to treat psychiatric patients across the lifespan, many graduates do not receive child/adolescent training experiences with the depth and breadth required to treat this population safely. Additionally, most new graduates need supervision in their first few years of practice, which is not always available.

This situation has no quick fixes. Fortunately, our professional identity is not tethered to quick fixes. Indeed, of all medical specialties, we in mental health are perhaps uniquely equipped to grapple with these complicated workforce challenges.

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# **EXHIBIT F-35**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

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

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

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

**I**

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

**J**

<b>JDC</b>	Juvenile Detention Center
<b>JJAEP</b>	Juvenile Justice Alternative Education Program
<b>JSS</b>	Job Satisfaction Scale

**K****L**

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

**M**

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

**N****N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**