

Full Board Meeting

April 25, 2023

9:15am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, March 28, 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-March
(*EXHIBIT F-2 Vanessa McKeown*)
 - B. April 2023 New Contracts Over 100K
(*EXHIBIT F-3 Silvia Tiller*)
 - C. April 2023 Contract Amendments Over 100K
(*EXHIBIT F-4 Silvia Tiller*)
 - D. April 2023 Contract Renewals Over 100K
(*EXHIBIT F-5 Silvia Tiller*)
 - E. April 2023 Interlocal Agreements
(*EXHIBIT F-6 Silvia Tiller*)
 - F. Delegation in the absence of the Chief Executive Officer (CEO)
(*EXHIBIT F-7*)
 - G. Infection Control Plan
(*EXHIBIT F-8*)
 - H. Physician Assistant, Advanced Practice Registered Nurse, and Intellectual Development Disabilities
(*EXHIBIT F-9*)

VII. REVIEW AND COMMENT

- A. EPIC Update
(EXHIBIT F-10 Mustafa Cochinwala)
- B. Warring Update
(EXHIBIT F-11 Warring Group)
- C. RDLR Architects
(EXHIBIT F-12 RDLR Architects)
- D. Legislative Update
(Amanda Jones)

VIII. BOARD CHAIR'S REPORT

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.**

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

- A. April 2023 New Contracts Under 100K
(EXHIBIT F-13)
- B. April 2023 Contract Renewals Under 100K
(EXHIBIT F-14)
- C. April 2023 Contract Amendments Under 100K
(EXHIBIT F-15)
- D. April 2023 Affiliation Agreements, Grants, MOU's and Revenues Information Only
(EXHIBIT F-16)
- E. Abbreviations List
(EXHIBIT F-17)

XIII. ADJOURN

Veronica Franco

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



EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: March 28, 2023

TRUSTEES

IN ATTENDANCE:

Dr. L. Moore, Vice Chairperson
Dr. Robin Gearing PhD, Vice Chairperson
Dr. George Santos, Secretary
Mr. Gerald Womack
Mr. Jim Lykes
Mrs. Natali Hurtado
Dr. Max Miller, Jr.

TRUSTEES ABSENT: Mr. Shaukat Zakaria, Chair, Sheriff Ed Gonzalez, B. Hellums

I. Declaration of Quorum

Dr. Lois Moore, Vice Chairperson, called the meeting to order at 9:15 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

There were no public comments.

III. Approval of Minutes

MOTION BY: LYKES SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, February 28, 2023 as presented under Exhibit F-1, are approved.

IV. Chief Executive Officer's Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. 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, including the acquisition of property for the SE CSC and the decisions made at the Resource Committee meeting on March 21, 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 March 21, 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 March 28, 2023.
- E. Foundation Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided the Board of Trustees an update about the Foundation.

VI. Consent Agenda

- A. Approve FY'22 Year-to-Date Budget Report-February
- B. March 2023 New Contracts Over 100K
- C. March 2023 Contract Amendments Over 100K
- D. March 2023 Interlocal Agreements
- E. NEW POLICIES
 - 1. Lobbying
 - 2. Outreach Screening Assessment Referral (OSAR) Policy and Procedure Manual
- F. POLICY UPDATES/MINOR CHANGES
 - 1. Religious Accommodations
 - 2. Bylaws of the Board of Trustees of The Harris Center for Mental Health and Intellectual Development Disabilities
 - 3. Corporate Compliance
 - 4. Family and Medical Leave Act (FMLA)
 - 5. Linguistic Competence Services
 - 6. Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons with Disabilities
 - 7. Section 504 of the Rehabilitation Act and, the America with Disabilities Act ("ACT")(Consumers)
 - 8. Solicitation of/and Acceptance of Donations (Money, Goods or Services)
 - 9. State Service Contract Monitoring and Performance Reporting
 - 10. Weapons
- G. POLICY UPDATES/SUBSTANTIAL CHANGES
 - 1. Credentialing Policy
 - 2. Incident Reporting

MOTION: Mr. Womack moved to approve Consent Agenda items except Consent Agenda item F2, Exhibit F-9- Bylaws of the Board of Trustees of the Harris Center for Mental Health and IDD
SECOND: Dr. Santos seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A-E2, F1, F3- F10 and G1-2 are approved. Consent Agenda Item F2/Exhibit F-9 was tabled and will be reviewed at the Board Retreat.

VII. Review and Take Action
A. 6168 Apartments

MOTION:

Mr. Womack move the Board to authorize the CEO to accept the loan from the City of Houston in the amount of \$4,545,012 to cover a portion of the construction expenses for permanent supportive residential complex located at 6168 South Loop East, Houston, TX and authorize the CEO to negotiate and execute a loan agreement and all related documents in the name and on behalf of the Harris Center.

Mr. Hurtado second the motion.

VOTE: Yes: 6 No: 1

With majority affirmative votes, BE IT RESOLVED the Harris Center Board of Trustees approve to authorize the CEO to accept the loan from the City of Houston in the amount of \$4,545,012 to cover a portion of the construction expenses for permanent supportive residential complex located at 6168 South Loop East, Houston, TX and authorize the CEO to negotiate and execute a loan agreement and all related documents in the name and on behalf of the Harris Center.

MOTION:

Mr. Womack move the Harris Center Board of Trustees provisionally approve the award a contract for the 6168 South Loop East Apartments CSP Project #FY22-0208 to Arch-Con and authorize the CEO to execute the agreement with Arch-Con only after this contract award is approved by Houston City Council.

Mrs. Hurtado second the motion.

With majority affirmative votes, BE IT RESOLVED the Harris Center Board of Trustees provisionally approve the award of a contract for the 6168 South Loop East Apartments CSP Project #FY22-0208 to Arch-Con and authorize the CEO to execute the agreement with Arch-Con only after this contract award is approved by Houston City Council.

Yes: 6 No:1

VIII. Review and Comment

A. Legislative Update-Amanda Jones presented the Legislative Update to the Full Board.

IX. Executive Session –There was no Executive Session

X. Reconvene into Open Session

XII. ADJOURN

MOTION: WOMACK SECOND: GEARING

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:33 AM.

Respectfully submitted,

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 Seventh Month and Year to Date Ended March 31, 2023

Fiscal Year 2023

Presented to the Resource Committee of the Board of Trustees on April 18, 2023

The Harris Center for Mental Health & IDD

April 18, 2023

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

The monthly financial report for March 31, 2023 of The Harris Center for Mental Health and IDD ("The Center") is submitted herewith. This report was prepared by The Center's Accounting Department. Responsibility for both accuracy of the presented data and the completeness and fairness of the presentation rests with the Authority, the Chief Financial Officer and the Accounting Department. We believe the data as presented is accurate in all material respects; that it is presented in a manner designed to fairly set forth the financial position and results of operations of the Center.

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

Steve Evans Digitally signed by Steve Evans
Date: 2023.04.10 15:02:41
-05'00'

Steve Evans
Controller

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

Month (.000)			
	Actual	Budget	Variance
Revenues	\$ 26,756	\$ 26,109	\$ 647
Expenditures	29,504	26,678	(2,826)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ (2,748)</u>	<u>\$ (569)</u>	<u>\$ (2,179)</u>

Year-to-date (.000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	<u>\$ (287)</u>	<u>\$ 932</u>	<u>\$ (1,219)</u>

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

	Month Ended March 31, 2023				Seven Months Ended March 31, 2023			
	Actual	Budget	Variance Favorable or (Unfavorable)		Actual	Budget	Variance Favorable or (Unfavorable)	
			\$	%			\$	%
Total Revenues:								
Harris County and Local	\$ 4,847,010	\$ 5,005,556	\$ (158,546)	-3%	\$ 36,753,177	\$ 35,106,668	\$ 1,646,509	5%
PAP / Samples	841,359	420,000	421,359	100%	5,835,365	3,920,000	1,915,365	49%
Interest	189,238	129,940	59,298	46%	1,017,877	909,578	108,299	12%
State General	9,528,858	9,507,032	21,826	0%	66,793,821	66,549,105	244,716	0%
State Grants	1,212,839	1,220,606	(7,767)	-1%	8,113,094	8,544,226	(431,132)	-5%
Federal Grants	2,993,183	3,156,908	(163,725) c	-5%	22,780,348	25,466,082	(2,685,734)	-11%
Directed Payment Program	817,841	817,840	1	0%	5,724,881	5,724,880	1	0%
Charity Care Pool	4,158,429	3,366,382	792,047 d	24%	24,356,721	23,564,674	792,047	3%
3rd party billings	2,167,371	2,485,064	(317,693) e	-13%	15,437,851	17,395,307	(1,957,456)	-11%
Total Revenue	26,756,127	26,109,328	646,799 f	2%	186,813,134	187,180,520	(367,385)	0%
Total Operating Expenses:								
Salaries and Fringe	20,943,898	18,951,614	(1,992,284) g	-11%	137,561,549	135,317,163	(2,244,386)	-2%
Travel	177,131	137,010	(40,121)	-29%	1,005,252	1,073,491	68,239	6%
Contracts and Consultants	1,807,921	1,957,149	149,228	8%	12,195,616	13,705,912	1,510,296	11%
HCPC Contract	2,332,491	2,322,734	(9,757)	0%	16,260,148	16,259,138	(1,010)	0%
Supplies and Drugs	1,440,414	1,084,445	(355,969)	-33%	8,962,715	7,607,725	(1,354,990)	-18%
Equipment (Purch, Rent, Maint)	990,952	521,142	(469,810) h	-90%	3,555,035	3,663,103	108,068	3%
Building (Purch, Rent, Maint)	331,865	494,808	162,943	33%	2,231,633	3,465,071	1,233,438	36%
Vehicle (Purch, Rent, Maint)	64,203	85,272	21,069	25%	467,247	598,827	131,580	22%
Telephone and Utilities	347,494	287,175	(60,319)	-21%	2,129,365	2,010,149	(119,216)	-6%
Insurance, Legal, Audit	156,471	175,567	19,096	11%	1,192,220	1,249,259	57,039	5%
Other	911,215	661,276	(249,939) i	-38%	4,983,885	4,681,126	(302,759)	-6%
Total Operating Expenses	29,504,056	26,678,192	(2,825,864) j	-11%	190,544,664	189,630,965	(913,700)	0%
Excess of Revenues over (under)								
Operating Expenditures before Other Sources	(2,747,928) a	(568,864)	(2,179,065)		(3,731,530)	(2,450,445)	(1,281,085)	
Capital Expenses from fund balance Capex	1,360,324	-	(1,360,324)		2,738,322	-	(2,738,322)	
Funds from other sources:				k				
Use of fund balance - CapEx	1,360,324	-	1,360,324		2,717,284	-	2,717,284	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	483,219	483,276	(57)		3,382,932	3,382,932	-	
Insurance Proceeds	20,266	-	20,266		57,519	-	57,519	
Proceeds from Sale of Assets	-	-	-		25,285	-	25,285	
Excess of Revenues over (under)								
Total Expenditures after Other Sources	\$ (2,244,443)	\$ (85,588)	\$ (2,158,856)		\$ (286,831) b	\$ 932,487	\$ (1,219,318)	

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

	Ending Balance		Increase/(Decrease)	
	February 28, 2023	March 31, 2023	March	
Assets				
Cash and Cash Equivalents	\$ 51,852,604	\$ 129,858,734	\$ 78,006,130	a
Inventory - includes RX	414,510	412,498	(2,013)	b
Prepaid Expenses	7,113,436	5,264,618	(1,848,817)	c
A/R Medicaid, Medicare, 3rd Party	12,592,788	12,902,190	309,403	
Less Bad Debt Reserve	(3,988,690)	(4,065,761)	(77,071)	
A/R Other	47,629,946	23,655,194	(23,974,752)	d
Total Current Assets	115,614,593	168,027,474	52,412,881	
Right of Use Asset (Lease)	1,933,770	1,933,770	-	
Land	12,683,363	12,697,202	13,839	
Building	25,389,494	25,389,494	-	
Building Improvements	21,175,215	21,199,392	24,178	
Furniture and Fixtures	6,919,784	6,892,446	(27,339)	
Vehicles	1,029,774	1,029,774	-	
Construction in Progress	22,279,232	23,343,658	1,064,425	
Total Property, Plant & Equipment	91,410,633	92,485,736	1,075,103	
TOTAL ASSETS	\$ 207,025,226	\$ 260,513,210	\$ 53,487,984	
Liabilities and Fund Balance				
Unearned Income	\$ 5,330,535	\$ 58,730,082	\$ 53,399,547	e
Accrued Payroll and Accounts Payables	14,057,239	17,158,369	3,101,130	f
Lease Liability - Current	511,404	511,404	-	
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	19,899,179	76,399,855	56,500,677	
State Escheatment Payable	55,805	55,995	190	
Lease Liability - Long Term	853,289	853,289	-	
Lease-Accrued Interest	5,964	5,964	-	
Total Non Current Liabilities	915,058	915,248	190	
TOTAL LIABILITIES	20,814,236	77,315,103	56,500,867	
General Fund Balance	18,132,524	18,134,536	2,013	g
Nonspendable				
Investment in Inventories	414,510	412,498	(2,013)	
Investment in Fixed Assets	91,410,633	92,485,736	1,075,103	
Assigned:				
Current Capital Projects	9,327,023	7,966,698	(1,360,324)	
Future Purchases of Real Property and IT Infrastructure	1,365,842	1,365,842	-	
Self Insurance	2,000,000	2,000,000	-	
ECI Building Use	361,664	361,664	-	
Waiver 1115	55,482,762	54,999,543	(483,219)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	4,854,354	4,854,354	-	
Total	184,253,378	183,484,938	(768,440)	
Year to Date Excess Revenues over (under) Expenditures	1,957,612	(286,831)	(2,244,443)	
TOTAL FUND BALANCE	186,210,990	183,198,106	(3,012,883)	
TOTAL LIABILITIES AND FUND BALANCE	\$ 207,025,226	\$ 260,513,210	\$ 53,487,984	

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

- I. Comparison of Revenue and Expenses
- a. For the month of March 2023, the seventh month of the fiscal year, the Harris Center is reporting excess operating Expenditures over Revenues of \$2,747,928 before funds from other sources are considered.
 - b. The year-to-date amount translates to Excess Expenses over Revenues of \$286,831 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. Federal Grants are unfavorable to budget by \$163,725 primarily due to timing of expenses associated with the Federal CHH Navigation Services grant.
 - d. Charity Care Pool funds received are favorable to budget by \$792,047 due to funding received in March of \$45,148,864 compared to budget of \$40,396,584. The excess revenue will be recognized and spread evenly over the remaining months of the year.
 - e. Third Party billings are unfavorable to budget by \$317,693.
 - f. Total Revenue is favorable to budget by \$646,799.
 - g. Salaries and Fringe are unfavorable to budget by \$1,992,284 primarily due to positions filled with grant funds awarded after approval of the original budget.
 - h. Equipment is unfavorable to budget by \$469,810 due to payments for various IT maintenance agreements during the month.
 - i. Other is unfavorable to budget by \$249,939 primarily due to timing of payments for various IT software license agreements during the month.
 - j. Total Operating Expenses are unfavorable to budget by \$2,825,864 primarily due to salaries and fringe benefits and a change to internal accounting policies regarding thresholds for amortization of prepaid items.
 - k. Funds from other sources used to fund current month expenses totaled \$1,863,809 including DSRIP reserves, insurance proceeds and use of CapEx funds.

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

II. Comparative Balance Sheet

- a. Cash and Cash Equivalents - The Agency considers cash and cash equivalents to be cash on hand, demand deposit accounts and short term investments with maturities of less than ninety days. Cash and cash equivalents increased from the prior month primarily because of receipt of Charity Care Pool and County General allocation funds.

	Ending Balance		Increase (Decrease)
	2/28/2023	3/31/2023	March
Cash-General Fund Bank of America	7,594,819	7,565,173	\$ (29,646)
Cash-General Fund Chase	26,172,816	34,503,462	8,330,646
Cash-SSI Chase	28,021	18,897	(9,124)
Cash-BOA ACH Vendor	482,348	225,776	(256,572)
Cash-Pharmacy Chase	125,847	299,177	173,330
Cash-FSA-Discovery	62,477	153,407	90,929
Petty Cash/Pharmacy Cash Drawer	6,550	5,950	(600)
Investments-TexPool General Fund	1,024,801	1,028,814	4,013
Investments-TexPool Self Insurance	2,341,998	2,351,169	9,170
Investments-TexPool Prime	7,903,071	41,845,634	33,942,563
Investments-Texas Class	6,109,855	41,861,276	35,751,421
	<u>\$ 51,852,604</u>	<u>\$ 129,858,734</u>	<u>\$ 78,006,130</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)
	2/28/2023	3/31/2023	March
Inventory-Central Supplies	2,561	2,561	\$ -
Supplies Purchased	37,500	37,500	\$ -
Supplies Used	(21,213)	(23,225)	(2,013)
Inventory-Drugs	395,662	395,662	-
Total Inventory	<u>\$ 414,510</u>	<u>\$ 412,498</u>	<u>\$ (2,013)</u>

- c. Prepaid Expenses decreased due to IGT funds repaid from DPP program and a new internal accounting policy related to thresholds for prepaid items.

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

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other decreased in March.

	Ending Balance		Increase (Decrease)
	2/28/2023	3/31/2023	March
Villas at Bayou Park	101,510	104,536	3,026
Pear Grove	63,185	63,185	-
Pasadena Cottages	109,876	114,941	5,064
Employee	(749)	(677)	72
Pecan Village	4,401	4,401	-
Acres Homes Garden	230,897	237,607	6,710
Foundation	528	326	(201)
NAMI of Greater Houston	387	56	(331)
General Accounts Receivable	863,035	894,753	31,717
Pharmacy PBM	97,394	123,681	26,287
Cobra Premiums	13,996	(499)	(14,496)
Harris County Projects	1,644,849	1,014,137	(630,712)
Harris County Juvenile Probation	529,280	448,756	(80,524)
AR Fed SAMHSA - CHRP	-	2,574	2,574
Harris County Community Supervision	955,098	909,901	(45,197)
Harris County Sheriff's Department	9,943,697	5,901,432	(4,042,265)
ICFMR	184,312	247,112	62,800
TCOOMMI-Special Needs	544,643	726,292	181,649
TDCJ-Parole	61,500	82,000	20,500
TDCJ-Substance Abuse	50,001	66,668	16,667
TCOOMMI-Juvenile	72,848	97,484	24,635
Jail Diversion	4,352,507	4,848,708	496,200
ECI	1,125,086	1,751,885	626,799
ECI Respite	-	-	-
ECI SNAP	19,805	19,893	88
Federal CHH Navigation	-	-	-
Federal Aot	77,243	154,486	77,243
ARPA-COH-MCOT RR Expansion	846,703	838,256	(8,447)
ARPA-COH-Core HPD Expansion	211,336	178,020	(33,317)
Fed SAMHSA CCBHC Expansion	73,120	73,120	-
AR Fed ARPA TPWD Fam Well Ctr	358,561	396,389	37,829
AR Fed ARPA ECI	26,876	28,573	1,696
PATH-Mental Health Block Grant	209,944	203,237	(6,707)
MH Block Grant-Coordinated Specialty	167,517	143,866	(23,651)
Subtotal, A/R-Other	\$ 22,939,387	\$ 19,675,097	\$ (3,264,291)

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

II. Accounts Receivable Other (Continued)	Ending Balance		Increase (Decrease)
	2/28/2023	3/31/2023	March
DSHS SAPT Block Grant	62,915	71,453	8,539
AR State TCMHCC	-	-	-
Enhanced Community Coordinator	72,700	85,430	12,730
DSHS Mental Health First Aid	8,200	21,600	13,400
HHSC ZEST-Zero Suicide	42,793	27,386	(15,406)
HCC Open Door	223,187	232,802	9,615
HCS	22,416	22,416	-
Tx Home Living Waiver	324,577	330,791	6,214
DPP-BHS	1,082,403	752,657	(329,746)
Charity Care Pool	20,198,292	(0)	(20,198,292)
Fed ARPA COF-CIRT HPD	19,690	37,173	17,482
Helpline Contracts	119,556	79,489	(40,067)
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	37,333	18,667	(18,667)
City of Houston-911 CCD Amended	78,790	39,395	(39,395)
A/R - HHSC Projects	2,347,170	2,210,301	(136,868)
Local Be Well Be Connected	-	-	-
Grand Total A/R - Other	<u>\$ 47,629,946</u>	<u>\$ 23,655,194</u>	<u>\$ (23,974,752)</u>

- e. Unearned Income increased due to receipt of County General Allocation funds in the amount of \$23,067,171 and Charity Care Pool funds in the amount of \$45,148,864.
- f. Accrued Payroll and Accounts Payable increased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to decrease in non-spendable fund balance for inventory.
- h. Waiver 1115 Reserves decreased due to use of budgeted DSRIP reserves for operations. Total DSRIP Reserves on hand at end of month equals \$54,999,543.
- i. Days of Operations in Reserve for Total Agency is 98 days versus 106 days for the prior month.

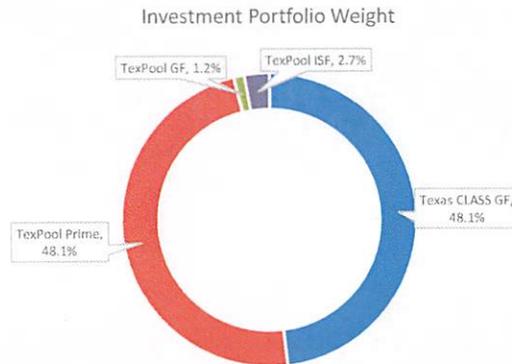
III. Investment Portfolio

- a. Total investments as of March 31, 2023 are \$87,086,893 of which 100% is in government pools. (Texas Class 48% and TexPool 52%)
- b. Investments this month yielded interest income of \$189,238.

The Harris Center for Mental Health and IDD
 Investment Portfolio
 As of March 31, 2023

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 6,109,855	\$ 35,704,000	\$ -	\$ 47,421	\$ 41,861,276	48.1%	4.866%
<i>TexPool</i>							
TexPool Prime	7,903,071	\$ 36,296,000	\$ (2,400,000)	46,563	41,845,634	48.1%	4.801%
TexPool General Fund	1,024,801			4,013	1,028,814	1.2%	4.611%
TexPool Internal Service Fund	2,341,998			9,171	2,351,169	2.7%	4.611%
<i>TexPool Sub-Total</i>	<u>11,269,870</u>	<u>36,296,000</u>	<u>(2,400,000)</u>	<u>59,747</u>	<u>45,225,617</u>	<u>51.9%</u>	<u>4.786%</u>
Total Investments	\$ 17,379,725	\$ 72,000,000	\$ (2,400,000)	\$ 107,168	\$ 87,086,893	100%	4.825%
Additional Interest-Checking Accounts				<u>82,070</u>			
Total Interest Earned				<u><u>189,238</u></u>			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio	4.678%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.479%
March Interest Rate - Chase Hybrid Checking	3.15%
March ECR - Chase	3.25%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of February 28, 2023 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved 
 Hayden Hernandez, Accounting and Treasury Manager

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

Report for March 2023

Vendor	Description	Monthly Not-To-Exceed*	Mar-23	YTD Total Through March
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$2,400,000	\$1,818,663	\$12,632,269
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$2,600,000	\$2,560,365	\$16,852,492

* 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 March payments of liabilities for Employee Benefits = 11% of Expenditures.

EXHIBIT F-3

April 2023

NEW CONTRACTS OVER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 NEW CONTRACTS						
	ADMINISTRATION						
1	AT&T Corp.	AT&T Ethernet on Demand Services, Data Circuits for all Agency Locations	\$150,000.00	04/01/2023-03/31/2026	GR	Service Agreement Agency Wide	New contract to provide data circuits and internet connectivity. FY23 funding has already been budgeted and a master contract is in place. The new contract has a price schedule that is less expensive rate at \$12,500.00 per month. Additionally the Agency will be able to add new locations to the current account. FY23 \$150,000.00 [Board approved: June 2022]. FY24 NTE: \$150,000; FY25 NTE: \$150,000.00; FY26 NTE: \$150,000.00 Total NTE: \$450,000.00.
	CPEP/CRISIS SERVICES						
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	LEASES						
	MENTAL HEALTH SERVICES						



Executive Contract Summary

Contract Section



Contractor*

AT&T Corp

Contract ID #*

2023-0668

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

AT&T and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other **Current Contract - CT142454**

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/27/2023

Contract Term End Date* (?)

3/26/2026

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

3 years

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 150,000.00

Fiscal Year* (?) **Amount* (?)**
 2025 \$ 150,000.00

Fiscal Year* (?) **Amount* (?)**
 2026 \$ 150,000.00

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 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* (?)

The contract is a renewal of rates with AT&T for data circuits and internet connectivity. FY23 has already been budgeted and a contract is in place. This is a contract renewal for less expensive rates point forward, in addition we will be able to add new locations to our current account.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

Please add previous contract dates and what services were provided*

1999 - Current
 Data Circuits for Sites
 Internet Connections
 Hosted DNS

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

- Yes No Unknown

Please provide an explanation*

ATT is not a HUB

Community Partnership* (?)

- Yes No Unknown

Supporting Documentation Upload (?)

ATT_NETWORK_ON_DEMAND_CONTRACT_ID_Harris Center.pdf	191.29KB
ATT Data Circuits - Current.xlsx	10.37KB

Vendor/Contractor Contact Person

Name*

Pedro Conchas

Address *

Street Address

712 E. HUNTLAND DR. Room 313

Address Line 2

City

Austin

Postal / Zip Code

78752

State / Province / Region

Tx

Country

US

Phone Number*

512-870-4129

Email *

pc8130@att.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 0.00	564004

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

\$12,500 per month is max rate for all circuits combined. Cost drops depending on speed of circuit.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/21/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/21/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

3/21/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/24/2023

EXHIBIT F-4

April 2023
AMENDMENTS OVER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS NTE AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 AMENDMENTS								
	ADMINISTRATION								
1	Kronos Incorporated	HRMS Software Including Time and Attendance	\$224,940.00	\$50,000.00	\$274,940.00	09/01/2022-08/31/2023	GR	Tag-On	Amendment to increase NTE to pay for an increase in licenses and W-2 check processing services.
2	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$775,884.44	\$5,196.00	\$781,080.44	11/01/2022-08/31/2024	GR	RFP	Amendment to increase NTE to pay for additional cleaning services for the Smartpod located in James Driver Park in Precinct 2.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								
	MENTAL HEALTH SERVICES								



Executive Contract Summary

Contract Section

Contractor*

Kronos Corp

Contract ID #*

6685

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

Kronos/UKG 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 Increase Current Contract CT142371 |

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*

\$ 224,940.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 274,940.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 274,940.00

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* (?)

HP/Payroll SaaS for The Harris Center, This increase is to add additional user licenses due to increasing staff count and adding W-2 Check processing cost.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY18 - FY23
HR/Payroll services

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris CENTER Capacity Increase Pro 100 minimum increase Q-151136-SO....pdf	272.43KB
THE HARRIS CENTER WFD PYRL SRVCS ONLY CAP INC Q-151003-SO pre-signed.pdf	164.15KB
THE HARRIS CENTER WFD SMB 100 CORE CAP INC Q-150993-SO-pre-signed.pdf	162.91KB

Vendor/Contractor Contact Person ▲

Name*

Chris Layne

Address *

Street Address

297 BILLERICA ROAD

Address Line 2

City

Chelmsford

State / Province / Region

MA

Postal / Zip Code

01824

Country

US

Phone Number *

3037267503

Email *

chris.layne@kronos.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 50,000.00	553002
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

Hurst, Richard

Submission Date

3/23/2023

Budget Manager Approval(s)

Approved by

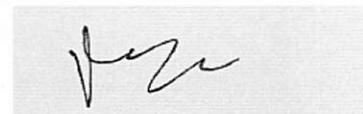


Approval Date

3/23/2023

Contract Owner Approval

Approved by



Approval Date

3/23/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/27/2023



Executive Contract Summary

Contract Section



Contractor*

Ultra Medical Cleaning and Environmental Services, Inc.

Contract ID #*

2022-0559

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

Ultra Medical Cleaning and Environmental Services, Inc. and The Harris Center for MH & 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 checked="" type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

11/1/2022

Contract Term End Date* (?)

8/31/2023

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

No

Current Contract Amount*

\$ 775,884.44

Increase Not to Exceed*

\$ 5,196.00

Revised Total Not to Exceed (NTE)*

\$ 781,080.44

Fiscal Year* (?)

Amount* (?)

2023

\$ 781,080.44

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* (?)

Amend contract to add cleaning services to Smartpod located in James Driver Park in Precinct 2 - 10918 Bentley St., Houston, TX 77093. Monday-Friday 4:30pm-6:30pm Interlocal Agreement between Harris County and The Harris Center Services will begin March 6, 2023 through August 31, 2023.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2010 to present

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Smartpod Cleaning Quote.pdf

176.51KB

Vendor/Contractor Contact Person

Name*

Victor Gonzalez

Address *

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

United States

Phone Number *

281-325-0666

Email *

vgonzalez@ultrabuildingsvc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 5,196.00	569002
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$866.00 per month for weekly cleaning services

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

3/2/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

3/6/2023

Contracts Approval

Approve *

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

Approved by *



Approval Date *

3/8/2023

EXHIBIT F-5

April 2023

RENEWALS OVER 100k

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 \$100,000.00 AND MORE

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS							
	ADMINISTRATION							
1	Whitley Penn LLP	Agency External Auditing Services	\$108,503.00	\$110,673.00	05/01/23-04/30/2024	GR	RFP	Annual renewal for External Auditing Services.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
	LEASES							
	MENTAL HEALTH SERVICES							



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

7693

Contractor Name*

Whitley Penn LLP

Service Provided* (?)

Agency External Auditing Services

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 108,503.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1122

G/L Code(s)*

578000

Current Fiscal Year Purchase Order Number*

CT142119

Contract Requestor*

Steve Evans

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. *
1122	\$ 110,673.00	578000
Budget Manager *		Secondary Budget Manager *
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2024	\$ 110,673.00

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

Steve Evans

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Steve Evans

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2023

EXHIBIT F-6

April 2023
INTERLOCAL AGREEMENTS

CONTRACTORS		PRODUCT/SERVICE DESCRIPTION	ACTION TYPE	CONTRACT PERIOD	FUNDING	COMMENTS
FY23 CONTRACTS						
INTERLOCALS						
1	City of Houston-Department of Health & Human Services	Property Lease for the 5th Ward Multi-Service Center located at 4014 Market Street, Houston, Texas	Annual Renewal	05/01/23- 04/30/24	GR	Annual Renewal of Property Lease for 5th Ward Multi-Service Center. Monthly rate =\$161.20 per month. Total FY23/24 funding= \$1,934.40.
2	City of Houston-Department of Health & Human Services	Property Lease for the West End Multi-Service Center located at 170 Heights, Houston, Texas	Annual Renewal	05/01/23- 04/30/24	GR	Annual Renewal of Agreement. \$331.11 per month. FY23/24 NTE: \$3,973.32.
3	City of Houston-Department of Health & Human Services	Property Lease for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, Texas	Annual Renewal	05/01/23- 04/30/24	GR	Annual Renewal of Property Lease for Magnolia Multi-Service Center. Monthly rate=\$298.44. Total funding for FY23/24= \$3,581.28
4	City of Houston	Behavioral Health Response Team (BHRT) Services	New Interlocal Agreement	04/01/2023-08/31/2024	Federal Grant	The Harris Center for Mental Health and IDD's Behavioral Health Response Team (BHRT) provides comprehensive behavioral health and support services to assist persons that were housed pursuant to the Emergency Voucher Program as managed and allocated to the Harris County Housing Authority and the City of Houston. Additionally the program serves persons identified through the Coalition for the Homeless that currently live in homeless encampments, housed at the Temporary Navigation Center or housed through "The Way Home" programs. The program was implemented in September 2020. The Coalition for the Homeless and The Harris Center collaborated in a process to identify, engage, and serve individuals with mental illness who have been placed in a housing program and at risk of becoming homeless due to underlying behavioral health issues. This new City of Houston contract will cover the current funding gap within the program and offset allocated County funds. BHRT was awarded \$2,199,970.86 for the time period of 4/1/23 to 8/31/24 (roughly estimated at \$647,050 for FY23 and \$1,552,920.86 for FY24).



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5156

Contractor Name*

City of Houston (Fifth Ward MSC)

Service Provided* (?)

Occupancy Lease Agreement for the Fifth Ward MSC located at 4014 Market street.

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 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"/> |

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* (?)

\$ 1,934.40

Rate(s)/Rate(s) Description

\$161.20 per month

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT142518

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.*
2200	\$ 1,934.40	126006
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 1,934.40

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

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 *

3/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

6111

Contractor Name*

City of Houston (Magnolia)

Service Provided* (?)

Lease Occupancy Agreement for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, TX.

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 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 3,581.28

Rate(s)/Rate(s) Description

\$298.44 per month

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT142516

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.*
2200	\$ 3,581.28	126006
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Loera, Angelica	

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,581.28

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

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*

3/20/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

5157

Contractor Name*

City of Houston (West End)

Service Provided* (?)

Lease Occupancy Agreement for the West End Multi-Service Center located at 170 Heights.

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 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"/> |

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* (?)

\$ 3,973.32

Rate(s)/Rate(s) Description

\$331.11 per month

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT142515

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.*
2200	\$ 3,973.32	126006
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Loera, Angelica

Fiscal Year* (?)	Amount* (?)
2023	\$ 3,973.32

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

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

Yes No

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 *

3/29/2023



Executive Contract Summary

Contract Section

**Contractor ***

City of Houston | CDBG-CV BHRT Program

Contract ID # *

2023-0660

Presented To *

- Resource Committee
- Full Board

Date Presented *

4/18/2023

Parties * (?)

The Harris Center for Mental Health & IDD and the City of Houston

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 |

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

4/1/2023

Contract Term End Date * (?)

8/31/2024

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

04/01/2023 - 08/31/2024

Fiscal Year * (?)

2023

Fiscal Year * (?)

2024

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* (?)

The Harris Center for Mental Health and IDD's (THC) Behavioral Health Response Team (BHRT) provided comprehensive behavioral health and support services to help people who were housed pursuant to the Emergency Voucher Program in the Act, through vouchers allocated to Harris County Housing Authority and the City of Houston, in addition to individuals identified through homeless encampments by the Coalition for the Homeless, housed at the Temporary Navigation Center or housed through The Way Home programs. The program was implemented in September 2020. The Coalition for the Homeless and THC for Mental Health and IDD collaborated in a process to identify, engage, and serve individuals with mental illness who have been placed in a housing program and at risk of becoming homeless due to underlying behavioral health issues. This City of Houston contract will cover the current funding gap within the program and offset allocated County funds. Program was awarded \$2,199,970.86 for a time period of 4/1/23 to 8/31/24 (roughly estimated at \$647,050 for FY23 and \$1,552,920.86 for FY24).

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Historical contracts with City and several CPEP programs.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Harris Center CDBG-CV Subrecipient Agreement V1 SP - Copy.docx 59.88KB

Vendor/Contractor Contact Person

Name*

Stephanie Pena, Relationship Manager, Public Service

Address *

Street Address

2100 Travis Street

Address Line 2

9th Floor

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

Phone Number *

832-394-8868

Email *

stephanie.pena@houstontx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9244	\$ 2,199,970.86	435043
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Oshman, Jodel	

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

3/14/2023

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

3/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

3/14/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/16/2023

EXHIBIT F-7

Status **Pending** PolicyStat ID **13233618**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2022
 Next Review 1 year after approval

Owner Wayne Young:
 Exec
 Area Leadership
 Document Type Agency Policy

LD3A - Delegations in the Absence of the Chief Executive Officer (CEO)

1. PURPOSE

The purpose of this policy is to promote the efficient operation of the Harris Center and to ensure that appropriate Harris Center Executive Leadership are available for input and decision-making in the absence of the Chief Executive Officer (CEO).

2. POLICY

It is the policy of The Harris Center to continue efficient operations and business decision-making when the Chief Executive Officer (CEO) of The Harris Center is not available and input or decisions are required of CEO. For planned absences of the CEO, the CEO will delegate signing, input and decision-making authority as the CEO feels is appropriate. If the CEO has unplanned absences and is not able to formally delegate these authorities, the Chief Operating Officer (COO) is authorized to sign documents, provide input and make decisions during the CEO's absence.

Only the CEO or the Chair of the Board of Trustees may delegate, and/or revoke delegation of, signing, input and decision-making authority. When needed, the COO, under their delegated CEO authority, may sub-delegate to the Chief Financial Officer (CFO).

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

N/A

5. RELATED POLICIES/FORMS:

- [Signature for Authorization](#)
- [Check Signing](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

N/A

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2023
Legal Review	Kendra Thomas: Counsel	04/2023
Compliance Review	Anthony Robinson: VP	04/2023
Initial Assignment	Shannon Fleming: Counsel	03/2023
Initial Assignment	Wayne Young: Exec	03/2023

EXHIBIT F-8

Status **Pending** PolicyStat ID **12253526**



Origination	09/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	03/2023
Next Review	1 year after approval

Owner	Vanessa Miller: Mgr
Area	Medical Services
Document Type	Agency Policy

MED19P Infection Control Plan

1. PURPOSE

The purpose of this procedure is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees. ~~The Harris Center has developed a COVID-19 Plan ("Covid Plan"). The Covid Plan includes policies and procedures aimed at minimizing the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures, are responded to in an effective manner.~~

The Harris Center has developed a COVID-19 Plan ("Covid Plan"). The Covid Plan includes policies and procedures aimed at minimizing the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures are responded to in an effective manner.

2. Objective/SCOPE

The Harris Center for Mental Health and IDD employees and all volunteers and contractors.

3. Regulatory/Reference Documents

Control of Communicable Diseases, [Title 25](#). TAC Part 1, Chapter 97, ~~and~~ Subchapter A

[.Control of Communicable Diseases](#)

[Communicable Disease Prevention and Control Act, Title 2](#). Texas Health and Safety Code, Subchapter H,

~~§§~~[Section 81.301-et seq. Bloodborne Pathogen Exposure Control Plan.](#)

The Houston Department of Health and Human Services.

4. DEFINITIONS:

- **Communicable Disease:**
- An illness due to an infectious agent or its toxic products which is transmitted directly to a well person from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Communicable diseases may spread by physical contact with an infected person, contact with a contaminated surface or object, bites from insects or animals capable of transmitting the disease and travel through the air. Bacteria, fungi, parasites and viruses may cause communicable diseases.
- Control of Infection occurs by:
 1. Identifying consumers and/or staff with communicable or potentially communicable infections.
 2. Implementing appropriate Infection Control measures.
 3. Educating staff on Infection Control procedures and standards.
 4. Providing information to all departments related to managing on site Infection control issues.
- **Disease Prevention:** The prevention of infection in staff and consumers occurs through:
 1. Dissemination of Infection Control guidelines.
 2. Ongoing updates of Infection control procedures and practices
 3. Monitoring of Infection Control practices within the Departments.
- **Exposure:**
 1. Condition of being exposed to an infectious agent.
- **Investigation and Surveillance Involves the following:**
 1. Systematic Data collection.
 2. Analysis of the data with determination of specific events to be monitored.
 3. Development and implementation of measurable quality improvement plans.
 4. Evaluation of the quality improvement plans.
- **Reporting of infections occurs by:**
 1. Staff reporting possible exposures to infectious diseases.
 2. ~~Reporting of reportable diseases as required by DSHS (25TACPartI, Chapter 97, and~~

~~Subchapter A), Governing Control of Communicable Diseases. Reporting to the DSHS notifiable conditions~~

5. PROCEDURES:

- A. Disease Prevention occurs by the Infection Control Manager:
- B. Identifying consumers ~~and~~/or staff with communicable or potentially communicable infections.
- C. Implementing appropriate Infection Control measures.
- D. Partnering with local pharmacies to provide vaccine clinics to employees.
- E. Educating staff on Infection Control procedures, standards and continued updates.
- F. Providing information to all departments related to managing on-site Infection Control issues.
- G. Monitoring of Infection Control Practices within the Department
- H. Investigation and Surveillance Involves the following:
 - I. Systematic Data collection
 - J. Analysis of the data with a determination of specific events to be monitored.
 - K. Development and implementation of measurable quality improvement plans
 - L. Evaluation of quality improvement plans.
- M. Reporting of infections occurs by:
- N. Staff reporting possible exposures to infectious diseases.
- O. Reporting ~~of reportable diseases as required by~~to the DSHS (~~notifiable conditions and isolates. Communicable Diseases. 25 TAC Part 1, Chapter 97, and Subchapter A), governing Control of Communicable Diseases~~

6. RELATED POLICIES/FORMS:

- Infection Control Policy
- Reportable Disease Form
- ~~Mask Procedure~~Risk Management Plan

7. REFERENCES: RULES/REGULATIONS/STANDARDS

- Association for Professionals in Infection Control and Epidemiology www.apic.org
- Center for Disease Control, www.cdc.gov
- Texas Department of State Health Service - www.dshs.state.tx.us

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2023
Final Legal Review	Kendra Thomas: Counsel	04/2023
Initial Legal Review	Shannon Fleming: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2022
Initial Assignment	Vanessa Miller: Mgr	11/2022

EXHIBIT F-9

Status **Pending** PolicyStat ID **12334315**

Origination 09/2020

Last Approved N/A

Effective

Upon Approval

Last Revised 03/2023

Next Review 1 year after approval

Owner Maria Richardson: Dir

Area Medical Services

Document Type Agency Policy

MED17A Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation

1. PURPOSE:

The purpose of this policy is to define the process for delegation and supervision of Physician Assistants ~~and~~, Advance Practice Registered Nurses (PA/APRN) and Pharmacists (RPh, PharmD) by Harris Center physicians.

2. POLICY:

The Harris Center for Mental Health and IDD (Harris Center) employs Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), ~~and Nurse Practitioners~~ Pharmacists (RPh, PharmD) who work under the delegated authority of a physician licensed by the Texas Medical Board (TMB). The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas Medical Board (TMB) as applicable for Physicians and Physician Assistants, the Texas State Board of Nursing as applicable to APRNs, and the Texas State Board of Pharmacy (TSBP) as applicable to pharmacists. The Harris Center physician and a (PA/APRN) who work under the delegated authority of a physician licensed by the Texas Medical Board (TMB). The Harris Center/Pharmacist entering into an agreement to supervise a PA/APRN/Pharmacist will comply with all rules and regulations that govern this arrangement including those set forth by the Texas Medical Board (TMB) and the Texas State Board of Nursing as applicable to APRNs. The Harris Center physician and a PA/APRN entering into an agreement to supervise a PA/APRN will complete and sign The Harris Center Delegation Protocol and the Prescriptive Authority Agreement, or Collaborative Drug Therapy Management Protocol which outline the scope of medical practice and prescription/drug prescribing parameters. These agreements shall be individualized ~~depending on~~ and based upon the experience and

training of the PA/APRN/[Pharmacist](#), as determined by the supervising physician. The Harris Center will set expectations regarding the frequency of supervision and the number of monthly chart reviews completed by the supervising physician.

3. APPLICABILITY/SCOPE:

All Harris Center programs providing medical services.

4. PROCEDURES:

[MED1B - Medical Services](#)

[MED20B - Pharmacy Services and Outpatient Prescription Purchase Plan](#)

[MED17B- Physician Assistant, Advanced Practice Registered Nurse Delegation Protocol Procedure](#)

[HR2B- Credentialing and Privileging Guideline & Procedure](#)

5. RELATED POLICIES/FORMS:

- ~~Delegation Authorization Protocol for Advanced Practice Registered Nurses and Physician Assistants~~
- ~~Prescriptive Authority Agreement~~
- ~~Delegation of Nursing duties to non-Nursing staff~~
- : [Prescriptive Authority Agreement](#)
- : [Collaborative Drug Therapy Management Protocols](#)
- : [MED1A - Medical Services](#)
- : [MED14A- Delegation and Supervision of Certain Nursing Acts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Authority of Physicians to Delegate Certain Medical Acts-~~Texas Occupations~~[Title 3, Tex. Occ. Code, Chapter 157](#)
- ~~Physician Assistant Licensing Act, Texas Occupations Code Chapter 204~~[Physician Assistants- Licensing Requirements, Exemptions, and Renewal, Tex Occ. Code, §§ 204.151- 204.353](#)
- Nurses, ~~Texas Occupations~~[Title 3, Tex. Occ. Code, Chapter 301](#)
- Texas Medical Board-Physician Assistants, Title 22 ~~Texas Admin. Code~~[TAC](#) Part 9, Chapter 185
- Texas Medical Board- Standing Delegation Orders- Title 22 ~~Texas Admin. Code~~[TAC Part 9, Part 9](#)-Chapter 193
- [Pharmacists. Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, Title 22 TAC Part 15, § 295.13](#)

- [Texas Board of Nursing: https://www.bon.texas.gov/index.asp.html](https://www.bon.texas.gov/index.asp.html)
- [Texas State Board of Pharmacy: https://www.pharmacy.texas.gov/](https://www.pharmacy.texas.gov/)
- [Texas Medical Board: https://www.tmb.state.tx.us/](https://www.tmb.state.tx.us/)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Final Legal Review	Kendra Thomas: Counsel	03/2023
Initial Legal Review	Shannon Fleming: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	03/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023
Initial Assignment	Maria Richardson: Dir	02/2023

EXHIBIT F-10

Epic Survey Overview

Mustafa Cochinwala, Chief Information Officer



Transforming Lives

Overview

- Goal of survey
 - Harris Health/Epic wants to better understand our overall experience with Epic using a standard survey. This will allow them to:
 - Measure how well they are doing as a Community Connect partner
 - Maintain Community Connect Accreditation
 - User experience with Epic
- Survey dates
 - End User survey sent on 1/23/23
- Epic's response rate recommendations
 - 5% response rate across different Provider Types
 - 6% response rate for End Users

Epic System End User Survey



Harris Health is working with us to better understand our overall experience with **Epic**. The survey linked below should take about 5 minutes and will allow us to measure how well Harris Health is doing as a "Community Connect" provider. Your response to the survey is extremely important and will provide us valuable feedback for how well Harris Health is supporting us as a customer.

We ask that you complete the survey by **Monday February 6, 2023**. Here is the link to the survey: <https://www.surveymonkey.com/r/DZ6KTPH>

Your time and support of this survey is greatly appreciated!

Thank you!

Epic Survey Responses

Total Responses

- 207 End Users (Average: 5.99%)

Staff Breakdown

- End Users: Physician, Nurse, Therapist, Director, Billing Office, Case Manager, Front Desk, Pharmacist, Manager/Supervisor

Common Responses from narrative responses

- Epic Timeout
- Training
- Reporting
- Workflow Complexity

Epic Survey Benchmarking Data

Survey Item	Participation Count	Harris Center Avg Rating	Epic Community Connect Avg	25th %ile	50th %ile	75th %ile
Would you recommend Epic to a peer?	207	6.22	6.79	6.50	7.12	7.70
Overall, how happy are you with Epic through Community Connect?	207	6.16	6.29	6.12	6.56	7.08
If you started using Epic within the last year, how would you rate the quality of your initial Epic training?	170	5.55	5.59	5.36	6.31	6.85
How would you rate the timeliness and quality of support you receive?	205	6.17	6.08	6.00	6.61	7.06
How would you rate the quality of your ongoing Epic training (e.g. tips on how to personalize Epic, Super User classes, upgrade previews, etc.)?	191	5.40	5.63	5.37	5.98	6.63
How would you rate support for reporting and analytics, including dashboards and other reporting tools?	205	5.88	5.82	5.53	6.07	6.66
How happy do you think you will be in two years?	206	6.43	6.60	6.46	6.79	7.22
Total	207	5.99	6.11			

Epic Community Connect Avg, Harris Center Avg Rating and Avg: Overall % difference from Avg: Overall Comparison by Survey Item

Would you recommend Epic to a peer?	6.22	-8.36%
Overall, how happy are you with Epic through Community Connect?	6.16	-2.08%
If you started using Epic within the last year, how would you rate the quality of your initial Epic training?	5.55	-0.66%
How would you rate the timeliness and quality of support you receive?	6.17	1.41%
How would you rate the quality of your ongoing Epic training (e.g. tips on how to personalize Epic, Super User classes, upgrade previews, etc.)?	5.40	-4.12%
How would you rate support for reporting and analytics, including dashboards and other reporting tools?	5.88	1.08%
How happy do you think you will be in two years?	6.43	-2.62%

Proposed Solutions to Narrative Concerns

Epic Timeout

- This is standard security set-up established by Harris Health Compliance and we are unable to change.

Training

- Operation specific training
- Additional staff Epic certified
- Increase number of Epic trainers
- Enhance Super User program

Reporting

- Training in house resources to better respond to reporting needs.

Workflow

- Concerns will be reviewed during Optimization.

Epic Project Statistics

Open Tickets

- As of 4/10, there are 150 open tickets.
 - Billing-59
 - Clinical Inpatient-13
 - Clinical Outpatient-34
 - Hardware/Printing-3
 - HIM-1
 - Patient Access-9
 - Pharmacy-11
 - Reporting-8
 - Security-9
 - Training-3

Optimization

- As of 4/10, there are 53 requests on the Optimization List.
 - 12 High Priority (4 are In Progress)
 - 19 Medium Priority
 - 22 Low Priority

Appendix: Epic Standard Survey Questions

End User Survey Questions

0-10 Likert Scale (0=Miserable/Never/Extremely Poor, 10=Ecstatic/Absolutely/Extremely Impressive)

1. Overall, how happy are you with Epic through Community Connect?
2. How happy do you think you will be in two years?
3. Would you recommend Epic to a peer?
4. If you started using Epic within the last year, how would you rate the quality of your initial Epic training?
5. How would you rate the quality of your ongoing Epic training?
6. How would you rate the timeliness and quality of support you receive?
7. How would you rate support for reporting and analytics, including dashboards and other reporting tools?
8. What do you like about your experience with Epic? (narrative)
9. What could be better? (narrative)

Thank you.

EXHIBIT F-11

COMMUNICATIONS RECOMMENDATION

March 2023



Program goals

- 1 Conduct an initial brand audit (Phase 1) to identify communication opportunities for the organization. Audit conducted in Summer 2022.
- 2 Provide general communications recommendation on how to move forward based on audit
- 3 Work with communications team on communications strategy to increase brand awareness

Methodology

- The Warring Group met with seven executives to conduct discovery interviews
- Online searches were also conducted to assess:
 - Media coverage
 - Online reviews
 - Google ads/SEO
 - Partner mentions
 - Executive awareness
 - Social media presence
 - Speaking opportunities
- The Warring Group was not able to assess:
 - On-site branding per location - did not visit each location
 - Print ads
 - Internal communication collateral (aside from anecdotes through interviews)
 - Printed collateral
 - What other mental health authorities are doing

Overall findings

- Confusion over the brand internally and externally
- Strong desire from team to clean up brand internally
- Strong desire from team to become the go-to resource for anything mental health or IDD
- The Harris Center has a passionate and dedicated workforce with great stories to tell
- Strong social media presence
- Opportunity for more storytelling
- Online reviews need attention
- The website has lots of good content. Recommend keyword refresh and SEO strategy.



Communication Recommendation

Elevating the mental health conversation

Elevating the awareness of The Harris Center

Protecting your brand

Elevating the mental health conversation

Elevating the conversation

- ★ Through the media
- ★ Through your own stories

Through the media

- Become the go-to source for local and national media for any mental health topic
- Regularly reach out to media to pitch proactive stories on programs
- Be available for reactive stories through media interviews or media statements
- Pitch Houston Chronicle and/or The Defender a mental health monthly column sponsored by the Harris Center
- Create a coverage tracking document to track all coverage, report on results and adjust media strategy



Through your own stories

Blog

- Start a regular blog highlighting mental health topics and patient stories, awareness days/weeks
 - This will help drive website SEO as well as drive content for social media
- "After the call" story series - focused on crisis line calls and showcasing "where are they now" stories.
- Leverage these stories in annual reports, when speaking and in a monthly newsletter to partners/community

Social media

- Continue leveraging Facebook, LinkedIn and Instagram to tell your story
- Encourage executives to be more active on LinkedIn to help amplify the message among colleagues and partners



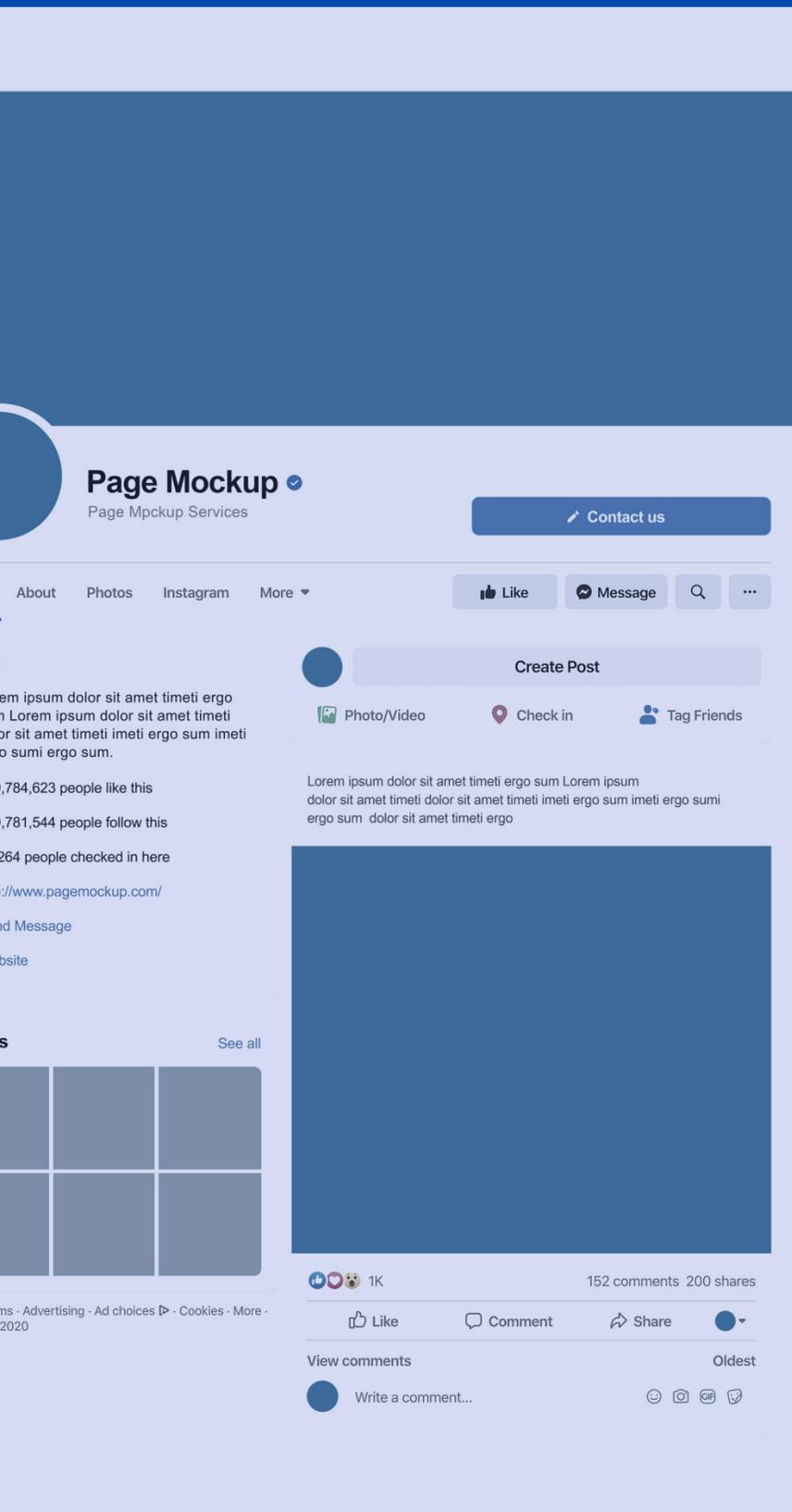
Elevating the awareness of the Harris Center



Step one: Get to know your patients, your community

Map the patient journey

- Who are they
- Where do they live
- How do they liked to be communicated to
- Where are your opportunities to drive brand awareness throughout their journey
- Look at communications with a cultural eye. Be culturally relevant.
 - Translate communications to Spanish and other needed languages



Step 2: Increase familiarity and credibility of your brand

To the masses:

- Facebook ads - recommend targeted zip codes and demographic information
- Google search campaign
- Display ads - reach consumers on websites they search
- Radio ads

To partners

- Foster relationships with referral sources
- Communicate to them regularly through newsletters, direct mail, social media



To the community

- Customized programs to market to the underserved
 - Heavy advertising in community locations in targeted communities (YMCA, Food Banks, etc).
 - Event sponsorships in the communities your serve
 - Health fair sponsorships in the communities you serve
- Google listings
 - Clean up listings so patient know where to find you
- Arm your internal ambassadors with consistent messages to share when they are in the community
- Identify ongoing list of mental health conferences to speak at
- Identify joint speaking ops with community partners

Protecting your brand

Be prepared to communicate in a crisis

- Be prepared to speak in the face of a crisis and identify our role in disasters, especially our role in supporting the community.
- Prepare a media spokesperson specifically for crisis situations that happen at The Harris Center
- Create media holding statements that can be ready to go for topics such as:
 - High-profile suicides
 - School shootings
 - Other gun violence incidents
 - Natural disasters
 - Other tragedies' that will make national news related to mental health



Monitor your daily narrative

- Monitor online reviews on a daily basis (Google, Glassdoor, Indeed, Facebook) to stay on top of what patients are saying
- Begin responding to all reviews positive or negative to show The Harris Center as an engaged brand
- Activate "Positive Review Program"
 - Launch proactive program to entice more recent review and more 5-star reviews
- Use reviews to identify areas for improvement.



Discussion

THANK YOU!



EXHIBIT F-12



THE HARRIS CENTER NORTHEAST COMMUNITY CLINIC

April 2023 Board Meeting



PROCESS

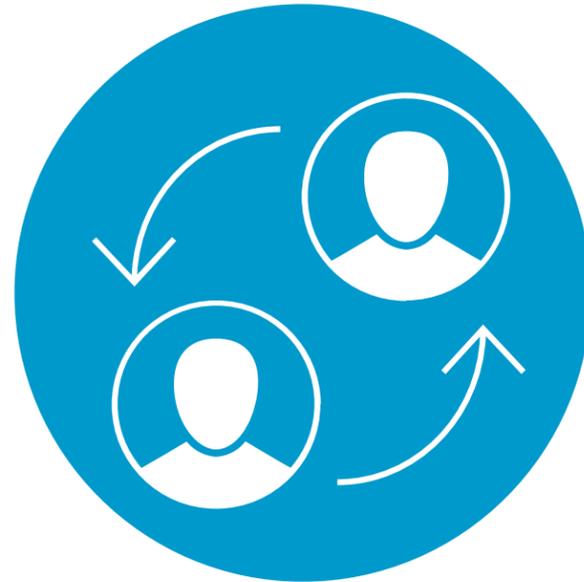
- 
- ESTABLISHED PRIORITIES AND GOALS
 - ASSESSED PATIENT AND STAFF FLOWS
 - DETERMINED SPATIAL NEEDS
 - ARRANGED BUBBLE DIAGRAMS
 - PLAN DIAGRAMS & TIME-USE ANALYSIS
 - SITE PLANNING

**ESTABLISH PRIORITIES
& GOALS**

1.



1. QUALITY & EFFICIENCY



2. HUMAN EXPERIENCE



3. SAFETY



4. TECHNOLOGY & INNOVATION



5. HEALTH & SUSTAINABILITY

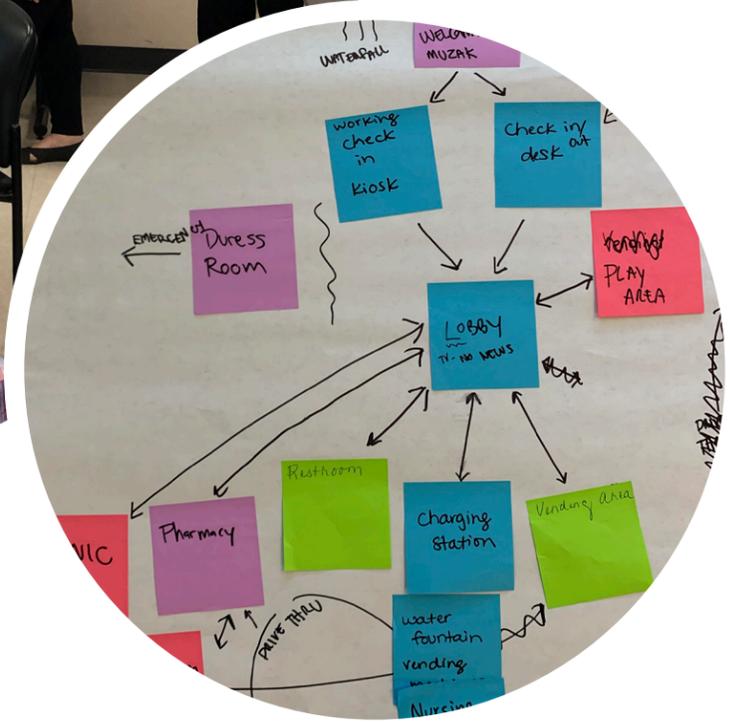


6. FLEXIBILITY & RESILIENCY

ANALYZE PATIENT & STAFF FLOWS

2.

MAPPING OUT PATIENT & STAFF FLOWS



SPATIAL NEEDS

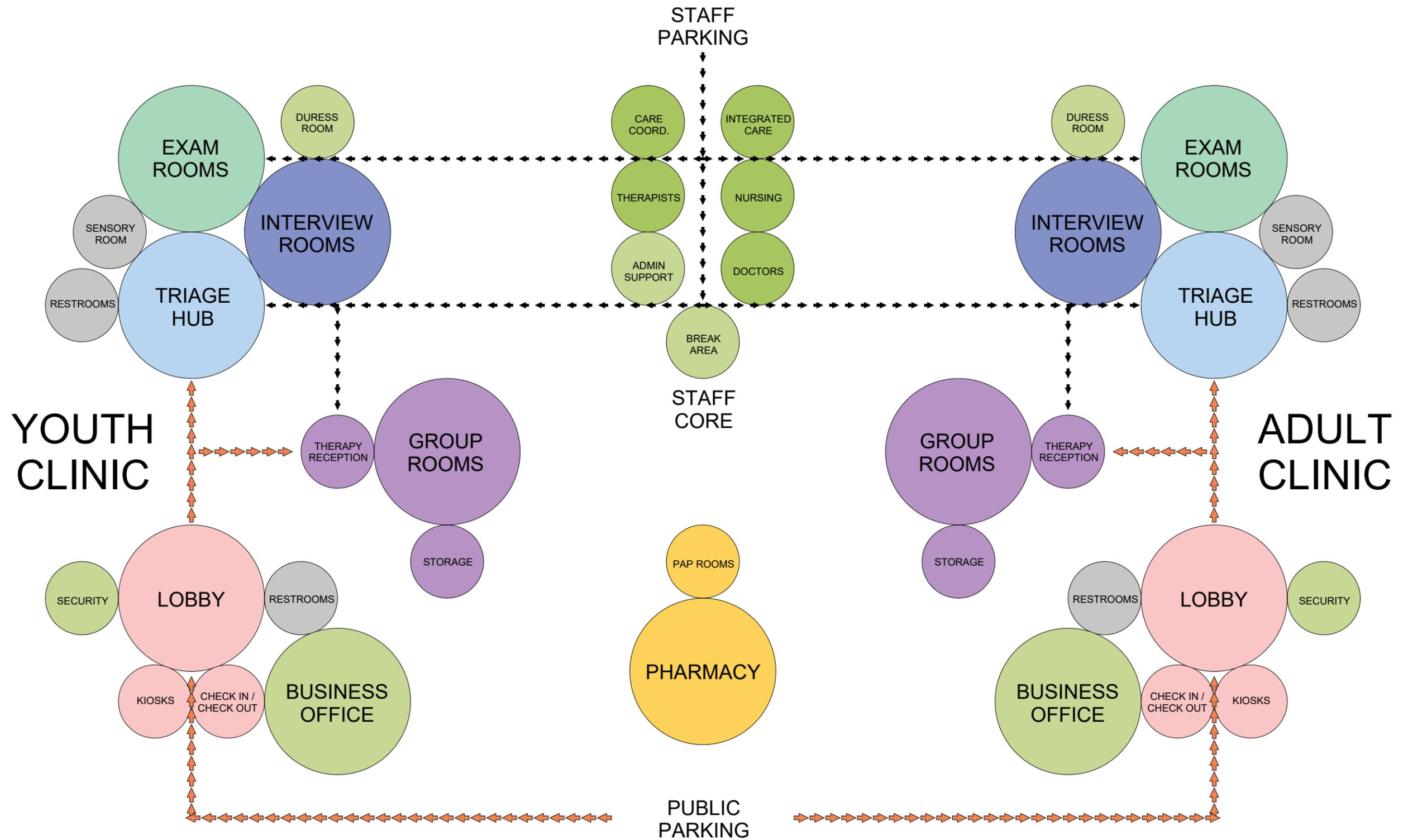
3.

SPATIAL NEEDS SPREADSHEET

SPACE REQUIREMENTS SUMMARY				
		Proposed		Expansion
Programed Spaces		Total (SF)		Area (SF)
ADULT MENTAL HEALTH Spatial Needs			11444	12588
INTEGRATED CARE Spatial Needs			1400	1540
NURSING Spatial Needs			3881	4269
BUSINESS OFFICE Spatial Needs			1764	1940
CHILD & ADOLESCENT SERVICES Spatial Needs			4808	5288
COMMUNITY CENTER Spatial Needs			12040	13244
PHARMACY Spatial Needs			2542	2797
SHARED Spatial Needs			4665	5131
	Total Net		42543	46798
BUILDING SUPPORT			6381	7020
	Total Gross		48925	53817

BUBBLE DIAGRAMS

4.



PLAN DIAGRAMS & TIME-USE ANALYSIS

5.



1. NORTHEAST COMMUNITY CLINIC
 TOTAL SQUARE FOOTAGE: 56,330 SF

SCALE: 1" = 10'-0"



Harris Center - Northeast Community Clinic - Consultation / Exam / Assessment Room Projection Needs

Latest Revision: April 13, 2023

Exam Room Calculations - Adult Clinic

Growth Rate **1.10**

	Basic Parameters						10% Growth Model - Rooms Required at Varying Utilization Rates							Growth Model - Exam Rooms Required At:				
	Current Workload	Target Workload	Avg Room Time	Days Per Year	Avail Min Per Exam/Year (8 hrs. day * 60min)	Total Room Minutes - Target Workload	100%	80%	70%	60%	50%	40%	30%	Total Room Minutes - Current Workload	Current Workload - 26,400 visits	25% Growth	50% Growth	75% Growth
	a	b=a*Growth Rate	c	d	e=d*8*60	f=b*c	g=f/e	h=g/70%	h=g/70%	i=g/60%	j=g/50%	k=g/40%	l=g/30%	f ¹ =a*c	m=e1/d	n=m*1.25		
Psych Intake	2,600	2,860	60	211	101,280	171,600	2.00	3.00	3.00	4.00	4.00	5.00	7.00	156,000	2.00	3.00	3.00	4.00
Medicine Maintenance Psychiatrist	5,500	6,050	15	211	101,280	90,750	1.00	1.25	1.43	1.67	2.00	2.50	3.33	82,500	1.00	2.00	2.00	2.00
Medicine Maintenance PA/APRN	5,500	6,050	30	211	101,280	181,500	2.00	2.50	2.86	3.33	4.00	5.00	6.67	165,000	2.00	3.00	3.00	4.00
Primary Care	500	550	30	211	101,280	16,500	1.00	1.25	1.43	1.67	2.00	2.50	3.33	15,000	1.00	2.00	2.00	2.00
Care Coordination	4,000	4,400	30	211	101,280	132,000	2.00	2.50	2.86	3.33	4.00	5.00	6.67	120,000	2.00	3.00	3.00	4.00
LPHA Assessment	3,000	3,300	90	211	101,280	297,000	3.00	3.75	4.29	5.00	6.00	7.50	10.00	270,000	3.00	4.00	5.00	6.00
Therapy - One to One	500	550	60	211	101,280	33,000	1.00	1.25	1.43	1.67	2.00	2.50	3.33	30,000	1.00	2.00	2.00	2.00
Nursing	4,000	4,400	30	211	101,280	132,000	2.00	2.50	2.86	3.33	4.00	5.00	6.67	120,000	2.00	3.00	3.00	4.00
Adjunct Services	800	880	60	211	101,280	52,800	1.00	1.25	1.43	1.67	2.00	2.50	3.33	48,000	1.00	2.00	2.00	2.00
Totals	26,400	29,040	45.00				15	19	22	26	30	38	50		15	24	25	30
Group Therapy	200	220	60	211	101,280	13,200	1.00	2.00	2.00	2.00	2.00	3.00	4.00	12,000	1.00	2.00	2.00	3.00

Notes:

Data from Harris Center NE Clinic:

- 1 -Overall 24,000 Patient Visits Existing Annual Visits
- 2 - 2,600 Estimate Patient Annual Visits Growth - 10%
- 3 - Monday through Friday - 7:30am to 5pm hours of operations - Consider 8 hours with 30 minute lunch break
4. Program Rooms 27 Total = 4 Exam/Triage Rooms; 18 Interview Rooms and 5 Primary Care Exam Rooms
5. 211 Days per Year Calculated as Provider Clinic Days = 5 Days x 52 Weeks/Yr = 260 - 49 Days for PTO, Holidays, etc.
6. 49 Days Out of Clinic = 22 vacation days, 10 personal, 5 education and 12 holidays

Patient Visits - Harris Center NE Clinic - 4/11/23 Existing Growth - 10%

Psych intake 1 hour	2600	2,860
Med maintenance psychiatrist 15 minutes	5500	6,050
Med maintenance PA/APRN 30 minutes	5500	6,050
Primary care 30 minutes	500	550
Care coordination 30 minutes	4000	4,400
Lpha assessment 1.5 hours	3000	3,300
Therapy 1 hour	500	550
Nursing 30 minutes	4000	4,400

SITE PLANNING

6.

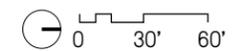
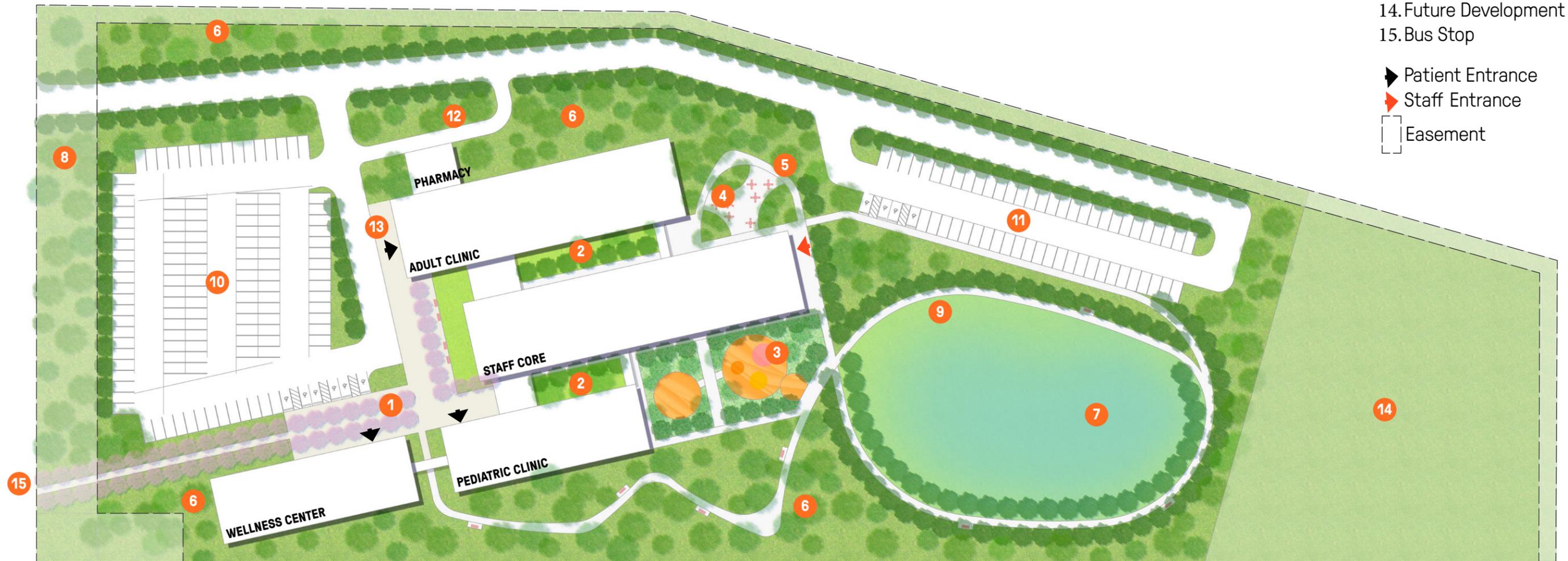
THE HARRIS CENTER FOR MENTAL HEALTH AND IDD NORTHEAST COMMUNITY

OPTION 1 ILLUSTRATIVE PLAN

KEY

- 1. Entry Plaza
- 2. Courtyard
- 3. Playground
- 4. Staff Garden
- 5. Outdoor Dining
- 6. Naturalized Area
- 7. Detention pond
- 8. Entry Signage
- 9. Meadow Walk
- 10. Parking (133)
- 11. Staff Parking (59)
- 12. Drive-through- 13. Drop-off
- 14. Future Development
- 15. Bus Stop

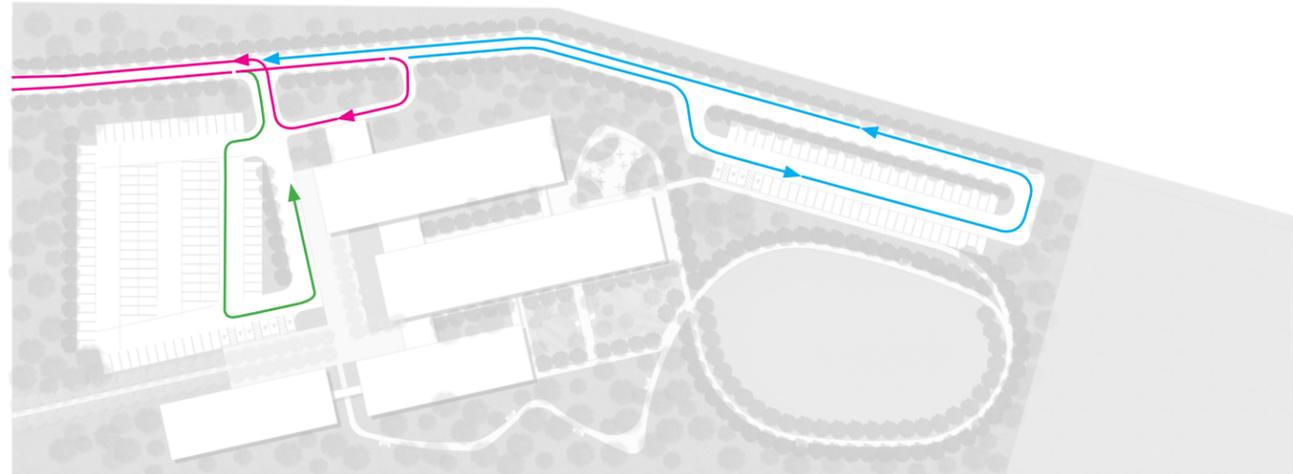
- ▶ Patient Entrance
- ▶ Staff Entrance
- Easement



THE HARRIS CENTER FOR MENTAL HEALTH AND IDD NORTHEAST COMMUNITY

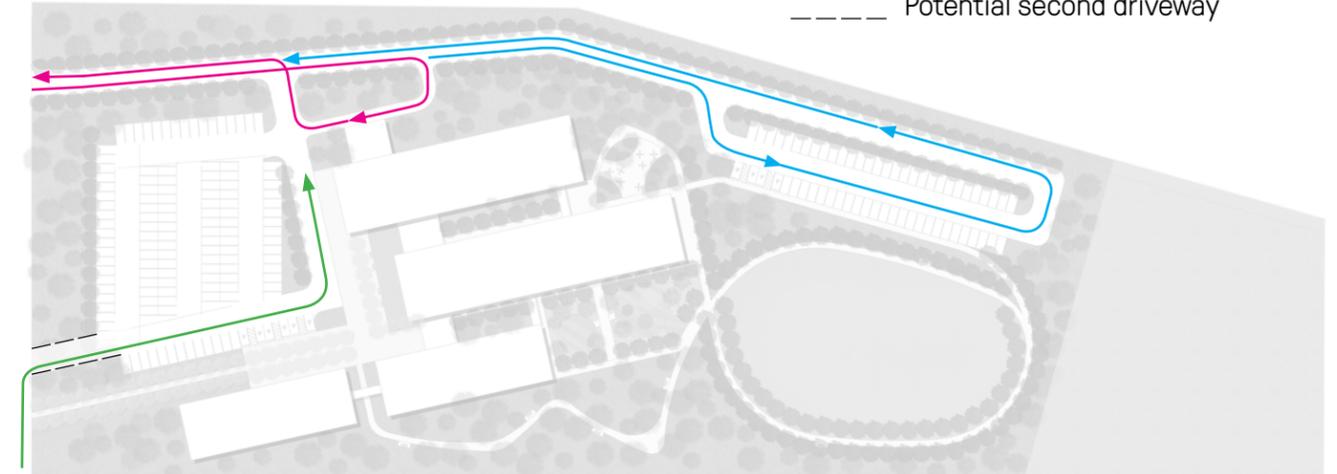
OPTION 1 CIRCULATION DIAGRAMS

- Staff parking route
- Pharmacy Drive-through route
- Drop-off route



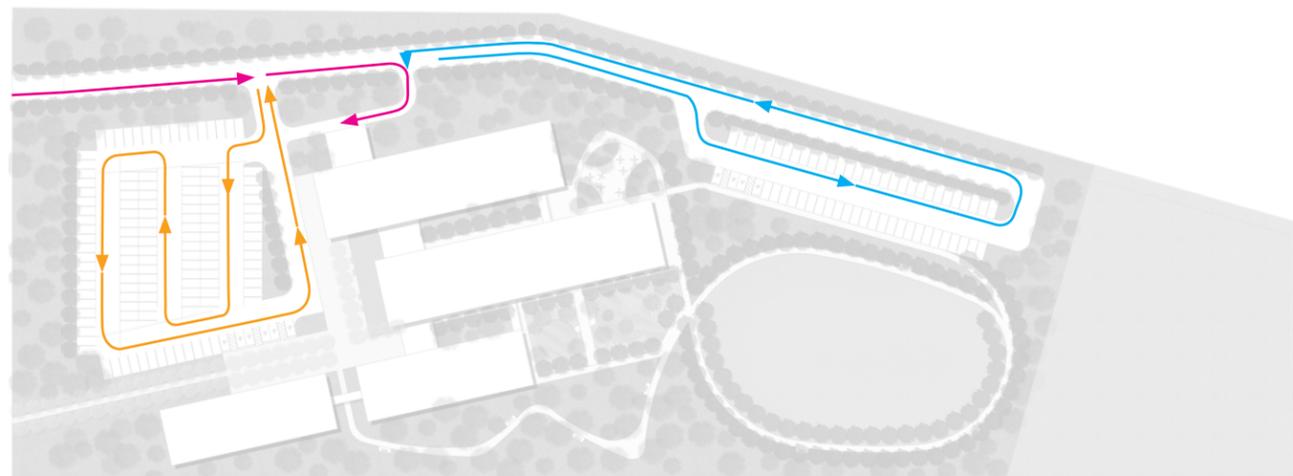
• DAILY USE, SINGLE DRIVEWAY OPTION

- Staff parking route
- Pharmacy drive-through route
- Drop-off route
- Potential second driveway



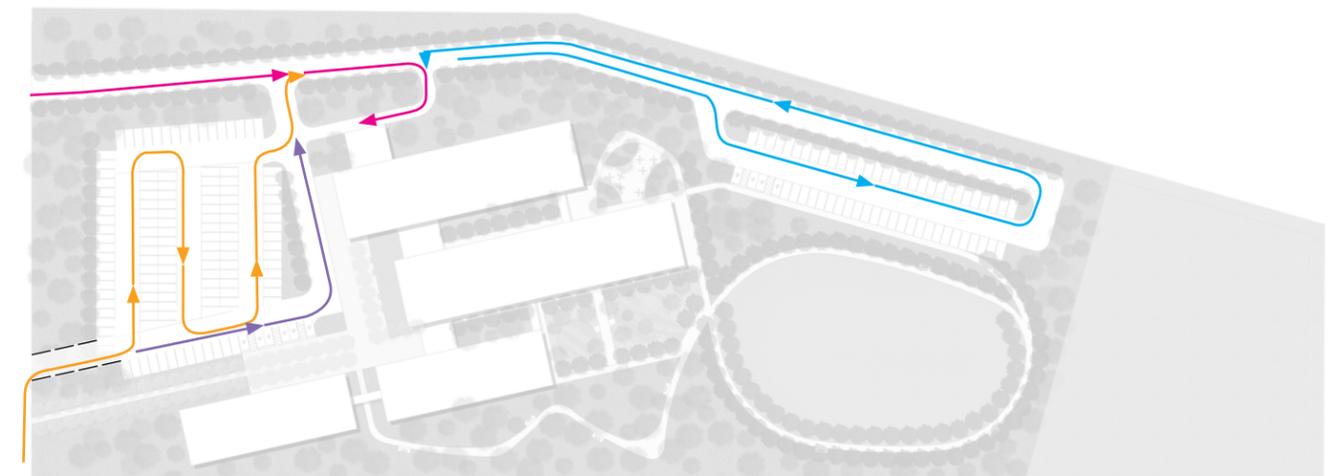
• DAILY USE, TWO DRIVEWAYS OPTION

- Disaster situation stack route OPT 1
- Disaster situation stack route OPT 2
- Disaster situation stack route OPT 3



• DISASTER DECLARATION USE, SINGLE DRIVEWAY OPTION

- Disaster situation stack route OPT 1
- Disaster situation stack route OPT 2
- Disaster situation stack route OPT 3
- Disaster situation stack route OPT 4
- Potential second driveway



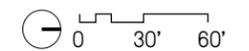
• DISASTER DECLARATION USE, TWO DRIVEWAYS OPTION

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD NORTHEAST COMMUNITY

OPTION 2 ILLUSTRATIVE PLAN

KEY

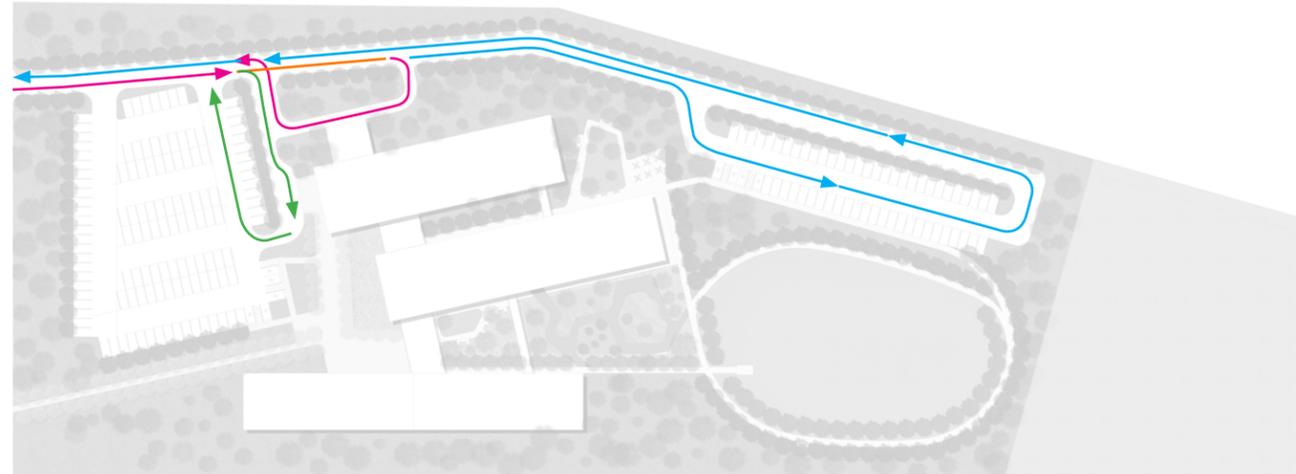
- 1. Entry Plaza
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- 7. Detention Pond
- 8. Entry Signage
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- 11. Staff Parking (59)
- 12. Drive-through
- 13. Drop-off
- 14. Future Development
- 15. Bus Stop
- ▶ Patient Entrance
- ▶ Staff Entrance
- ⌈ Easement



THE HARRIS CENTER FOR MENTAL HEALTH AND IDD NORTHEAST COMMUNITY

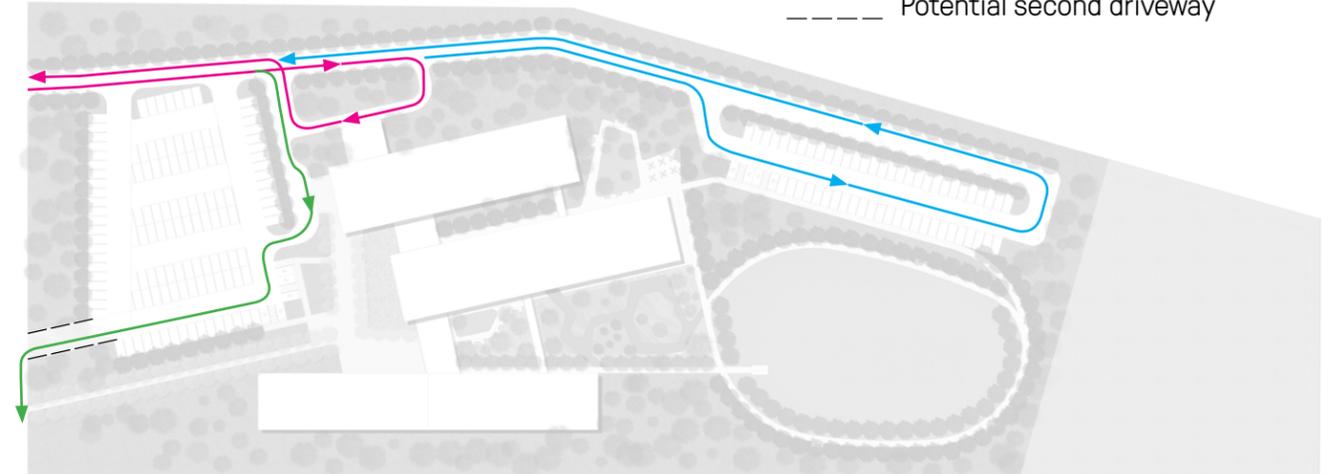
OPTION 2 CIRCULATION DIAGRAMS

- Staff parking route
- Pharmacy Drive-through route
- Drop-off route



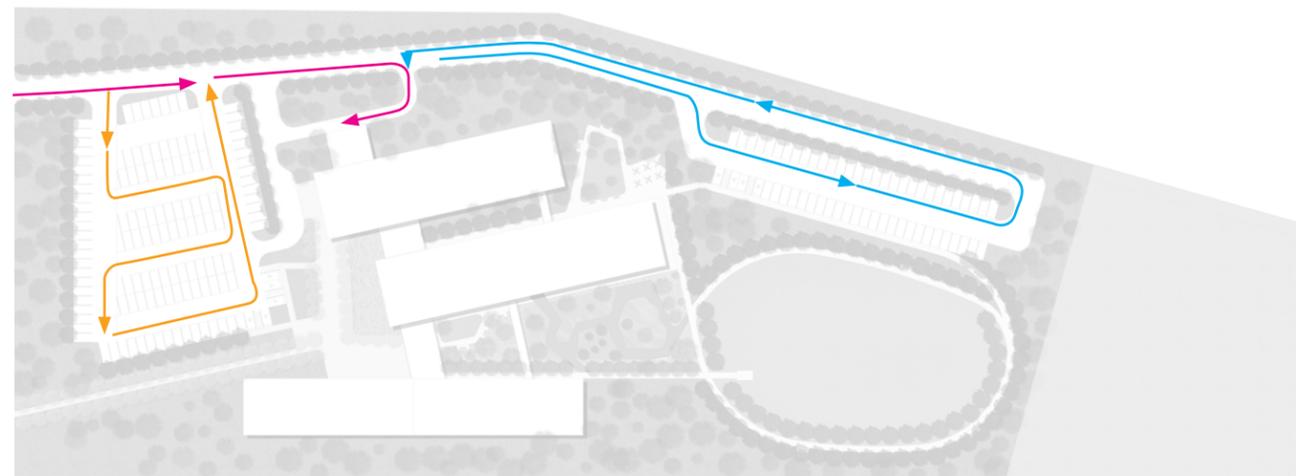
• DAILY USE, SINGLE DRIVEWAY OPTION

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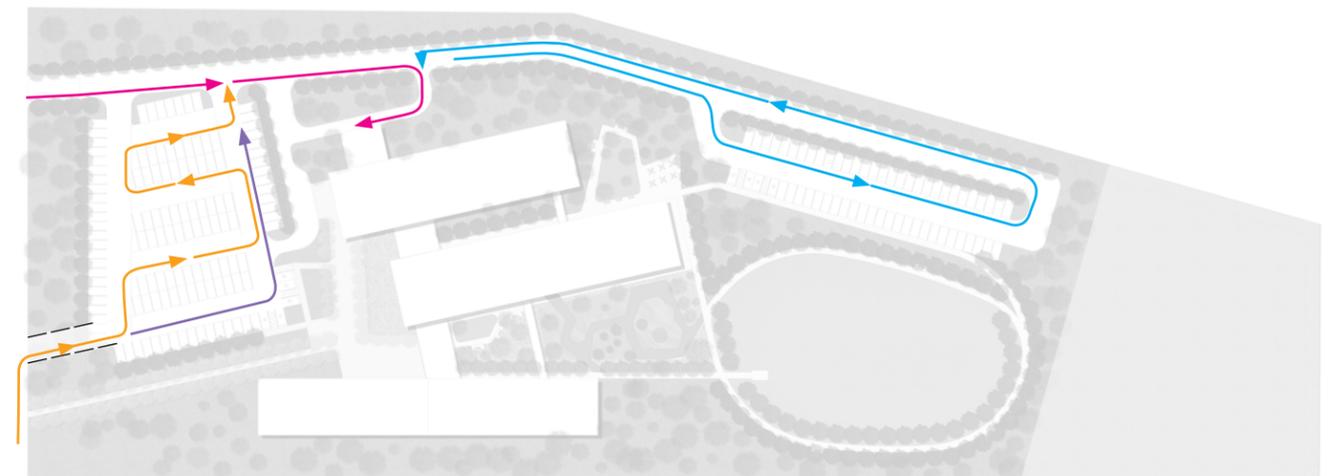
• DAILY USE, TWO DRIVEWAYS OPTION

- Disaster situation stack route OPT 1
- Disaster situation stack route OPT 2
- Disaster situation stack route OPT 3



• DISASTER DECLARATION USE, SINGLE DRIVEWAY OPTION

- Disaster situation stack route OPT 1
- Disaster situation stack route OPT 2
- Disaster situation stack route OPT 3
- Disaster situation stack route OPT 4
- Potential second driveway



• DISASTER DECLARATION USE, TWO DRIVEWAYS OPTION



800 Sampson St. #104, Houston TX 77003

telephone: 713.868.3121

email: dortiz@rdlr.com

EXHIBIT F-13

April 2023

NEW CONTRACTS UNDER 100k

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 NEW CONTRACTS						
	ADMINISTRATION						
1	Zero Overdose	License Agreement	\$5,000.00	03/27/2023-03/31/2024	GR	N/A	New license agreement for access the Overdose Safety Plan within Agency's EHR Epic System. Cost to pay one time licensing fee.
	CPEP/CRISIS SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	FORENSICS						
2	Pharmacy Partners of Texas, LLC	Pharmacy Services	\$15,000.00	04/01/2023 - 03/31/2024	State and County	Request for Quotes	New Pharmacy Agreement to provide Pharmacy Services to the Youth Diversion Center. Specifically to ensure appropriate packaging, barcode scanning and deliveries for youth participants with or without a pharmacy benefit or who may need medication during their stay at the Center.
	LEASES						
	MENTAL HEALTH SERVICES						

3/22/2023

Executive Contract Summary

Contract Section

Contractor *

Zero Overdose

Contract ID # *

N/A

Presented To *

- Resource Committee
 Full Board

Date Presented *

2/6/2023

Parties * (?)

The Harris Center for Mental Health and IDD and Zero Overdose

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 Copyright Permission, licensing fee |

3/22/2023

Funding Information * New Contract Amendment**Contract Term Start Date * (?)**

2/6/2023

Contract Term End Date * (?)

2/6/2033

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

One time, lifetime use of copyright material

Fiscal Year * (?)

2023

Amount * (?)

\$ 5,000.00

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 type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input checked="" type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

Contract Owner *

Trudy Leidich

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**

3/22/2023

Name *

Tom McCarry

Address *

Street Address

unknown

Address Line 2

City

Unknown

State / Province / Region

Unknown

Postal / Zip Code

unknown

Country

unknown

Phone Number *

929-444-2524

Email *

TMcCarry@ZeroOverdose.org

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1179	\$ 5,000.00	5510002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

\$5000.00 - one time licensing fee for the use of Overdose Safety Plan within our EHR Epic

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

2/7/2023

Budget Manager Approval(s)

3/22/2023

Approved by*Ricardo Campbell***Approval Date**

2/7/2023

Procurement Approval

File Upload (?)**Approved by**

Sign

Approval DateContract Owner Approval

Approved by*Trudy Leidich***Approval Date**

2/7/2023

Contracts Approval

Approved by*Belinda Stude***Approval Date**

2/9/2023

Final Board Report Comments

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

As part of the strategic plan work around substance use disorders, we would like to build the Overdose Safety Plan into our EHR for use on our clients with substance use disorders and distribute to those clients who receive Narcan, discharge from detox, or any other client who might have use for a plan like this. Owner has stated a one time \$5,000 fee for permission to build an electronic version.

Product/Service Description

N/A

3/22/2023

Revised Comments For Board Report* t.

Exclude this ECS from Board Report?*

Yes No



Executive Contract Summary

Contract Section

Contractor *

Pharmacy Partners of Texas, LLC

Contract ID # *

2023-0658

Presented To *

- Resource Committee
 Full Board

Date Presented *

3/21/2023

Parties * (?)

The Harris Center for MH and IDD and Pharmacy Partners of Texas, LLC

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other 3 competitive quotes reviewed by interdisciplinary team |

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

4/1/2023

Contract Term End Date * (?)

3/31/2024

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

1 year with renewals

Fiscal Year * (?)

2023

Amount * (?)

\$ 15,000.00

Funding Source *

Federal

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* (?)

Provide pharmacy services to Youth Diversion Center with appropriate packaging, barcode scanning and deliveries for patients with or without a pharmacy benefit, needing medication during their stay at the 6500 Chimney Rock Road, Youth Diversion Center location.

Contract Owner*

Monalisa Jiles

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 (?)

The Harris Center DPSA 3.9.23.pdf

134.57KB

Vendor/Contractor Contact Person

Name*

James Matthews

Address*

Street Address

15203 Exchange Drive

Address Line 2

Suite 536

City

Stafford

Postal / Zip Code

77477

State / Province / Region

TX

Country

United States

Phone Number*

800.378.9020

Email*

james.matthews@partnerspharmacy.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *

6500

Amount Charged to Unit *

\$ 15,000.00

Expense/GL Code No. *

547003

Budget Manager

Williams-Wesley, Sheenia

Secondary Budget Manager

Adams, Betty

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Babin, Angela

Submission Date

3/3/2023

Budget Manager Approval(s)



Approved by

Sheenia Williams-Wesley

Approval Date

3/3/2023

Procurement Approval



File Upload (?)

Approved by

Sharon Brauner

Approval Date

3/6/2023

Contract Owner Approval



Approved by

Monalisa Tites

Approval Date

3/7/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/16/2023

EXHIBIT F-14

April 2023

RENEWALS UNDER 100k

SNAPSHOT SUMMARY
 CONTRACT RENEWALS
 LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	FY2022 NTE AMOUNT	FY2023 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 CONTRACT RENEWALS							
	ADMINISTRATION							
1	EZLease, LLC	Lease Accounting Software	\$7,055.00	\$7,055.00	04/29/2023-04/28/2024	GR	Request for Quote	Annual renewal of Lease Accounting Software.
2	Health Mart Atlas, LLC	Pharmacy Services Administrative Organization	\$9,600.00	\$9,600.00	03/27/2023-03/28/2024	GR	Request for Quote	Annual renewal for pharmacy services administration organization/PBM Agreement for 3rd Party Billing.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
	LEASES							
	MENTAL HEALTH SERVICES							



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2022-0385

Contractor Name*

EZLease, LLC

Service Provided* (?)

Lease Accounting Software needed to aid in compliance with GASB 87 and GASB 96 pertaining to capitalization of right to use assets.

Renewal Term Start Date*

4/29/2023

Renewal Term End Date*

4/28/2024

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

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

Contract NTE* (?)

\$ 7,055.00

Rate(s)/Rate(s) Description

\$7,055 per year

Unit(s) Served*

1122

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT141994

Contract Requestor*

Steve Evans

Contract Owner*

Steve Evans

File Upload (?)

[http][SN007ZMR0D2KR6][v][EZLEase - ID 2022-0385 - Order] (6).pdf 890.8KB

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. *
1122	\$ 7,055.00	551002
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Fiscal Year * (?)	Amount * (?)
2023	\$ 7,055.00

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

Steve Evans

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Steve Evans

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/22/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2023

Contract ID#*

2020-0036

Contractor Name*

Health Mart Atlas, LLC

Service Provided* (?)

Pharmacy Services Administrative Organization
PBM Contracting Services.

Renewal Term Start Date*

3/27/2023

Renewal Term End Date*

3/27/2024

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 <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* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

\$200.00 per pharmacy

Unit(s) Served*

1135

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142593

Contract Requestor*

Teri Gleason

Contract Owner*

Angela Babin

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.*
1135	\$ 9,600.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Fiscal Year* (?)	Amount* (?)
2023	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes



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

 Yes No

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

Angela Babin

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Angela Dabir

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/30/2023

EXHIBIT F-15

April 2023

AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section


Contractor*

HEADSPACE Inc

Contract ID #*

2021-0289

Presented To*

- Resource Committee
 Full Board

Date Presented*

2/28/2023

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/7/2023

Contract Term End Date* (?)

4/6/2024

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

4/7/2023 - 4/6/2024

Current Contract Amount*

\$ 27,600.00

Increase Not to Exceed*

\$ 1,380.00

Revised Total Not to Exceed (NTE)*

\$ 28,980.00

Fiscal Year* (?)

2024

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* (?)

CORRECTED VERSION - The amount of the contract is based on staffing levels each year. Since the number of employees increased, the contract needs to be amended.

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

4/7/2022 - 4/6/2023 - access to individual Headspace accounts - meditation app

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Headspace Inc

Address*

Street Address

2415 Michigan Avenue

Address Line 2

City

Santa Monica

State / Province / Region

CA

Postal / Zip Code

90404-4088

Country

US

Phone Number*

7139077228

Email*

brooke@headspace.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 1,380.00	549005
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

12.80 per employee on 2300 employees

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

3/20/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

3/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Approval Date

3/20/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/23/2023



Executive Contract Summary

Contract Section

Contractor *

Carole Ward

Contract ID # *

2021-0241

Presented To *

- Resource Committee
 Full Board

Date Presented *

4/18/2023

Parties * (?)

Carol Ward, 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 * (?)

9/1/2022

Contract Term End Date * (?)

8/31/2023

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

Current Contract Amount *

\$ 16,000.00

Increase Not to Exceed *

\$ 8,000.00

Revised Total Not to Exceed (NTE) *

\$ 24,000.00

Fiscal Year* (?)
2023

Amount* (?)
\$ 24,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Individual received additional hours on plan.

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*

9/1/2022 - 8/31/2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Carole Ward

Address*

Street Address

11900 Oakmoor Parkway

Address Line 2

City

Houston

Postal / Zip Code

77051

State / Province / Region

TX

Country

US

Phone Number*

3462459637

Email *

wardcarole84@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	\$ 2,000.00	543009
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

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

Provide Rate and Rate Descriptions if applicable * (?)

\$10.00 per hour

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Anthony, Patrina

Submission Date

3/6/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

3/6/2023

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/6/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/7/2023



EXHIBIT F-16

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



Executive Contract Summary

Contract Section

Contractor*

A Place To Stand Corporation

Contract ID #*

2023-0662

Presented To*

- Resource Committee
 Full Board

Date Presented*

3/1/2023

Parties* (?)

The Harris Center for Mental Health and A Place to Stand Corporation

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

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

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***

Elaine Shanks

Address *

Street Address

10039 Bissonnet Street suite 109

Address Line 2

City

Houston

Postal / Zip Code

77036-7854

State / Province / Region

TX

Country

US

Phone Number *

713.505.9166 Fax 713.969.4841

Email *

aplacetostandhcs@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager

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

3/10/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

3/10/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/10/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/16/2023



Executive Contract Summary

Contract Section



Contractor*

Avant Residential Community Services

Contract ID #*

2023-0669

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/27/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Avant Residential Community 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 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* (?)

3/27/2023

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* (?)

- | | |
|--|---|
| <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

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***

Fabiola Ramirez, COO

Address*

Street Address

1701 East Avenue

Address Line 2

City

Katy

Postal / Zip Code

77493-1642

State / Province / Region

TX

Country

US

Phone Number*

281.934.3333 or 832.986.2211

Email*

fabiola@avantrcs.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

See the uploaded document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Wills, Thomas

Submission Date

3/27/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

3/28/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/28/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

3/28/2023

EXHIBIT F-17

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

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

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

B

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

C

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

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

D

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

E

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

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

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

K**L**

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

M

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

N**N**

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

O

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

P

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

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

Q

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

R

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

S

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

T

TAC Texas Administrative code
 TANF Temporary Assistance for Needy Families
 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