

Full Board Meeting
May 23, 2023
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, April 25, 2023
(EXHIBIT F-1)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Resource Committee Report and/or Action
(G. Wornack, Chair)
 - B. Quality Committee Report and/or Action
(G. Santos, Chair)
 - C. Program Committee Report and/or Action
(B. Hellums, Chair)
 - D. Audit Committee Report and/or Action
(R. Gearing, Chair)
 - E. Foundation Committee Report and/or Action
(J. Lykes, Chair)
- VI. CONSENT AGENDA**
 - A. FY22 Year-to-Date Budget Report-April
(EXHIBIT F-2 Vanessa McKeown)
 - B. May 2023 Amendments Over 100K
(EXHIBIT F-3 Silvia Tiller)
 - C. May 2023 Interlocal Agreements
(EXHIBIT F-4 Silvia Tiller)
 - D. Board Signature Authorization and Delegation of Authority
(EXHIBIT F-5 Vanessa McKeown)
 - E. Payment of COVID-19 Expenses from COVID-19 eFMAP Reserve
(EXHIBIT F-6 Vanessa McKeown)
 - F. Recommendation #433R-Eileen Lam as Self Advocate membership to IDD-PAC
(EXHIBIT F-7 Evanthe Collins)
 - G. Recommendation to #434R-Dr. Williams Schnapp as Self Advocate membership to IDD-PAC
(EXHIBIT F-8 Evanthe Collins)
 - H. Facilities Project Update

(EXHIBIT F-9 Carrie Rys/Todd McCorquodale)

VII. CONSIDER AND TAKE ACTION

- A. Physician Assistant, Advanced Practice Registered Nurse,
Pharmacist Delegation
(EXHIBIT F-10 Wayne Young)

VIII. REVIEW AND COMMENT

- A. Legislative Update
(Amanda Jones)

IX. BOARD CHAIR'S REPORT

X. EXECUTIVE SESSION

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

• In accordance with §551.071 of the Texas Government Code, to seek legal advice from attorney related to Inpatient Beds for Patients with IDD Services. S. Zakaria, Board Chair and Kendra Thomas, General Counsel.

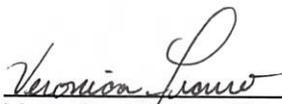
XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. May 2023 New Contracts Under 100K
(EXHIBIT F-11)
- B. May 2023 Amendments Under 100K
(EXHIBIT F-12)
- C. May 2023 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT F-13)
- D. Abbreviations List
(EXHIBIT F-14)

XIV. ADJOURN



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



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

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: April 25, 2023

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

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

I. Declaration of Quorum

Mr. S. Zakaria, Chair, called the meeting to order at 9:32 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: MOORE SECOND: MILLER

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, March 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 and the decisions made at the Resource Committee meeting on April 18, 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 April 18, 2023.
- C. Program Committee Report and/or Action-G. Santos, Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Program Committee meeting on April 18, 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 April 25, 2023.
- E. Foundation Committee Report and/or Action-J. Lykes, Chair
Mr. Lykes provided the Board of Trustees with an update about the Foundation.

VI. Consent Agenda

- A. Approve FY'22 Year-to-Date Budget Report-March
- B. April 2023 New Contracts Over 100K
- C. April 2023 Contract Amendments Over 100K
- D. April 2023 Contract Renewals Over 100K
- E. April 2023 Interlocal Agreements
- F. Delegation in the absence of the Chief Executive Officer (CEO)
- G. Infection Control Plan
- H. Physician Assistant, Advanced Practice Registered Nurse, and Intellectual Development Disabilities

MOTION: Mr. Lykes moved to approve Consent Agenda items except Consent Agenda item H, Exhibit F-9 Physician Assistant, Advanced Practice Registered Nurse, and Intellectual Development Disabilities

SECOND: Dr. Santos seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A-G are approved. Consent Agenda Item H/Exhibit F-9 was tabled and will be reviewed in one month.

VII. Review and Comment

- A. EPIC Update-**Mustafa Cochinwala presented the EPIC Update to the Full Board.
- B. Warring Update-**Christy Warring and Nicole Lievsay presented the Warring Update to the Full Board.
- C. RDLR Architects-** RDLR Architects representatives presented the RDLR Architects update to the Full Board.
- D. Legislative Update-**Amanda Jones presented the Legislative Update to the Full Board.

VIII. Executive Session –There were no Executive Session agenda items.

IX. Reconvene into Open Session

X. ADJOURN

MOTION: GEARING SECOND: HELLUMS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at **11:44 AM.**

Respectfully submitted,

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

EXHIBIT F-2

Financial Report for Month Ended April 2023

Presented to Board Resource Committee May 16, 2023

Presented By: Vanessa McKeown, Chief Financial Officer



The Harris Center for Mental Health and IDD

Financial Report
For the Eighth Month and Year to Date Ended April 30, 2023

Fiscal Year 2023

Presented to the Resource Committee of the Board of Trustees on May 16, 2023

The Harris Center for Mental Health & IDD

May 16, 2023

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

The monthly financial report for April 30, 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: 2023.05.08 16:04:57 -05'00'

Steve Evans
Controller

**The Harris Center for Mental Health and IDD
 Financial Summary
 For the Eighth Month and Year to Date Ended April 30, 2023**

Month (,000)			
	Actual	Budget	Variance
Revenues	\$ 27,948	\$ 26,109	\$ 1,839
Expenditures	26,912	26,680	(233)
Excess of Revenues over (under) Expenditures before Other Sources	<u>\$ 1,035</u>	\$ (570)	\$ 1,606

Year-to-date (,000)			
	Actual	Budget	Variance
Excess of Revenues over (under) Expenditures after Other Sources	\$ 1,238	\$ 845	\$ 393

The Harris Center for Mental Health and IDD
Comparison of Revenue and Expenses - Actual to Budget
For the Eighth Month and Year to Date Ended April 30, 2023

	Month Ended April 30, 2023				Eight Months Ended April 30, 2023			
	Actual	Budget	Variance		Actual	Budget	Variance	
			Favorable or (Unfavorable)				Favorable or (Unfavorable)	
		\$	%	\$	%	\$	%	
Total Revenues:								
Harris County and Local	\$ 5,823,378	\$ 5,005,558	\$ 817,820	16%	\$ 42,576,554	\$ 40,112,226	\$ 2,464,328	6%
PAP / Samples	707,003	420,000	287,003	68%	6,542,368	4,340,000	2,202,368	51%
Interest	414,146	129,940	284,206	c 219%	1,432,023	1,039,518	392,505	38%
State General	9,584,026	9,507,036	76,990	1%	76,377,846	76,056,141	321,705	0%
State Grants	887,511	1,220,606	(333,095)	d -27%	9,000,605	9,764,832	(764,227)	-8%
Federal Grants	3,152,201	3,156,909	(4,709)	0%	25,932,548	28,622,991	(2,690,443)	-9%
Directed Payment Program	817,840	817,840	0	0%	6,542,722	6,542,720	2	0%
Charity Care Pool	4,158,429	3,366,382	792,047	24%	28,515,149	26,931,056	1,584,093	6%
3rd party billings	2,403,339	2,485,064	(81,725)	e -3%	17,841,190	19,880,371	(2,039,181)	-10%
Total Revenue	27,947,873	26,109,335	1,838,537	f 7%	214,761,007	213,289,855	1,471,152	1%
Total Operating Expenses:								
Salaries and Fringe	19,145,538	18,951,614	(193,925)	g -1%	156,707,087	154,268,777	(2,438,310)	-2%
Travel	180,916	137,012	(43,904)	-32%	1,186,167	1,210,503	24,336	2%
Contracts and Consultants	1,894,859	1,957,150	62,291	3%	14,090,475	15,663,062	1,572,587	10%
HCPC Contract	2,331,258	2,322,734	(8,524)	0%	18,591,406	18,581,872	(9,534)	0%
Supplies and Drugs	1,243,961	1,084,415	(159,546)	h -15%	10,206,676	8,692,140	(1,514,536)	-17%
Equipment (Purch, Rent, Maint)	319,781	521,142	201,361	39%	3,874,816	4,184,245	309,429	7%
Building (Purch, Rent, Maint)	340,966	494,816	153,850	31%	2,572,599	3,959,887	1,387,288	35%
Vehicle (Purch, Rent, Maint)	189,722	85,288	(104,434)	i -122%	656,970	684,115	27,145	4%
Telephone and Utilities	315,624	287,176	(28,448)	-10%	2,444,989	2,297,325	(147,664)	-6%
Insurance, Legal, Audit	181,782	175,569	(6,213)	-4%	1,374,002	1,424,829	50,827	4%
Other	768,047	662,871	(105,176)	j -16%	5,751,931	5,343,997	(407,934)	-8%
Total Operating Expenses	26,912,455	26,679,787	(232,668)	k -1%	217,457,119	216,310,752	(1,146,367)	-1%
Excess of Revenues over (under)								
Operating Expenditures before Other Sources	1,035,418	a (570,452)	1,605,870		(2,696,112)	(3,020,897)	324,785	
Capital Expenses from fund balance Capex	343,518	-	(343,518)		3,081,840	-	(3,081,840)	
Funds from other sources:								
Use of fund balance - CapEx	344,273	-	344,273	i	3,061,557	-	3,061,557	
Use of fund balance - COVID-19	-	-	-		-	-	-	
Fund Balance DSRIP	483,276	483,276	-		3,866,208	3,866,208	-	
Insurance Proceeds	5,538	-	5,538		63,057	-	63,057	
Proceeds from Sale of Assets	-	-	-		25,285	-	25,285	
Excess of Revenues over (under)								
Total Expenditures after Other Sources	\$ 1,524,987	\$ (87,176)	\$ 1,612,163		\$ 1,238,156	\$ 845,311	\$ 392,845	

The Harris Center for Mental Health and IDD
Comparative Balance Sheet
As of April 30, 2023

	Ending Balance		Increase/(Decrease)	
	March 31, 2023	April 30, 2023	April	
Assets				
Cash and Cash Equivalents	\$ 129,858,734	\$ 114,290,055	\$ (15,568,679)	a
Inventory - includes RX	412,498	403,335	(9,163)	b
Prepaid Expenses	5,264,618	4,641,369	(623,250)	c
A/R Medicaid, Medicare, 3rd Party	12,902,190	13,533,921	631,731	
Less Bad Debt Reserve	(4,065,761)	(3,707,232)	358,529	
A/R Other	<u>23,655,194</u>	<u>21,622,129</u>	<u>(2,033,065)</u>	d
Total Current Assets	<u>168,027,474</u>	<u>150,783,577</u>	<u>(17,243,897)</u>	
Right of Use Asset (Lease)	1,933,770	1,933,770	-	
Land	12,697,202	12,693,783	(3,419)	
Building	25,389,494	25,389,494	-	
Building Improvements	21,199,392	21,199,392	-	
Furniture and Fixtures	6,892,446	6,892,446	-	
Vehicles	1,029,774	1,155,069	125,295	
Construction in Progress	<u>23,343,658</u>	<u>23,688,731</u>	<u>345,073</u>	
Total Property, Plant & Equipment	<u>92,485,736</u>	<u>92,952,685</u>	<u>466,949</u>	
TOTAL ASSETS	<u>\$ 260,513,210</u>	<u>\$ 243,736,262</u>	<u>\$ (16,776,948)</u>	
Liabilities and Fund Balance				
Unearned Income	\$ 58,730,082	\$ 44,552,530	\$ (14,177,551)	e
Accrued Payroll and Accounts Payables	17,158,369	13,400,340	(3,758,029)	f
Lease Liability - Current	511,404	511,404	-	
Current Portion Long Term Debt	-	-	-	
Total Current Liabilities	<u>76,399,855</u>	<u>58,464,275</u>	<u>(17,935,580)</u>	
State Escheatment Payable	55,995	50,242	(5,754)	
Lease Liability - Long Term	853,289	853,289	-	
Lease-Accrued Interest	<u>5,964</u>	<u>5,964</u>	<u>-</u>	
Total Non Current Liabilities	<u>915,248</u>	<u>909,494</u>	<u>(5,754)</u>	
TOTAL LIABILITIES	<u>77,315,103</u>	<u>59,373,769</u>	<u>(17,941,334)</u>	
General Fund Balance	18,134,536	18,143,699	9,163	g
Nonspendable				
Investment in Inventories	412,498	403,335	(9,163)	
Investment In Fixed Assets	92,485,736	92,952,685	466,949	
Assigned:				
Current Capital Projects	7,966,698	7,622,425	(344,273)	
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	54,999,543	54,516,267	(483,276)	h
COVID-19 eFMAP Reserve	904,067	904,067	-	
Compensated Absences	<u>4,854,354</u>	<u>4,854,354</u>	<u>-</u>	
Total	183,484,938	183,124,337	(360,600)	
Year to Date Excess Revenues over (under) Expenditures	(286,831)	1,238,156	1,524,987	
TOTAL FUND BALANCE	<u>183,198,106</u>	<u>184,362,493</u>	<u>1,164,387</u>	
TOTAL LIABILITIES AND FUND BALANCE	<u>\$ 260,513,210</u>	<u>\$ 243,736,262</u>	<u>\$ (16,776,947)</u>	

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended April 30, 2023

- I. Comparison of Revenue and Expenses
 - a. For the month of April 2023, the eighth month of the fiscal year, the Harris Center is reporting excess operating Revenues over Expenditures of \$1,035,418 before funds from other sources are considered.
 - b. The year-to-date amount translates to Excess Revenues over Expenses of \$1,238,156 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. Interest Revenue is favorable to budget by \$284,206 due to higher cash and investment balances associated with recent receipt of Charity Care Pool and County General allocation funds.
 - d. State Grants are unfavorable to budget by \$333,095 due to unspent construction funds in the Healthy Community grant. ECI grant funds are also down for the month due to offsetting patient insurance collections.
 - e. Third Party billings are unfavorable to budget by \$81,725.
 - f. Total Revenue is favorable to budget by \$1,838,537.
 - g. Salaries and Fringe are unfavorable to budget by \$193,925 primarily due to positions filled with grant funds awarded after approval of the original budget.
 - h. Supplies and Drugs are unfavorable to budget by \$159,546 due to greater use of PAP drugs than projected. PAP drugs are recognized as expenses in Supplies and Drugs but are offset by PAP Revenue in the financials.
 - i. Vehicles are unfavorable to budget by \$104,434 due to 50% down payment on the Mobile Crisis Response Unit Wellness vehicle purchased from Texas Bus Sales.
 - j. Other is unfavorable to budget by \$105,176 primarily due to a change in internal amortization policy where certain expenses are full recognized in the period incurred.
 - k. Total Operating Expenses are unfavorable to budget by \$232,668.
 - l. Funds from other sources used to fund current month expenses totaled \$833,088 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 April 30, 2023

II. Comparative Balance Sheet

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

	Ending Balance		Increase (Decrease)
	3/31/2023	4/30/2023	April
Cash-General Fund Bank of America	7,597,673	6,907,051	\$ (690,621)
Cash-General Fund Chase	34,470,963	23,354,169	(11,116,794)
Cash-SSI Chase	18,896	23,156	4,260
Cash-BOA ACH Vendor	225,776	689,869	464,093
Cash-Pharmacy Chase	299,177	521,010	221,834
Cash-FSA-Discovery	153,407	152,455	(951)
Petty Cash/Pharmacy Cash Drawer	5,950	5,950	-
Investments-TexPool General Fund	1,028,814	1,032,872	4,058
Investments-TexPool Self Insurance	2,351,170	2,360,442	9,273
Investments-TexPool Prime	41,845,634	42,017,312	171,678
Investments-Texas Class	41,861,276	37,225,768	(4,635,508)
	<u>\$ 129,858,734</u>	<u>\$ 114,290,055</u>	<u>\$ (15,568,679)</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)
	3/31/2023	4/30/2023	April
Inventory-Central Supplies	2,561	2,561	\$ -
Supplies Purchased	37,500	37,500	\$ -
Supplies Used	(23,225)	(32,388)	(9,163)
Inventory-Drugs	395,662	395,662	-
Total Inventory	<u>\$ 412,498</u>	<u>\$ 403,335</u>	<u>\$ (9,163)</u>

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

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended April 30, 2023

II. Comparative Balance Sheet (continued)

d. Accounts Receivable Other decreased in April.

	Ending Balance		Increase (Decrease)
	3/31/2023	4/30/2023	April
Villas at Bayou Park	104,536	104,536	-
Pear Grove	63,185	63,185	-
Pasadena Cottages	114,941	121,243	6,303
Employee	(677)	(677)	-
Pecan Village	4,401	4,401	-
Acres Homes Garden	237,607	242,222	4,615
Foundation	326	596	270
NAMI of Greater Houston	56	146	90
General Accounts Receivable	894,753	916,662	21,910
Pharmacy PBM	123,681	158,825	35,144
Cobra Premiums	(499)	(499)	-
Harris County Projects	1,014,137	1,188,220	174,083
Harris County Juvenile Probation	448,756	510,793	62,036
AR Fed SAMHSA - CHRP	2,574	5,272	2,698
Harris County Community Supervision	909,901	896,343	(13,557)
Harris County Sheriff's Department	5,901,432	6,204,112	302,680
ICFMR	247,112	261,056	13,945
TCOOMMI-Special Needs	726,292	757,525	31,232
TDCJ-Parole	82,000	82,000	-
TDCJ-Substance Abuse	66,668	66,668	-
TCOOMMI-Juvenile	97,484	151,967	54,483
Jail Diversion	4,848,708	2,144,193	(2,704,515)
ECI	1,751,885	759,224	(992,661)
ECI Respite	-	-	-
ECI SNAP	19,893	23,178	3,285
Federal CHH Navigation	-	-	-
Federal Aot	154,486	41,516	(112,970)
ARPA-COH-MCOT RR Expansion	838,256	1,175,011	336,755
ARPA-COH-Core HPD Expansion	178,020	178,349	330
Fed SAMHSA CCBHC Expansion	73,120	(0)	(73,120)
AR Fed ARPA TPWD Fam Well Ctr	396,389	411,412	15,023
AR Fed ARPA ECI	28,573	31,186	2,613
PATH-Mental Health Block Grant	203,237	191,551	(11,686)
MH Block Grant-Coordinated Specialty	143,866	230,191	86,325
Subtotal, A/R-Other	\$ 19,675,097	\$ 16,920,408	\$ (2,754,689)

The Harris Center for Mental Health and IDD
Notes to the Preliminary Financial Reports
For Month and Year to Date Ended April 30, 2023

II. Accounts Receivable Other (Continued)	Ending Balance		Increase (Decrease)
	3/31/2023	4/30/2023	April
DSHS SAPT Block Grant	71,453	54,197	(17,256)
AR State TCMHCC	-	-	-
Enhanced Community Coordinator	85,430	63,155	(22,274)
DSHS Mental Health First Aid	21,600	13,400	(8,200)
HHSC ZEST-Zero Suicide	27,386	100,625	73,239
HCC Open Door	232,802	262,006	29,205
HCS	22,416	22,416	-
Tx Home Living Waiver	330,791	339,477	8,686
DPP-BHS	752,657	966,664	214,007
Charity Care Pool	(0)	(0)	-
Fed ARPA COF-CIRT HPD	37,173	39,472	2,299
Helpline Contracts	79,489	95,063	15,574
City of Houston-CCSI	50,537	50,537	-
City of Houston-DMD	18,667	18,667	-
City of Houston-911 CCD Amended	39,395	19,167	(20,228)
A/R - HHSC Projects	2,210,301	2,656,874	446,573
Local Be Well Be Connected	-	-	-
Grand Total A/R - Other	<u>\$ 23,655,194</u>	<u>\$ 21,622,129</u>	<u>\$ (2,033,065)</u>

- e. Unearned Income decreased due to use of State GR and County General Allocation funds.
- f. Accrued Payroll and Accounts Payable decreased because of payment timing related to accounts payable, payroll, and employee fringe benefit liabilities.
- g. General Fund Balance increased due to 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 \$54,516,267.
- i. Days of Operations in Reserve for Total Agency is 100 days versus 98 days for the prior month.

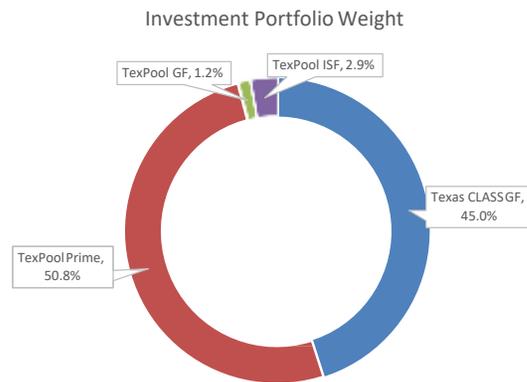
III. Investment Portfolio

- a. Total investments as of April 30, 2023 are \$82,636,393 of which 100% is in government pools. (Texas Class 45% and TexPool 55%)
- b. Investments this month yielded interest income of \$414,146.

The Harris Center for Mental Health and IDD
Investment Portfolio
As of April 30, 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	\$ 41,861,276	\$ -	\$ (4,800,000)	\$ 164,492	\$ 37,225,768	45.0%	5.042%
<i>TexPool</i>							
TexPool Prime	41,845,634	\$ -	\$ -	171,678	42,017,312	50.8%	4.801%
TexPool General Fund	1,028,814			4,057	1,032,871	1.2%	4.611%
TexPool Internal Service Fund	2,351,169			9,273	2,360,442	2.9%	4.611%
<i>TexPool Sub-Total</i>	<u>45,225,617</u>	<u>-</u>	<u>-</u>	<u>185,008</u>	<u>45,410,625</u>	<u>55.0%</u>	<u>4.786%</u>
Total Investments	\$ 87,086,893	\$ -	\$ (4,800,000)	\$ 349,500	\$ 82,636,393	100%	4.902%
Additional Interest-Checking Accounts				<u>64,646</u>			
Total Interest Earned				<u><u>414,146</u></u>			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio	4.842%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	4.369%
April Interest Rate - Chase Hybrid Checking	3.15%
April 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

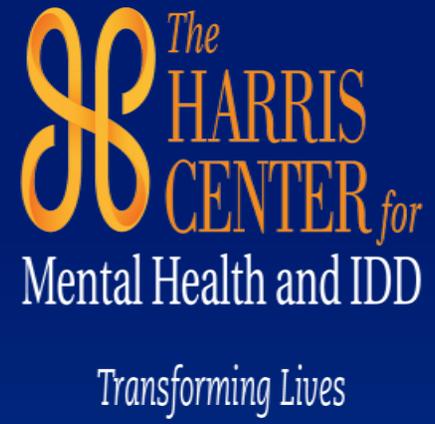
The Harris Center for Mental Health and IDD
 Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits

Report for April 2023

Vendor	Description	Monthly Not-To-Exceed*	Apr-23	YTD Total Through April
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 April payments of Liabilities for Employee Benefits = 11% of Expenditures.



Thank You

EXHIBIT F-3

May 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	Centre Technologies, Inc.	Microsoft Azure DraaS Subscription for Disaster Recovery Service	\$185,000.00	\$20,000.00	\$205,000.00	09/01/2022-08/31/2023	GR		Amendment to increase the NTE due to increased usage of Azure Cloud Tenant. Using more cloud based resources to offset local resource for DR and BC purposes.
3	Granite Telecommunications, LLC	POTS and AT&T bills transferred to Granite who manages the Agency's telephone bills	\$150,000.00	\$20,000.00	\$170,000.00	09/01/2022-08/31/2023	GR	Sole Source	Amendment to increase the NTE due to an increase in the number of agency phone lines.
4	Pivot Point Consulting, A VACO Company	Consulting & IT Staffing Services	\$390,000.00	\$250,000.00	\$640,000.00	09/01/2022-08/31/2023	GR	Tag-On to Harris Health System	Amendment to increase the NTE for EPIC form builders and Telehealth on-demand feature builds as part of the Outpatient Expansion Project.
5	Tejas Behavioral Health Management Association	MCO Managed Care Generator Software- Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations	\$113,100.00	\$18,970.00	\$132,070.00	09/01/2023-08/31/2023	General Revenue		Amendment to increase the NTE for the License/Maintenance XML Import Software which is utilized for Credentialing Software Project. The increase will pay for Professional services to intall and verify the XML file import process.
6	Master Pool- HR Recruitment and Placement	Recruitment, Permanent Placement and Temporary Staffing Agency-Wide	\$324,000.00	\$215,000.00	\$539,000.00	09/01/2022-08/31/2023	GR		Amendment to increase the NTE due to an increase in the use of temporary staff needed across the Agency.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								
	MENTAL HEALTH SERVICES								



Executive Contract Summary

Contract Section



Contractor*

Centre Technologies

Contract ID #*

7709

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

Centre Technologies 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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 185,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 205,000.00

Fiscal Year* (?)
2023

Amount* (?)
\$ 205,000.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT142394 |

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

Microsoft Azure DRaaS Subscription (Provides backups, disaster recovery and cloud based access for Agency servers and systems). Amendment needed to increase the NTE due to increased usage of Azure Cloud Tenant.

Contract Owner*
Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2011 - FY2023
Consulting, Cloud Hosting, Managed Service Provider

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Azure March 2023.pdf 52.22KB

Vendor/Contractor Contact Person

Name*
Jamie Schanbachler

Address *

Street Address

16801 Greenspoint Park Dr

Address Line 2

Suite 200

City

Houston

Postal / Zip Code

77060

State / Province / Region

Tx

Country

United States

Phone Number *

2815062480

Email *

jschanbachler@centretechnologies.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 20,000.00	574000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

Increased usage of Azure Cloud Tenant. Using more cloud based resources to offset local resource use for DR and BC purposes.

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/31/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/11/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Muscafa Cochinnala

Approval Date

4/11/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/11/2023



Executive Contract Summary

Contract Section



Contractor*

Granite Telecommunications, LLC

Contract ID #*

6825

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

Granite Communications 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 checked="" type="checkbox"/> Other CT142561 |

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*

\$ 150,000.00

Increase Not to Exceed*

\$ 20,000.00

Revised Total Not to Exceed (NTE)*

\$ 170,000.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 170,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT142561 |

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

Need to add funds for increased number of phones lines on contract.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY17-FY23

Telephone (POTS Lines) Lines

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Customer Service

Address*

Street Address

100 Newport Ave

Address Line 2

City

Quincy

Postal / Zip Code

02171

State / Province / Region

MA

Country

US

Phone Number*

8668475500

Email*

custserv@granitenet.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1171	\$ 20,000.00	564000
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

Varies

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/31/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

4/4/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/11/2023



Executive Contract Summary

Contract Section



Contractor*

Pivot Point Point Consulting, A Vaco Company

Contract ID #*

2021-0145

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

The Harris Center and Pivot Point

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 checked="" type="checkbox"/> Other <u>Increasing CT142370</u> |

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*

\$ 390,000.00

Increase Not to Exceed*

\$ 250,000.00

Revised Total Not to Exceed (NTE)*

\$ 640,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 640,000.00

Funding Source*

State Grant

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other CT142370

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

The funds will be used for Epic form builders and Epic Telehealth on-demand feature builds as part of the Outpatient Expansion Project.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21-FY23

Consulting and EPIC Specialists

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Paul Meyer

Address*

Street Address

5501 Virginia Way

Address Line 2

City

Brentwood

Postal / Zip Code

37027

State / Province / Region

TN

Country

United States

Phone Number*

2817052368

Email*

pmeyer@pivotpointconsulting.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2426	\$ 250,000.00	542000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable* (?)

Up to \$160/hour

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/29/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

4/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

4/4/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

4/11/2023



Executive Contract Summary

Contract Section



Contractor*

Tejas Behavioral Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

The Harris Center and Tejas Behavioral

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 Amend CT142334 |

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*

\$ 113,100.00

Increase Not to Exceed*

\$ 18,970.00

Revised Total Not to Exceed (NTE)*

\$ 132,070.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 132,070.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT142334 |

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

License/Maintenance for XML Import Software for Credentialing Software Project.
Professional services for installation and verification of XML file import process.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY19-FY23
Managed Care Generator

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Quote for Symplr XML Import.pdf 86.89KB

Vendor/Contractor Contact Person

Name*

Paige Morris

Address*

Street Address
801 S Hwy 183

Address Line 2
#2354

City
Austin

Postal / Zip Code
78641

State / Province / Region
TX

Country
US

Phone Number*

5127050565

Email*

paige.morris@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 13,200.00	900020

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 2,200.00	900021

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 3,570.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

IT23.1147.03

Requester Name

Hurst, Richard

Submission Date

3/29/2023

Budget Manager Approval(s)

Approved by

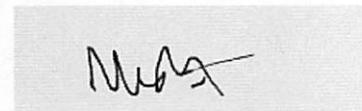


Approval Date

3/30/2023

Contract Owner Approval

Approved by



Approval Date

4/1/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/11/2023



Executive Contract Summary

Contract Section

Contractor*

P-Recruitment

Contract ID #*

2021-0224

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/16/2023

Parties* (?)

The Harris Center; various placement and temporary staffing agencies.

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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*

\$ 324,000.00

Increase Not to Exceed*

\$ 215,000.00

Revised Total Not to Exceed (NTE)*

\$ 539,000.00

Fiscal Year* (?)

Amount* (?)

2023

\$ 539,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This contract allows for the provision of temp labor across the agency; an increase in NTE is based upon usage thus far.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

NA

Address*

Street Address

NA

Address Line 2

City

State / Province / Region

NA

NA

Postal / Zip Code

Country

NA

NA

Phone Number*

NA

Email*

ninfa.escobar@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	540500
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name Escobar, Ninfa **Submission Date** 5/1/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
5/1/2023

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
5/1/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
5/1/2023

EXHIBIT F-4

May 2023
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Harris County| Harris County Jail Diversion (HCJD)

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/18/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Harris County Budget Management Department

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Funding Source*

County

Contract Description / Type* (?)

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

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

This contract covers the new fiscal year 2023 starting 9/1/2022. The Harris County Jail Diversion program began in 2018 and has been renewed annually. Project award is for \$5MM in funds with a 1:1 match requirement with a total project cost of \$10MM.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2019 to now for the Harris County Jail Diversion program.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name*

Lytrina Bob

Address*

Street Address

1001 Preston Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

US

Phone Number*

713-274-4483

Email*

lytrina.bob@pur.hctx.net

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9401	\$ 279,833.00	403025

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 3,513,222.00	403025

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9404	\$ 325,256.00	403025

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9406	\$ 881,689.00	403025

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Ramirez, Priscilla	3/7/2023

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

3/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

4/19/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/24/2023

EXHIBIT F-5

Transforming Lives

The HARRIS CENTER for Mental Health and IDD

BOARD RESOLUTION

Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items

WHEREAS, The Harris Center Board of Trustees (the “Board”) has determined that in order for the business operations of the Harris Center to function in a proper and efficient manner, it is necessary and prudent for this Board to delegate certain powers and control over the Harris Center’s affairs to designated officers at The Harris Center.

RESOLVED, for purposes of this resolution, the Chief Executive Officer and the Chief Financial Officer shall each be considered an “Authorized Officer,” individually, and collectively, the “Authorized Officers”.

RESOLVED, that the following actions authorizing payment or transfer in the name and on behalf of the Harris Center, without Board signature approval, for certain items was approved by the Board of Trustees on this date:

- I. The Board resolves that the Authorized Officers, collectively, are empowered, authorized and directed to authorize payment in the name and on behalf of the Harris Center, without Board signature approval, the below liabilities for employee benefits with stated monthly not-to-exceed amounts. Approval and authorization by each Authorized Officer, or designee, is required to initiate and complete the payment or transfer of liabilities for employee benefits. Each Authorized Officer must affix his or her own signature (physical or electronic, as permitted) to any foregoing payment or transfer to conclusively establish authority and approval to carry out this resolution;

Vendor	Description	Monthly Not-to-Exceed
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000
Blue Cross Blue Shield of TX	Health, Dental, and Life Insurance	\$3,200,000
UNUM Life Insurance Co.	Life Insurance	\$300,000

- II. The Chief Financial Officer shall prepare a monthly report of all financial transactions

Transforming Lives

related to the payment of the liabilities for employee benefits and submit the report to the Harris Center Board of Trustees Resource Committee. The Chief Financial Officer shall ensure all supporting documentation sufficient to demonstrate the business purpose of the transaction(s), its occurrence and the accuracy of the amount are retained and available upon request by the Harris Center Board of Trustees.

ALL OF THE FOREGOING SHALL BE EFFECTIVE
May 23, 2023

Secretary
The Harris Center for Mental Health and IDD
Board of Trustees

STATE of TEXAS
COUNTY OF HARRIS

Subscribed and sworn to before me this _____ day of
_____, 2023.

Notary Public in and for the State of Texas

My Commission Expires: _____

Notary ID: _____

EXHIBIT F-6



May 16, 2023

Request for Board Approval
Payment of Covid Related Expenses from COVID-19 eFMAP Reserve

Background:

The current COVID-19 eFMAP Reserve balance is \$904,067.

Board authorization is required to pull funds from the COVID-19 eFMAP Reserve balance to cover unfunded expenses in Unit 2379 (COVID-19).

\$904,000	COVID-19 eFMAP Reserve
(\$533,515)	FY23 COVID-related expenses in Unit 2379
\$372,052	Remaining COVID-19 eFMAP Reserve Balance

Summary of Expenses

Cell Phone	36,184
Contract Labor	33,235
Drugs	17,378
Equipment	16,218
Office Supplies	6,040
Payroll	66,023
PPE	164,567
Subscriptions	61,835
Translation Services	131,752
Vehicle	283
Total	533,515

<p>Request Summary: Pull \$533,515 from COVID-19 eFMAP Reserve balance to cover FY23 COVID related expenses.</p>

Vanessa McKeown, Chief Financial Officer

EXHIBIT F-7



Intellectual Disabilities Services Division
9401 Southwest Freeway
Houston, Texas 77074
P.O. Box 25381
Phone: (713) 970-3466
Fax: (713) 970-3481

MEMORANDUM

To: Wayne Young, Chief Executive Officer

From: Dr. Evanthe Collins
Vice President of Intellectual Disabilities Services Division

Date: May 4, 2023

Subject: Recommendation #433R – Eileen Lam as an Advocate

The Intellectual and Developmental Disabilities Planning Advisory Council (IDD-PAC) recommends to The Harris Center the application for Eileen Lam as an Advocate.

Thank you for your consideration of this recommendation.

Attachment: Application for Organization Representative Membership

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Please Print:

Name: Eileen Lam

Mr. Ms. Mrs. Dr. Consumer Family Member of Consumer*

Mailing Address: [Redacted]

City: Houston State: Tx Zip Code: [Redacted]

Telephone: Home _____ Work _____ Cell _____

Fax No.: _____ E-mail Address: [Redacted]

Occupation: volunteer

Employed by: MHMRA

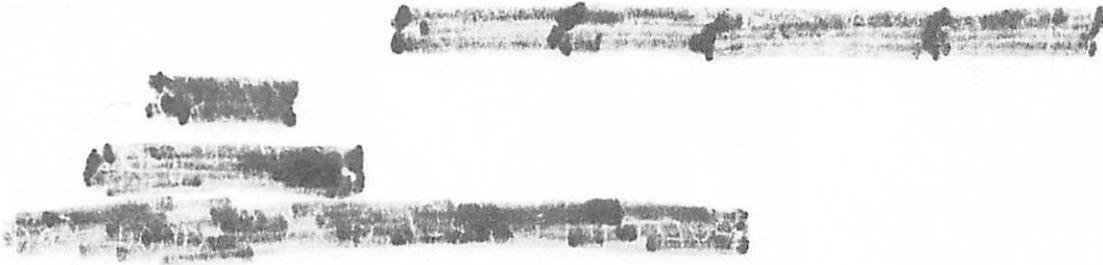
I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: Maggie Strobel
[Yourself or person who recommended you become a IDD-PAC member]

Why do you want to be a member of the IDD-PAC?
To gain more experience learn more

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
my knowledge of autism

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



INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]

PAGE 2 OF 2

The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

Yes No If no, please explain: _____

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

volunteer at SPCA

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.

Aileen Lam
(SIGNATURE)

1-10-23
(DATE)

Please mail the completed application form to: Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org or faxed to 713-970-3481.

- Attachments: What is the Intellectual and Developmental Disabilities Planning Advisory Council?
The Harris Center Board By-Laws Regarding Advisory Councils
Copy of The Harris Center Code of Ethics
Certification of Compliance with Code of Ethics
Conflict of Interest Declaration
Voluntary Disclosure Statement

The Harris Center
Intellectual and Developmental Disabilities Planning Advisory Council
Voluntary Disclosure Statement

Eileen Lam

(Name)

Please check one:

Consumer (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)

Family Member (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

~~1-10-23~~ 1-10-23

(Date)

Eileen Lam

(Signature)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION
FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
PLANNING ADVISORY COUNCIL

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

EXCEPTION:

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

EXCEPTION:

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

EXCEPTION:

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

EXCEPTION:

Volunteer at Harris Center

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

EXCEPTION:

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Eileen Lam

Signature: Eileen Lam

Date: 1-10-22

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

THE HARRIS CENTER INDIVIDUAL MEMBER OF
ADVISORY COUNCIL CERTIFICATION OF
COMPLIANCE
THE HARRIS CENTER'S CODE OF ETHICS

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

Eileen Lum
(Signature)
1-10-23
(Date)

EXHIBIT F-8

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Please Print:

Name: Bill Schnapp

Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer*

Mailing Address: [Redacted]

City: Houston State: Tx Zip Code: [Redacted]

Telephone: Home NA Work NA Cell [Redacted]

Fax No.: NA E-mail Address: wbschnappo@gmail.com

Occupation: Consultant

Employed by: Meadows Mental Health Policy Institute

I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: Myself
[Yourself or person who recommended you become an IDD-PAC member]

Why do you want to be a member of the IDD-PAC?
Advocacy

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
Advocacy. I have over 50 years experience in program development, planning, governmental affairs and forensics. I have had 2 gubernatorial appointments and, 1 appointment by the Texas Supreme Cour. I have worked with the past 5 Harris County Judges. I have worked with the p

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

INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]

PAGE 2 OF 2

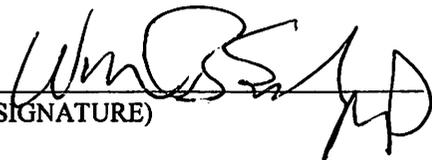
The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

Yes No If no, please explain: _____

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

See above

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.


(SIGNATURE)

April 18, 2023

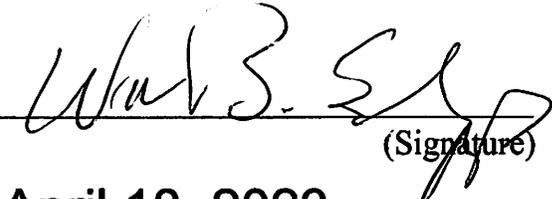
(DATE)

Please mail the completed application form to: Alicia "Cindy" Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074. Or the completed application form may be emailed to alicia.hernandez@theharriscenter.org.

- Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
 - The Harris Center Board By-Laws Regarding Advisory Councils
 - Copy of The Harris Center Code of Ethics
 - Certification of Compliance with Code of Ethics
 - Conflict of Interest Declaration
 - Voluntary Disclosure Statement

**THE HARRIS CENTER INDIVIDUAL MEMBER OF
ADVISORY COUNCIL CERTIFICATION OF
COMPLIANCE
THE HARRIS CENTER'S CODE OF ETHICS**

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



(Signature)

April 18, 2023

(Date)

**THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION
FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
PLANNING ADVISORY COUNCIL**

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

EXCEPTION:

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

EXCEPTION:

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

EXCEPTION:

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

EXCEPTION:

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

EXCEPTION:

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Bill Schnapp

Signature: 

Date: April 18, 2023

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

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Bill Schnapp

(Name)

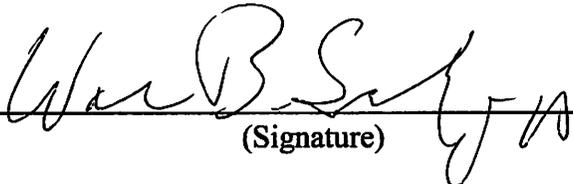
Please check one:

- Consumer** (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)
- Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)
- Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

April 18, 2023

(Date)



(Signature)

EXHIBIT F-9

Facilities Capital Project Update Q3-FY23

Todd McCorquodale, Director of Facilities Services

Capital Project Updates – Multi-Year

Location	Project	Project Number	FY2022 Budget	Project Completion	Status	Facility Services Status	\$ Total Project Budget
NPC	Renovations	FM21.1126.02	\$ 6,200,000	Q2 FY2024	48%	Phase I completed Phase II underway	\$ 6,200,000.00
South Loop East RRR	Apartment Design and Construction	FM21.1126.23	\$ 775,476	Q2 FY2024	15%		\$ 12,117,509.00
NE Clinic	Clinic Design and Construction	FM21.1126.18	10,000,000 (14,000,000)	Q4 FY2025	25%	In Design	\$ 14,723,268.00
SE Clinic	Clinic Design and Construction	FM23.1126.01		Q4FY2028	5%	Land Purchased Building Demo Complete	
NW Clinic	Clinic Land and Design	FM21.1126.03	\$ 2,525,000	Q2 FY2027	5%	Land Purchased	\$ 2,525,000.00

Capital Project Updates – FY 23 Strategic Goal

Location	Project	Project Number	FY2023 Budget	Project Completion	Status	Facility Services Status	\$ Total Project Budget
SE Clinic	Pharmacy and Business Office Relocation	FM22.1126.10	\$ 761,200	Q4 FY2023	20%	Started May 10th	\$ 274,116.00
Residential Homes	Whole-Home Generator Installation (7 Locations)	FM22.1126.16	\$ 168,615	Q3 FY2023	85%	Stonechase - Completed Applewhite - Completed Westbury - Test Run pending Jackson St - Test Run pending Pasadena - awaiting Pasadena Permit	\$ 168,615.00
Residential Homes	Window Replacement (6 Locations)	FM22.1126.17	\$ 132,000	Q2 FY2023	100%	Completed 2/10/2023	\$ 132,000.00
6160	Perimeter Fence	FM22.1126.19	\$ 253,300	Q1 FY2023	100%	Completed 9/5/2022	\$ 253,300.00
SE Clinic	SE Clinic Land Design Demo	FM23.1126.01	\$ 330,000	Q3 FY2023	100%	Completed 2/4/2023	\$ 330,000.00

Capital Project Updates – FY 23 Strategic Goal

Location	Project	Project Number	FY2023 Budget	Project Completion	Status	Facility Services Status	\$ Total Project Budget
SW Clinic	SW Clinic Sensory Room Buildout	FM23.1126.03	\$ 22,000	Q3 FY2023	100%	Design Completed 3/28/2023 (3Design)	\$ 22,000.00
Humble	Humble Awning/Flooring/RR	FM23.1126.04	\$ 46,200	Q2 FY2023	100%	Completed 2/17/2023	\$ 46,200.00
SW Clinic	SW Clinic Buildout (SUD)	FM23.1126.05	\$ 165,000	Q3 FY2023	100%	** Completed 5/9/2023	\$ 165,000.00
Agencywide	Agencywide Update Patient Space	FM23.1126.06	\$ 137,500	Q4 FY2023	50%	Design Completed Taking quotes for construction	\$ 137,500.00
NW Clinic	NW Clinic Restroom Reno	FM23.1126.07	\$ 60,500	Q2 FY2023	100%	Completed 12/27/22	\$ 60,500.00

Other Projects

Center for Pursuit	Coffee House 2 The Center for Pursuit	FM23.1126.02	\$ 110,000	Q3FY2024	25%	Plans in Review with COH Permitting	\$ 110,000.00
Youth Diversion Center	Youth Diversion Center	6500		FY2023	100%	** Completed 4/20/2023	
Southwest Clinic	2nd Floor Feeding Clinic	1817		FY2023	100%	Complete - 3/23/2023	\$ 5,750.00
South East Clinic	Unit 3 Condenser unit	1858		FY2023	100%	Completed	\$ 18,458.00
Southwest Clinic	NAMI Office Split / Minor Renov	1817		FY23	100%	Completed	
Southwest Clinic	Loading Dock / Foundation Assessment	1817		FY23	100%	Assessment Complete Executive Presentation - Scheduling	
RRR	Fire Panel Replacement	1869		FY23	100%		\$ 53,500.00
Southwest Clinic	Chiller Drive Replacement	1817		FY23	100%	Replace Drive Motor on Chiller #1	\$ 36,754.00
South East Clinic	HVAC Unit 8 Replacement	1858		FY2023	100%	Completed 4/17	\$ 12,403.00
Southmore	Rm 5 Bariatric Mods			FY2023	0%	Scheduled	
SW Clinic	Lobby Desk			FY2023	5%	In Design	
RRR	6160 Wellness yard Gazebo	1869		FY23	100%	Completed 5/6/2023	
RRR	Boiler Replacement	1869		FY23	100%	** Completed 4/17/2023	\$ 33,646.00

Home Generators Project

Applewhite



PEERS House



Stonechase



Westbury



3rd Floor Substance Abuse Clinic Buildout



3rd Floor Substance Abuse Clinic Buildout



Youth Diversion Center



Youth Diversion Center





Phase I Condition Assessment | 9401 Southwest Fwy | Loading Dock Assessment

Walter P Moore was engaged to review reported distress at the loading dock of The Harris Center for Mental Health and IDD (THC) building, located at 9401 Southwest Freeway, Houston, Texas, 77074. This assessment was performed to determine the likely cause(s) of the distress and provide conceptual recommendations for remediation of the observed distress and provide future course of action. The likely cause of the building distress is differential movement of the underlying soils. The following recommendations were made:

- Perform a plumbing and storm drain investigation of the building below-grade plumbing lines
- Perform a geotechnical investigation to understand the nature of the underlying soil and its contribution to the differential slab movement.
- Investigate the need to install root barriers around the building perimeter

Facilities is asking the board to reallocate \$50,000 from the 5959 South Loop East building Demolition Capital Project (FM23.1126.01) to be used for the continued investigative work necessary to complete a comprehensive evaluation of the condition and develop a scope of work to repair the foundation, Slab, and interior surfaces.

FM23.1126.01	SE Building Demolition Project Abatement & Demo	\$330,000 Funded \$83,423
Balance		\$246,577

Phase I Condition Assessment | 9401 Southwest Fwy | Loading Dock Assessment

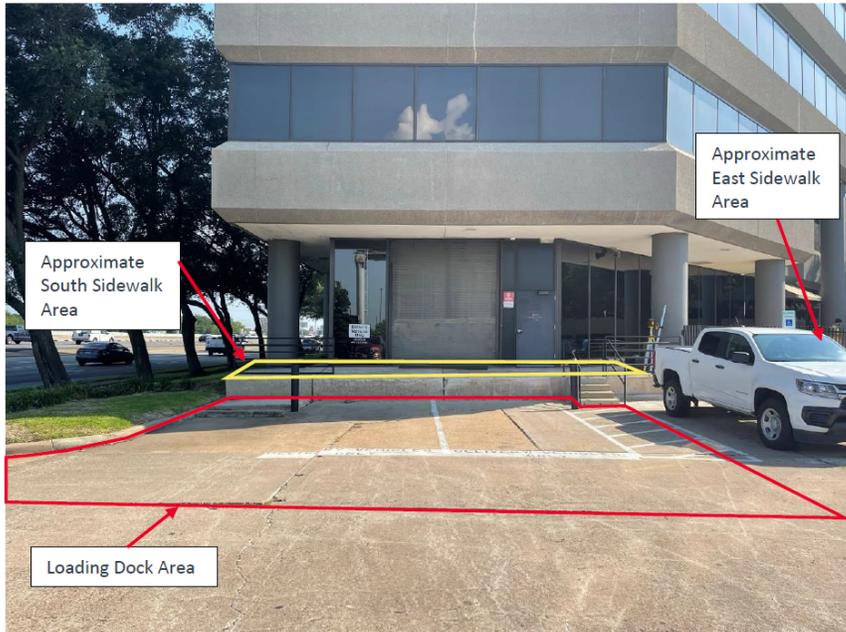


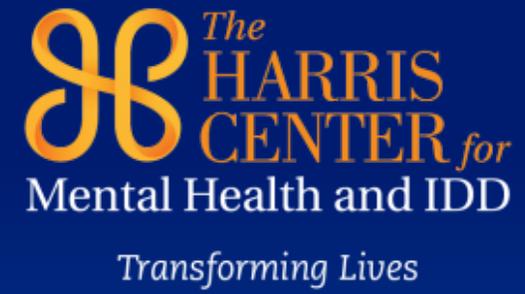
5/8" gap in door, after maximum adjustment



Crack in slab outside of printshop

Phase I Condition Assessment | 9401 Southwest Fwy | Loading Dock Assessment





Thank You

EXHIBIT F-10

Status Pending PolicyStat ID 12334315



Transforming Lives

Origination 09/2020
 Last N/A
 Approved
 Effective Upon Approval
 Last Revised 05/2023
 Next Review 1 year after approval

Owner Maria Richardson: Dir
 Area Medical Services
 Document Agency Policy
 Type

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

MED20BF-Clinical Pharmacy Specialist Procedure

MED36B- 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
- : Physician Assistants (PA), Advanced Practice Registered Nurses Delegation Protocol
- : 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>
- Texas State Board of Pharmacy: <https://www.pharmacy.texas.gov/>
- Texas Medical Board: <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	05/2023
Final Legal Review	Kendra Thomas: Counsel	05/2023
Initial Legal Review	Shannon Fleming: Counsel	05/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2023
Initial Assignment	Maria Richardson: Dir	05/2023

EXHIBIT F-11

May 2023

NEW CONTRACTS UNDER 100k

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
FY23 NEW CONTRACTS							
ADMINISTRATION							
1	Inmar RX Solutions, Inc.	Consumer Drug Take Back Program	\$6,495.00	04/17/2023-03/31/2025	General Revenue	Consumer Drug Program	New contract to provide Consumer Drug Take Back receptacles and supplies for each pharmacy location in conjunction with the Zero Suicide Program. FY23: \$6,495.00; FY24: \$6,495.00; FY25: \$6,495.00. Total FY23/25 NTE: \$19,496.00.
2	The Council on Recovery	Event Lease	\$500.00	5/19/2023	General Revenue	N/A	Lease space for clinical retreat with CMO, CNO, COO to be held on Friday, May 19th.
3	Houston Firefighters' Relief and Retirement Fund	Event Lease	New Contract	4/14/2023	General Revenue	N/A	Lease space for Leadership event at the Greer & Lodermilk Conference Center held on April 14, 2023.
4	United Way of Greater Houston	Event Lease	\$140.00	4/28/2023	General Revenue	N/A	New lease agreement of space for Quality Team Retreat to be held on April 28, 2023. \$100.00 refundable deposit and \$40,000 for projector add-on.
CPEP/CRISIS SERVICES							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
FORENSICS							
LEASES							
MENTAL HEALTH SERVICES							



Executive Contract Summary

Contract Section

Contractor*

Inmar RX Solutions Inc

Contract ID #*

2023-0670

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

Inmar 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
- Competitive Proposal
- Request for Proposal
- Sole Source
- Request for Application
- Request for Qualification
- Request for Quote
- Tag-On
- Interlocal
- Consumer Driven
- Not Applicable (If there are no funds required)
- Other **Consumer Drug Take Back Program**

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/10/2023

Contract Term End Date* (?)

4/5/2026

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

3 years

Fiscal Year* (?)

2023

Amount* (?)

\$ 6,495.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 6,495.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 6,495.00

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* (?)

Consumer Drug Take back receptacles and supplies for each pharmacy location in conjunction with zero suicide program.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Current

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Julie Sherian

Address*

Street Address

1 West 4th Street

Address Line 2

City

Winston-Salem

State / Province / Region

NC

Postal / Zip Code

27101-3846

Country

US

Phone Number*

832-588-7467

Email*

julie.sherian@inmar.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 6,495.00	553001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

5 X \$1,299.00 per month x 3 years

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

White, Tanya

Submission Date

4/6/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

ANGELA BABIN

Approval Date

4/6/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/11/2023



Executive Contract Summary

Contract Section



Contractor*

The Council on Recovery

Contract ID #*

n/a

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

The Council on Recovery

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/19/2023

Contract Term End Date* (?)

5/19/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 500.00

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* (?)

Holding a clinical retreat with CMO, CNO, COO on Friday, May 19th from 8:30 to 3:30.

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The Council on Recovery

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

The Council on Recovery

Address*

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

Postal / Zip Code

77007

State / Province / Region

Texas

Country

USA

Phone Number*

281-200-9101

Email*

cluna@councilonrecovery.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 500.00	546000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$450.00 - facility
\$50.00 -LCD/AV set up

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Mayne, Annette	4/13/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
4/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date
4/17/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
4/17/2023



Executive Contract Summary

Contract Section



Contractor*

United Way of Greater Houston

Contract ID #*

2023-0683

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/26/2023

Parties* (?)

United Way of Great Houston and THC

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/28/2023

Contract Term End Date* (?)

4/28/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 40.00

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* (?)

Need space for Quality Team Retreat Friday, April 28th.

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

03202023_United Way.pdf

2.48MB

Vendor/Contractor Contact Person

Name*

Kevin Wollin

Address*

Street Address

50 Waugh Drive

Address Line 2

City

Houston

Postal / Zip Code

77007-5813

State / Province / Region

TX

Country

US

Phone Number*

7136852732

Email*

kwoffin@unitedwayhouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1179

Amount Charged to Unit*

\$ 40.00

Expense/GL Code No.*

551001

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

\$40 for projector add-on

\$0 for the meeting space

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Keeme-Sayre, Reyes Tristan

Submission Date

4/26/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/26/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Trudy Leidich

Approval Date

4/26/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/26/2023



Executive Contract Summary

Contract Section

Contractor*

Houston Firefighters' Relief and Retirement Fund

Contract ID #*

2023-0673

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/19/2023

Parties* (?)

Greer and Lowedermilk Conference Center, The Harris Center for Mental Health and IDD, Deborah Hernandez, Conference Center Manager

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

- Competitive Bid
- Request for Proposal
- Request for Application
- Request for Quote
- Interlocal
- Not Applicable (If there are no funds required)
- Competitive Proposal
- Sole Source
- Request for Qualification
- Tag-On
- Consumer Driven
- Other none; have utilized this venue before

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

4/14/2023

Contract Term End Date* (?)

4/14/2023

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

Contract is for a one day event

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,660.00

Funding Source*

General Revenue (GR)



Executive Contract Summary

Contract Section

Contractor*

Houston Firefighters' Relief and Retirement Fund

Contract ID #*

2023-0673

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/19/2023

Parties* (?)

Greer and Lowedermilk Conference Center, The Harris Center for Mental Health and IDD, Deborah Hernandez, Conference Center Manager

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 none; have utilized this venue before |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/14/2023

Contract Term End Date* (?)

4/14/2023

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

Contract is for a one day event

Fiscal Year* (?)

2023

Amount* (?)

\$ 2,660.00

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* (?)

Venue is needed to hold leadership development event.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Deborah Hernandez

Address*

Street Address

4225 Interwood North Parkway

Address Line 2

City

Houston

Postal / Zip Code

77032

State / Province / Region

TX

Country

US

Phone Number*

281-372-5124

Email*

deborah@hfrf.org

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 2,660.00	549005

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

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

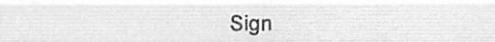
Requester Name	Submission Date
Escobar, Ninfa	4/5/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	4/5/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	4/5/2023

Contracts Approval

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

Approved by*	Approval Date*
	4/6/2023

EXHIBIT F-12

May 2023
AMENDMENTS UNDER 100k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$100,000.00

	CONTRACTORS	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	FY23 AMENDMENTS								
	ADMINISTRATION								
1	Intrado Interactive Services Corporation	Subscription Services to provide Televox Software for Agency Wide Phone Tree	\$65,000.00	\$7,000.00	\$72,000.00	09/01/22-08/31/2023	GR	Sole Source	Amendment to increase the NTE to pay cost for additional reminders and text messaging services through EPIC.
2	Medical Practice Consultants, Inc.	Consulting Services for Medical Coding and Training	\$49,500.00	\$50,000.00	\$99,500.00	12/01/22-08/31/23	Private Pay Source	Request for Quote	Amendment to increase the NTE for expansion of coding/compliance bill review and training for outlier Providers as indentified each quarter in this fiscal year.
3	Rainbow Health, LLC	Software Application for MCOT Rapid Response	\$72,000.00	\$10,620.00	\$82,620.00	12/29/2022-08/31/2023	Project WBS IT23-1147	Informal RFQ Quotes	Amendment to increase the NTE for MCOT-RR Mobile Software subscription to add an additional address to the Dispatch request and referral Disposition. Software fee: \$3,120.00; Annual Subscription: \$7,500.00.
	CPEP/CRISIS SERVICES								
	FORENSICS								
4	Data Shredding Services of Texas, Inc.	Agency Wide Document Destruction Services	\$28,006.00	\$75.00	\$28,081.00	09/01/22-08/31/2023	GR	RFP	Amendment to increase the NTE to add services for the Youth Diversion Center at 6300 Chimney Rock, Houston, Texas.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	LEASES								



Executive Contract Summary

Contract Section



Contractor*

Intrado Interactive Services Corporation

Contract ID #*

7451

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

Intrado 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 <input type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 65,000.00

Increase Not to Exceed*

\$ 7,000.00

Revised Total Not to Exceed (NTE)*

\$ 72,000.00

Fiscal Year* (?)

Amount* (?)

2023

\$ 72,000.00

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 CT142481

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

Appointment reminders and text messaging through EPIC to clients.

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

Client notifications via phone and text messages

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

669925_337781_1678313797_Mar_FY23.pdf

49.71KB

Vendor/Contractor Contact Person



Name*

Kelley Smrz

Address*

Street Address

11808 Miracle Hills Drive

Address Line 2

City

Omaha

Postal / Zip Code

68154-4403

State / Province / Region

NE

Country

US

Phone Number*

6303066355

Email*

kelly-smrz@intrado.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 7,000.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

3/31/2023

Budget Manager Approval(s) 

Approved by



Approval Date

4/11/2023

Procurement Approval 

File Upload (?)

Approved by

Approval Date

Contract Owner Approval 

Approved by



Approval Date

4/11/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

4/25/2023



Executive Contract Summary

Contract Section

Contractor*

Medical Practice Consultants, Inc.

Contract ID #*

2022-0593

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/15/2023

Parties* (?)

Medical Practice Consultants, Inc. and The Harris Center

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

11/28/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 49,500.00

Increase Not to Exceed*

\$ 50,000.00

Revised Total Not to Exceed (NTE)*

\$ 99,500.00

Fiscal Year* (?)	Amount* (?)
2023	\$ 99,500.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

Expanding contract to include coding/compliance bill review and training for providers identified as outliers each quarter in the fiscal year. Additionally, to provide training to providers and staff.

Contract Owner*

Eva Honeycutt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09/01/19 - 08/31/21

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Medical Practice Consultants.docx 118.23KB

Vendor/Contractor Contact Person

Name*

Medical Practice Consultants, Inc.

Address*

Street Address

1900 Northwest Expressway, Suite 625

Address Line 2

City

Oklahoma City

State / Province / Region

OK

Postal / Zip Code

73118-1802

Country

United States

Phone Number*

4058488558

Email*

renee@mpcinc.biz

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 99,500.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Honeycutt, Eva	4/20/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
4/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Eva Honeycutt

Approval Date
4/24/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/24/2023



Executive Contract Summary

Contract Section

Contractor*

Rainbow Health LLC

Contract ID #*

2022-0553

Presented To*

- Resource Committee
 Full Board

Date Presented*

4/18/2023

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/29/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 72,000.00

Increase Not to Exceed*

\$ 10,620.00

Revised Total Not to Exceed (NTE)*

\$ 82,620.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 82,620.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|---|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT142678 |

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

Rainbow Health Incident Log Form & Outbound Referral Management - Monthly Subscription and Setup. MCOT RR Mobile Team to be able to add an additional address to the Dispatch request and MCOT RR referral Disposition.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY23 - Developing MCOT Rapid Response Dispatch System

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

MCOT RR New Module and Subscription-1.xlsx 185.59KB

Vendor/Contractor Contact Person

Name*

Ayushi Patel

Address*

Street Address

1811 Bering Drive

Address Line 2

Suite 200

City

Houston

Postal / Zip Code

77057

State / Province / Region

TX

Country

US

Phone Number*

7136788016

Email*

ayushi@rainbow.health

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 10,620.00	900020
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Software Fee - \$3120.00

Annual Subscription - \$7500.00

Project WBS (Work Breakdown Structure)* (?)

IT23_1147_01 MCOT Rapid Response System

Requester Name

Hurst, Richard

Submission Date

3/31/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/3/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinwala

Approval Date

4/4/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/11/2023



Executive Contract Summary

Contract Section

Contractor*

Data Shredding Services of Texas, Inc.

Contract ID #*

7623

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/16/2023

Parties* (?)

Data Shredding Services of Texas and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 28,006.00

Increase Not to Exceed*

\$ 75.00

Revised Total Not to Exceed (NTE)*

\$ 28,081.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 28,081.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Add service for new unit (6500) Youth Diversion Center. Contractor will pick up documents weekly/bimonthly/monthly as specified by program/site and destroy them as required by destruction certificates.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY2015 - FY2022 Document Destruction

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Lee Wright

Address*

Street Address

618 West 18th Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77008-3610

Country

US

Phone Number*

(713) 463-9300

Email*

lwright@datashredservice.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 75.00	543034
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Adams, Betty	

Provide Rate and Rate Descriptions if applicable* (?)

\$15 for the 1st 64L bin per location and \$5 for each additional bin. 95L bins are \$14; \$3/box

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

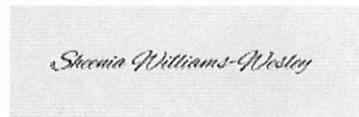
Burnett-Gipson, Annell

Submission Date

4/20/2023

Budget Manager Approval(s)

Approved by



Approval Date

4/20/2023

Procurement Approval

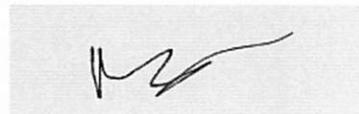
File Upload (?)

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

4/20/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

4/24/2023

EXHIBIT F-13

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



Executive Contract Summary

Contract Section

Contractor*

Lincoln Memorial University

Contract ID #*

2023-0676

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/16/2023

Parties* (?)

The Harris Center for Mental Health and IDD & Lincoln Memorial University

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2023

Contract Term End Date* (?)

4/30/2028

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|--|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input checked="" type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input checked="" 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* (?)

this agreement will allow students enrolled at Lincoln Memorial University to complete field placements/clinical rotations as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health AA.pdf

182.27KB

Vendor/Contractor Contact Person**Name***

Kaye Mason

Address*

Street Address

6965 Cumberland Gap Parkway

Address Line 2

City

Harrogate

Postal / Zip Code

37752

State / Province / Region

TN

Country

USA

Phone Number*

423-869-6716

Email*

Mary.Mason@LMU.net.edu

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

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

N/A

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Williams, JeDonne

Submission Date

4/14/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

4/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

4/16/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Studo

Approval Date*

4/17/2023



Executive Contract Summary

Contract Section

Contractor*

University of Texas at Austin

Contract ID #*

2023-0677

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/20/2023

Parties* (?)

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

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2028

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

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* (?)

To provide opportunity for student pharmacy learners to gain experience with the underserved mental health population and fill future positions in this space.

Contract Owner*

Angela Babin

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 (?)

RE UT Preceptor Interest - Ambulatory Care Psychiatry @ Harris Center .msg	327KB
RE UT Preceptor Interest - Ambulatory Care Psychiatry @ Harris Center 2.msg	317.5KB

Vendor/Contractor Contact Person

Name*

Nathan Pope

Address*

Street Address

2409 University Ave

Address Line 2

The University of Texas at Austin College of Pharmacy A1910

City

Austin

State / Province / Region

TX

Postal / Zip Code

78712

Country

US

Phone Number*

512.475.9752

Email*

npope@austin.utexas.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 0.00	0

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

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

Requester Name	Submission Date
Babin, Angela	4/12/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

4/12/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Angela Babin

Approval Date

4/12/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

4/17/2023



Executive Contract Summary

Contract Section



Contractor*

West Houston Assistance Ministries

Contract ID #*

2023-0681

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/20/2023

Parties* (?)

West Houston Assistance Ministries and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/1/2023

Contract Term End Date* (?)

8/31/2023

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

MOU for new Behavioral Health access point and care coordination collaboration.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

West Houston Assistance Ministries

Supporting Documentation Upload (?)

WHAM MOU (v.1).docx 34.88KB

Vendor/Contractor Contact Person

Name*

Neysa Gavion

Address*

Street Address

10501 Meadowglen Lane

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77042-4001

Country

US

Phone Number*

713-780-2727

Email*

neysa.gavion@whamministries.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

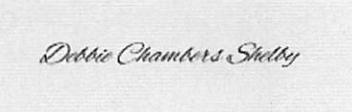
Budget Manager	Secondary Budget Manager
Shelby, Debbie	Loera, Angelica

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

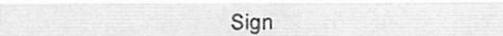
Requester Name	Submission Date
Britt, Lance	4/20/2023

Budget Manager Approval(s) 

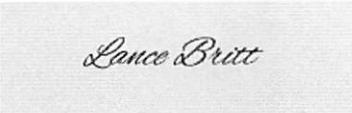
Approved by	Approval Date
	4/21/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	4/21/2023

Contracts Approval

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

Approved by*	Approval Date*
	4/24/2023



Executive Contract Summary

Contract Section

Contractor*

Above Standard Care

Contract ID #*

2023-0672

Presented To*

- Resource Committee
 Full Board

Date Presented*

3/31/2023

Parties* (?)

The Harris Center for Mental Health and IDD & Above Standard Care

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* (?)

3/31/2023

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* (?)

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

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

Revenue Contract
 Individualized Skills and Socialization Services (ISS) Contractual Agreement

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

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

- Hillcroft Empowerment Center
6125 Hillcroft, Houston, TX 77081
- Pasadena Enrichment Center
817 Southmore Blvd, #150, Houston, TX 77502
- Humble Service Center
6805 Oak Village, Humble, TX 77396

See attachment for additional information and website link.

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

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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*

Terence Fisher

Address *

Street Address

19719 Lajuana Lane

Address Line 2

City

Spring

Postal / Zip Code

77388-6119

State / Province / Region

TX

Country

US

Phone Number*

281.528.0769 Cell: 225.715.6809 Fax: 281.528.0769

Email*

darbyshaw2@hotmail.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

3/31/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

3/31/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

3/31/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/6/2023



Executive Contract Summary

Contract Section

Contractor*

The Center for Pursuit

Contract ID #*

2023-0674

Presented To*

- Resource Committee
 Full Board

Date Presented*

5/16/2023

Parties* (?)

The Harris Center for Mental Health and IDD & The Center for Pursuit

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* (?)

4/6/2023

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*

Damien Harris

Address *

Street Address

4400 Harrisburg Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77011

State / Province / Region

TX

Country

US

Phone Number*

713.525.8441 or Cell 713.702.8218

Email *

dharris@thecenterforpursuit.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

See uploaded document

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Wills, Thomas

Submission Date

4/6/2023

Budget Manager Approval(s)

Approved by

Mamie Adams

Approval Date

4/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

4/6/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

4/11/2023

EXHIBIT F-14

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
TCOOMMI Texas Correctional Office on Offenders with Medical or Mental Impairments
TDCJ Texas Department of Criminal Justice
THKC Texas Health Kids
THSteps Texas Health Steps
TIC Trauma informed Care
TMAP Texas Medication Algorithm Project

TMHP Texas Medicaid & Healthcare partnership
TJJD Texas Juvenile Justice Department
TRR Texas Resiliency and Recovery
TWC Texas Workforce Commission

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y