



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

**Full Board Meeting**  
August 22, 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, July 25, 2023  
(EXHIBIT F-1)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
  - A. Resource Committee Report and/or Action  
(G. Womack, Chair)
  - B. Quality Committee Report and/or Action  
(G. Santos, Chair)
  - C. Program Committee Report and/or Action  
(B. Hellums, Chair)
  - D. Governance Committee Report and/or Action  
(J. Lykes, Chair)
  - E. Foundation Committee Report and/or Action  
(J. Lykes, Chair)
- VI. CONSENT AGENDA**
  - A. FY'22 Year-to-Date Budget Report-July  
(EXHIBIT F-2)
  - B. August 2023 New Contracts Over 100K  
(EXHIBIT F-3)
  - C. August 2023 Contract Renewals Over 100K  
(EXHIBIT F-4)
  - D. August 2023 Contract Amendments Over 100K  
(EXHIBIT F-5)
  - E. August 2023 Interlocal Agreements  
(EXHIBIT F-6)
  - F. 2023 Commercial Insurance Program  
(EXHIBIT F-7)
  - G. Learning Management System Software RFP  
(EXHIBIT F-8)
  - H. Life Safety Systems/Inspection Services RFP  
(EXHIBIT F-9)

- I. 6168 S. Loop East Apartments CSP  
(EXHIBIT F-10)
- J. Capital 2024 Budget  
(EXHIBIT F-11)
- K. Performance Improvement Plan 2024  
(EXHIBIT F-12)
- L. Development and Management for Mental Health and IDD Service  
Wait/ Interest List  
(EXHIBIT F-13)
- M. Drug/Alcohol Testing Pre-Employment  
(EXHIBIT F-14)
- N. Employee Counseling, Supervision, Progressive Discipline, and  
Termination  
(EXHIBIT F-15)
- O. Employment Eligibility Verification for Worker in the United States  
(EXHIBIT F-16)
- P. Least Restrictive Interventions and Management of Aggressive  
Behavior  
(EXHIBIT F-17)
- Q. Obligation to Identify Individuals or Entities Excluded from  
Participation in Federal Health Care Programs  
(EXHIBIT F-18)
- R. Payment of Accrued Leave Upon Separation  
(EXHIBIT F-19)
- S. Performance Improvement Plan  
(EXHIBIT F-20)
- T. Professional Behavior and Attire  
(EXHIBIT F-21)
- U. Screening and Assessment for Mental Health, Substance Use and  
Intellectual and Development Disabilities (IDD) Services  
(EXHIBIT F-22)
- V. Whistleblower  
(EXHIBIT F-23)

**VII. REVIEW AND TAKE ACTION**

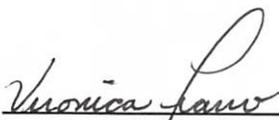
- A. Fiscal Year 2024 Budget  
(Vanessa McKeown)
- B. August 2023 Amendment Over 100K-Translation and Interpretation  
Master Pool Contract  
(EXHIBIT F-24 Belinda Stude)

**VIII. BOARD CHAIR'S REPORT**

**IX. EXECUTIVE SESSION**

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- Pursuant to §§551.071 and 551.076 of the Texas Government Code, consultation with attorney and deliberation regarding Security Audit. Kendra Thomas, General Counsel and Mustafa Cochinala, Chief Information Officer
- In accordance with §551.071 of the Texas Government Code, consultation with attorney on a matter related to the financing of capital improvement projects and lines of credit or bond sales in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct to the State Bar of Texas clearly conflicts with the Open Meetings Act. Vanessa McKeown, Chief Financial Officer and Kendra Thomas, General Counsel
- As authorized by §§551.071 and 551.074 of the Texas Government Code, consultation with attorney about the CEO's Signature Authorization and Delegation Authority in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. Shaukat Zakaria, Board Chair and Kendra Thomas, General Counsel
- As authorized by §§551.071 and 551.074 of the Texas Government Code, discussion of Personnel Matters related to Board members' fiduciary duties. Shaukat Zakaria, Board Chair and Kendra Thomas, General Counsel

- X. RECONVENE INTO OPEN SESSION
- XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
- XII. INFORMATION ONLY
  - A. Abbreviations List  
(EXHIBIT F-25)
- XIII. ADJOURN

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



# **EXHIBIT F-1**

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

**MINUTES OF THE BOARD OF TRUSTEES MEETING**

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This is an official record of the Board of Trustees of The Harris Center for Mental Health and IDD, an Agency of the State established by the Harris County Commissioners Court under provisions of Chapter 34 of the Health and Safety Code of the State of Texas.

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

**TYPE OF MEETING:** Regular

**DATE:** July 27, 2023

**TRUSTEES  
IN ATTENDANCE:**

Mr. Shatara Chair  
Dr. L. Moore Vice Chairperson  
Dr. Robinearing PhD Vice Chairperson Virtual joined at 10:00am  
Dr. George Santos Secretary  
Mr. Gerald Womac  
Mr. Jim Lykes  
Mrs. J. Hellms

**TRUSTEES ABSENT:** Mrs. Catali Hurtado, Dr. Ma Miller, Sheriff Donald Dale

**I. Declaration of Quorum**

Mr. S. Shatara Chair called the meeting to order at 9:30 a.m. noting that a quorum of the Board was in attendance.

**II. Public Comments**

There were no public comments.

**III. Approval of Minutes**

**MOTION BY: LYKES SECOND: SANTOS**

**With unanimous affirmative votes**

**BE IT RESOLVED** the Minutes of the Regular Board of Trustees meeting held on Tuesday, July 27, 2023 as presented under exhibit 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. Womack Chair  
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on July 18, 2023.
- B. Quality Committee Report and/or Action. Santos Chair  
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on July 18, 2023.
- C. Program Committee Report and/or Action. Santos Secretary  
Dr. Santos provided an overview of the topics discussed and the decisions made at the Program Committee meeting on July 18, 2023.
- D. Audit Committee Report and/or Action. Lykes Chair  
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on July 18, 2023.
- E. Foundation Committee Report and/or Action. 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
- B. July 2023 Fee Contracts Over 100
- C. July 2023 Contract Renewals Over 100
- D. July 2023 Contract Amendments Over 100

**MOTION: Dr. Santos moved to approve Consent Agenda item A-D**

**SECOND: Mr. Womack seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A-D are approved.**

- B. July 2023 Interlocal Agreements

**Dr. Santos recused himself from voting and discussing Interlocal Agreements #9 and #10.**

**MOTION: Mr. Lykes moved to approve Consent Agenda item E**

**SECOND: Mr. Womack seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items E is approved.**

- C. Clinical Peer Review
- D. Suicide/Homicide Prevention
- H. Policy of The Professional Review Committee

I. Pharmac~~ical~~ or Patient Assistance Programs ~~(PAP)~~

~~Professional Review Committee~~

~~The Re~~positioning~~ and P~~urchasing~~ of ~~Goods~~ and/or Services Dollar Limit Threshold and Re~~quirements~~.~~

L. ~~Vehicle Operations~~

M. Medication Storage~~Preparation~~ and Administration Areas

~~Professional Practice ~~Evaluation~~~~

O. ~~2024 Annual Audit Plan~~

P. ~~Board Recommendation Personnel ~~Background~~ Investigation Services R~~FP~~~~

~~Board Recommendation ~~Agency Wide~~ M~~ultifunction~~ Devices~~

**MOTION: Dr. Santos moved to approve Consent Agenda item F-Q**

**SECOND: Mr. Womack seconded the motion**

**BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items F-Q are approved**

**VII. Review and Comment**

**A. Human Resources Update-** Joseph ~~Porcyca~~ presented the Human Resources ~~Update~~ to the ~~Full Board~~.

**B. RDLR Northeast Clinic Update-**RDLR Architects presented the RDLR ~~Northeast Clinic~~ ~~Update~~ to the ~~Full Board~~.

**VIII. Executive Session-**Mr. ~~Caria~~ announced the ~~Board~~ ~~could~~ convene into ~~Executive~~ Session at 10:15am for the following purposes:

- As authorized by ~~1.074~~ of the Texas Government Code mid-year performance evaluation of CEO and discussion of ~~2022~~ CEO performance objectives.
- In accordance with ~~1.071~~ of the Texas Government Code to see legal advice from attorney related to Inpatient beds for Patients with IDD. ~~Endra Thomas~~ General Counsel and Amanda ~~Jones~~ Director of Government and Public Affairs.
- As authorized by ~~1.071~~ of the Texas Government Code consultation with attorney on a matter in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. Wayne ~~Long~~ CEO ~~Endra Thomas~~ General Counsel and Carrie Rys ~~Chief Administrative Officer~~
- In accordance with ~~1.072~~ of the Texas Government Code to discuss the purchase of real property for the expansion of the Southeast Clinic. Wayne ~~Long~~ CEO and ~~Endra Thomas~~ General Counsel

**IX. Reconvene into Open Session** – The Board reconvened into Open Session at 12:01 pm.

**Inpatient Beds for Patients with IDD**

**MOTION:** Dr. Santos moved the Board approve a letter requesting inpatient beds for individuals with IDD and submit it to HHSC.

**SECOND:** WOMAC

**BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.**

**CEO 2024- 2027 Performance Standards**

**MOTION:** Dr. Santos moved the Chairman is authorized and empowered to renew the CEO contract with Wayne Wong for a term of three years and in accordance with terms and conditions discussed and agreed upon by the Board.

**SECOND:** MOORE

**BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.**

**X. ADJOURN**

**MOTION: GEARING**

**SECOND: LYKES**

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:02 P.M.

Respectfully submitted

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

# **EXHIBIT F-2**

**The Harris Center for Mental Health and IDD**

**Results of Financial Operations and Comparison to Budget  
As of July 31, 2023**

**Fiscal year 2023**

Presented to the Resource Committee of the Board of Trustees  
July 15, 2023

# The Harris Center for Mental Health and IDD

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

The Results of Financial Operations and Comparison to Budget submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting Department. We believe the data, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund 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 report submitted herewith has not been audited by an independent auditor.

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Vanessa McKeown  
Chief Financial Officer

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**As of July 31, 2023**  
*unaudited/budget-basis reporting*

**For the Month**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 26,109,390	\$ 30,174,951	\$ 4,065,561
Expenditures	26,698,524	27,566,657	(868,133)
<b>Change in net assets</b>	<b>\$ (589,134)</b>	<b>\$ 2,608,294</b>	<b>\$ 3,197,428</b>
<b>Use of prior year balances</b>	<b>\$ 483,277</b>	<b>\$ 483,277</b>	<b>\$</b>
Capital, net		(8,862)	(8,862)
Other sources		14,485	14,485
	<u>\$ (105,857)</u>	<u>\$ 3,097,194</u>	<u>\$ 3,203,051</u>

**Fiscal Year to Date**

	<b>Original budget</b>	<b>Actual</b>	<b>Variance</b>
Revenues	\$ 291,621,185	\$ 300,859,281	\$ 9,238,096
Expenditures	296,388,966	303,513,389	(7,124,423)
<b>Change in net assets</b>	<b>\$ (4,767,781)</b>	<b>\$ (2,654,108)</b>	<b>\$ 2,113,673</b>
<b>Use of prior year balances</b>	<b>\$ 5,316,037</b>	<b>\$ 5,316,037</b>	<b>\$</b>
Capital, net		(218,632)	(218,632)
Other sources		127,498	127,498
	<u>\$ 548,256</u>	<u>\$ 2,570,794</u>	<u>\$ 2,022,538</u>

**The Harris Center for Mental Health and IDD**  
**Results of Financial Operations and Comparison to Original Budget**  
**As of July 31, 2023**  
*unaudited/budget-basis reporting*

	For the Month				Fiscal Year to Date			
	ORGBUD	Actual	Variance		orgbud	Actual	Variance	
			\$	%			\$	%
<b>Operating Revenue</b>								
State General Revenue	\$ 9,507,049	\$ 9,476,132	\$ (30,917)	0%	\$ 104,577,283	\$ 104,148,951	\$ (428,332)	0%
Harris County and Local	5,005,567	4,812,237	(193,330)	-4%	55,132,070	57,775,057	2,642,987	5%
Federal Contracts and Grants	3,116,929	5,809,210	2,692,281	86%	37,653,886	38,960,595	1,306,710	3%
State Contract and Grants	1,260,594	1,119,414	(141,180)	-11%	13,866,500	12,363,855	(1,502,645)	-11%
Third Party Billing	2,485,089	2,812,663	327,574	13%	27,335,666	26,004,222	(1,331,444)	-5%
Charity Care Pool	3,366,382	4,158,429	792,047	24%	37,030,202	40,990,436	3,960,234	11%
Directed Payment Programs	817,840	817,840		0%	8,996,240	8,996,242	2	0%
PAP	420,000	797,065	377,065	90%	5,600,000	9,043,751	3,443,751	61%
Interest Income	129,940	371,960	242,020	186%	1,429,338	2,576,171	1,146,833	80%
<b>Operating Revenue, total</b>	<b>\$ 26,109,390</b>	<b>\$ 30,174,951</b>	<b>\$ 4,065,561</b>	<b>16%</b>	<b>\$ 291,621,185</b>	<b>\$ 300,859,281</b>	<b>\$ 9,238,096</b>	<b>3%</b>
<b>Operating expenditures</b>								
Salaries and Fringe Benefits	\$ 18,883,011	\$ 19,562,267	\$ (679,256)	-4%	\$ 210,368,957	\$ 217,207,502	\$ (6,838,545)	-3%
Contracts and Consultants	2,025,773	2,022,584	3,189	0%	22,290,781	21,012,570	1,278,211	6%
HCCPC Contract	2,322,734	2,326,364	(3,630)	0%	25,550,074	25,573,580	(23,506)	0%
Supplies and Drugs	1,084,323	1,658,195	(573,872)	-53%	11,947,473	15,224,436	(3,276,963)	-27%
Purchases, Repairs and Maintenance of:								
Equipment	521,161	415,508	105,653	20%	5,747,732	5,160,879	586,853	10%
Building	494,853	299,778	195,075	39%	5,445,328	3,531,737	1,913,591	35%
Vehicle	85,362	64,340	21,022	25%	940,302	1,007,954	(67,652)	-7%
Telephone and Utilities	287,187	361,673	(74,486)	-26%	3,158,886	3,449,220	(290,334)	-9%
Insurance, Legal and Audit	194,194	160,602	33,592	17%	1,932,975	1,893,368	39,607	2%
Travel	137,021	211,070	(74,049)	-54%	1,666,245	1,827,632	(161,387)	-10%
Other	662,905	484,276	178,629	27%	7,340,213	7,624,511	(284,298)	-4%
<b>Operating Expenditures, total</b>	<b>\$ 26,698,524</b>	<b>\$ 27,566,657</b>	<b>\$ (868,133)</b>	<b>-3%</b>	<b>\$ 296,388,966</b>	<b>\$ 303,513,389</b>	<b>\$ (7,124,423)</b>	<b>-2%</b>
<b>Change in Net Assets, before Other Sources</b>	<b>\$ (589,134)</b>	<b>\$ 2,608,294</b>	<b>\$ 3,197,428</b>	<b>-543%</b>	<b>\$ (4,767,781)</b>	<b>\$ (2,654,108)</b>	<b>\$ 2,113,673</b>	<b>-44%</b>
<b>Other Sources</b>								
Use of Net Assets, capital	\$	\$ 952,549	\$ 952,549		\$	\$ 4,517,767	4,517,767	
Capital Outlay		961,411	(961,411)			4,736,400	(4,736,400)	
<b>Capital Expenditures, net</b>		<b>(8,862)</b>	<b>(8,862)</b>			<b>(218,632)</b>	<b>(218,632)</b>	
DSRIP	483,277	483,277		0%	5,316,037	5,316,037		0%
Covid reserve						-		
<b>Use of prior year balances</b>	<b>483,277</b>	<b>483,277</b>	<b>-</b>		<b>5,316,037</b>	<b>5,316,037</b>		
Insurance proceeds		7,490	7,490			94,571	94,571	
Proceeds from Sale of Assets		6,995	6,995			32,927	32,927	
<b>Change in Net Assets, all Sources</b>	<b>\$ (105,857)</b>	<b>\$ 3,097,194</b>	<b>\$ 3,203,051</b>		<b>\$ 548,256</b>	<b>\$ 2,570,794</b>	<b>\$ 2,022,538</b>	

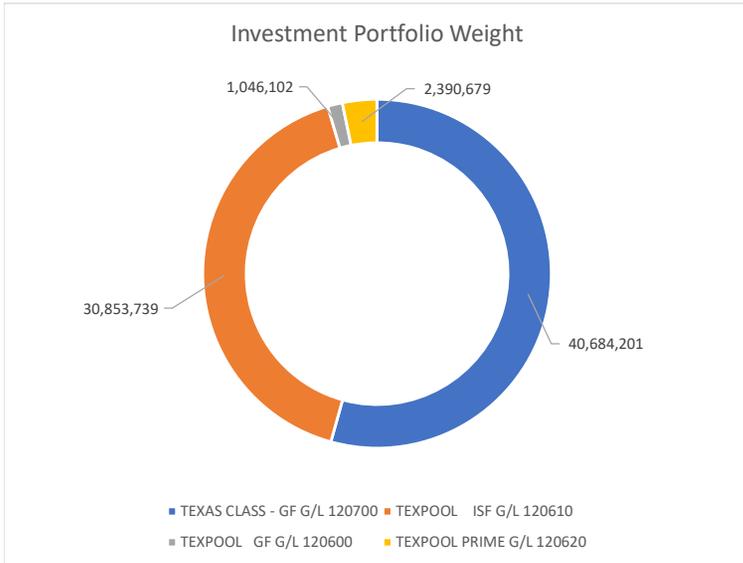
**The Harris Center for Mental Health and IDD**  
**Balance Sheet**  
**As of July 31, 2023**  
*unaudited/budget-basis reporting*

	June-23	July-23	Change
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and Petty Cash	\$ 35,620,463	\$ 11,917,043	\$ (23,703,420)
Investments	68,645,185	74,974,721	6,329,537
Inventory and Prepaid	6,050,211	5,459,122	(591,089)
Accounts Receivable			
Other	23,873,204	26,353,700	2,480,496
Patient, net of allowance	8,338,071	8,631,117	293,046
<b>Current Assets, Total</b>	<b>\$ 142,527,132</b>	<b>\$ 127,335,702</b>	<b>\$ (15,191,430)</b>
<b>Capital Assets</b>			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,595,256	46,595,256	-
Furniture, Equipment and Vehicles	10,076,111	10,035,459	(40,652)
Construction in Progress	24,174,821	25,127,370	952,549
<b>Capital Assets, Total</b>	<b>\$ 93,539,971</b>	<b>\$ 94,451,867</b>	<b>\$ 911,896</b>
<b>Total Assets</b>	<b>\$ 236,067,103</b>	<b>\$ 221,787,569</b>	<b>\$ (14,279,534)</b>
<b>LIABILITIES AND NET ASSETS</b>			
Unearned Income	\$ 35,727,869	\$ 19,965,080	\$ (15,762,789)
Accounts Payable and Accrued Liabilities	17,713,128	16,623,857	(1,089,270)
Long term Liabilities	911,096	910,357	(739)
<b>Liabilities, Total</b>	<b>\$ 54,352,093</b>	<b>\$ 37,499,295</b>	<b>\$ (16,852,798)</b>
<b>NET POSITION</b>			
Inventory and Capital Assets	93,931,668	94,834,615	902,946
Assigned (see notes for designated balances)	88,309,742	86,882,866	(1,426,876)
Change in net assets, <i>budgetary basis</i>	(526,400)	2,570,794	3,097,194
<b>Net Assets, Total</b>	<b>\$ 181,715,010</b>	<b>\$ 184,288,274</b>	<b>\$ 4,000,141</b>

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

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
<b>Texas CLASS</b>							
Texas CLASS General Fund	\$ 34,509,366	\$ 6,000,000	\$ -	\$ 174,835	\$ 40,684,201	54.3%	5.360%
<b>TexPool</b>							
TexPool Prime	30,713,928	-	-	139,811	30,853,739	41.2%	4.801%
TexPool General Fund	1,041,570	-	-	4,533	1,046,102	1.4%	4.611%
TexPool Internal Service Fund	2,380,321	-	-	10,358	2,390,679	3.2%	4.611%
<i>TexPool Sub-Total</i>	<i>34,135,819</i>	<i>-</i>	<i>-</i>	<i>154,702</i>	<i>34,290,520</i>	<i>45.7%</i>	<i>4.782%</i>
<b>Total Investments</b>	<b>\$ 68,645,185</b>	<b>\$ 6,000,000</b>	<b>\$ -</b>	<b>\$ 329,537</b>	<b>\$ 74,974,721</b>	<b>100%</b>	<b>5.095%</b>
Additional Interest-Checking Accounts				371,960			
<b>Total Interest Earned</b>				<b>701,497</b>			



<b>3 Month Weighted Average Maturity (Days)</b>	<b>1.00</b>
<b>3 Month Weighted Average Yield of The Harris Center Investment Portfolio</b>	<b>5.240%</b>
<b>3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)</b>	<b>5.087%</b>
<b>May Interest Rate - Chase Hybrid Checking</b>	<b>3.15%</b>
<b>May ECR - Chase</b>	<b>3.25%</b>

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of July 31, 2023 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

  
Hayden Hernandez, Accounting and Treasury Manager

**The Harris Center for Mental Health and IDD**  
**Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits**  
**As of July 31, 2023**

<b>Vendor</b>	<b>Description</b>	<b>Monthly Not-To-Exceed*</b>	<b>July</b>	<b>YTD Total Through July</b>
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,926,095	\$20,203,871
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$24,426,844
UNUM	Life Insurance	\$300,000	\$208,944	\$2,242,871

\* As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

Note: Non-employee portion of July payments of Liabilities for Employee Benefits = 4.5% of Expenditures.

# EXHIBIT F-3

**AUGUST 2023**  
**NEW CONTRACTS OVER 100k**





**Due Diligence Linen and Laundry Services  
Request for Quote  
Project# FY23-0222**

Purchasing received a request from The Harris Center facilities located at 6160 South Loop East and the Youth Diversion Center at 6500 Chimney Rock on Friday, May 10, 2023, to solicit a new vendor for Linen and Laundry Services.

Two (2) vendor quotes were received and a Best and Final Offer was requested:

1. **Texas Textile Services: \$79,614.49 (Start-Up/Buy-In \$2,232.18, and 12 Month, Bi-Weekly Laundry Services \$77,382.31)**
2. **ImageFirst Healthcare Laundry Services: \$115,356.80 (12 Month Bi-Weekly Laundry Services, No Start-Up/Buy-In Fee)**

The Project Team recommendation is to move forward with the vendor that met all the team's requirements such as a good overall program concept, quality of personnel and experience.

**Texas Textile Services**

Budget breakdown as follows:

**Youth Diversion Center**

Hand Towels were removed from vendor quote per end-users.

FY24 - \$12,185.02, Start-Up/Buy-In \$341.64, and 12-Month Bi-Weekly Laundry Services \$11,843.38 (Funding Source: Unit 6500, GL Code 543031).

FY25 - \$11,843.38, 12 Month B-Weekly Laundry Services, (Funding Source: Unit 6500, GL Code 543031)

Total NTE: \$24,028.40

**6160 South Loop East**

Hand towels were removed from vendor quote per end-users.

FY24 - \$48,006.84, Start-Up/Buy-In \$1,345.99, and 12 Month Bi-Weekly Laundry Services \$46,660.85 (Funding Source: Unit 9403, 9407, 9261, 9264, 9501, 9502, 9267)

FY25 - \$46,660.85, 12 Month Bi-Weekly Laundry Services, (Funding Source: Unit 9403, 9407, 9261, 9264, 9501, 9502, 9267)

Total NTE: \$94,667.69

The total NTE (Not to Exceed) for a two (2) year contract is \$118,696.09

Submitted By:

DocuSigned by:

*James Blunt*

P92CA44A6C5944F0...

James Blunt, C.P.M.  
Buyer II

Recommended By:

DocuSigned by:

*Sharon Brauner*

258C3C5A8EF9418...

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

DocuSigned by:

*Vanessa McKeown*

0405B9FF5CB4CA...

Vanessa McKeown  
Chief Financial Officer

THIS CERTIFIES THAT

**Texas Textile Services, LTD**



\* Nationally certified by the: **HOUSTON MINORITY SUPPLIER DEVELOPMENT COUNCIL**

\*NAICS Code(s): **812320**

\* Description of their product/services as defined by the North American Industry Classification System (NAICS)

**05/13/2022**

**Issued Date**

**HS19276**

**Certificate Number**

**05/31/2023**

**Expiration Date**

**Ying McGuire  
NMSDC CEO and President**

**Ingrid M. Robinson, President**

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

\* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®



# Executive Contract Summary

## Contract Section



**Contractor\***

Texas Textiles Services

**Contract ID #\***

2023-0730

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

The Harris Center for Mental Health & IDD and Texas Textiles Services

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

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

**Procurement Method(s)\***

Check all that Apply

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

8/31/2025

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 60,191.86

**Fiscal Year\* (?)**

2025

**Amount\* (?)**

\$ 58,504.23

**Funding Source\***

State Grant

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

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

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

RFQ recommendation for new vendor for linen and laundry services at 6160 S. Loop E. Fwy and Youth Diversion Center at 6500 Chimney Rock.

**Contract Owner\***

Kim Kornmayer

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

About TTS.pdf	482.23KB
Addendum 1 & Letter of Clarification #1.pdf	216.15KB
advacare disin ltr 20150911 (1).pdf	422.32KB
Advacare Disinfectant 2020_Regulatory Letter_List N.pdf	143.99KB
Attachment D.pdf	261.7KB
BAFO Quote - Texas Textiles.pdf	191.96KB
cart forms.pdf	38.56KB
delivery manifest.pdf	26.95KB
Due Diligence Letter - Linens and Laundry Services RFQ_SIGNED.pdf	357.52KB
Pricing and RFQ response.pdf	275.38KB
References.docx	15.58KB
Reject Linen Program.pdf	418.33KB
TAB - Linen and Laundry Services RFQ.xlsx	17.2KB
TTS MBE Certificate 05-31-2023.pdf	76.2KB
TTS W9.pdf	109.54KB

**Vendor/Contractor Contact Person**



**Name\***

Lucy Heredia, VP of Operations

**Address \***

Street Address

9201 Center Point Drive

Address Line 2

City

Houston

Postal / Zip Code

77054-3701

State / Province / Region

TX

Country

US

**Phone Number \***

281-541-2116

**Email \***

lheredia@texastextile.com

**Budget Section**



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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6500	\$ 24,028.40	543032
<b>Budget Manager</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager</b> Adams, Betty
9403	\$ 32,184.69	543032
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puente, Giovanni
9407	\$ 7,574.00	543032
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puente, Giovanni
9261	\$ 21,773.00	543032
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puente, Giovanni
9264	\$ 10,414.00	543032
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puente, Giovanni
9501	\$ 7,574.00	543032
<b>Budget Manager</b> Ramirez, Priscilla		<b>Secondary Budget Manager</b> Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9502	\$ 7,574.00	543032
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9267	\$ 7,574.00	543032
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

As outlined in RFQ recommendations

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

n/a

<b>Requester Name</b>	<b>Submission Date</b>
Ramirez, Priscilla	8/4/2023

**Budget Manager Approval(s)**

Approved by

*Stecnia Williams-Wesley*

Approval Date  
8/4/2023

Approved by

*Priscilla M. Ramirez*

Approval Date  
8/4/2023

**Procurement Approval**

File Upload (?)

Approved by

*Sharon Brauner*

Approval Date  
8/7/2023

**Contract Owner Approval**

Approved by

*Kim Kornmayer*

Approval Date  
8/7/2023

**Contracts Approval**

**Approve \***

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

**Approved by \***

*Belinda Stude*

**Approval Date \***

8/7/2023

# **EXHIBIT F-4**

# **AUGUST 2023 RENEWALS OVER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT RENEWALS  
MORE THAN \$100,000

AUGUST 2023  
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ADMINISTRATION</b>								
1	Clinical Pathology Laboratories, Inc.	Agency Wide Clinical Laboratory Services	\$415,238.00	\$642,108.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agency Wide Clinical Laboratory Services Agreement.
2	Enterprise FM Trust	Vehicle Lease and Maintenance Agreements for Agency-wide Transportation Services. Vehicle Procurement Services (Lease and Ownership) through a single entity.	\$758,833.08	\$758,833.08	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of Vehicle Lease and Maintenance Agreements for Agency-wide transportation services.
3	McKesson Corporation	Agency Wide Medical Surgical Supplies	\$295,577.00	\$285,365.00	7/1/2023 - 6/30/2024	General Revenue (GR)	Tag-On	Annual renewal of Agency Wide Medical Surgical Supplies. [Tag-on through GPO Vizient]
4	O'Donnell/Snider Construction LLC	Construction Services for the NPC Site Renovation Project	\$4,273,918.00	\$2,870,200.01	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Renewal of Construction Services Agreement for continuing project [NPC Renovations Project][ FY24- \$2870,200.01 NTE].
5	PDG Architects, Inc. d/b/a PDG Architects	Architectural Design, Plumbing and Storm Water Investigative Services and Furniture/Equipment Procurement Installation for NPC Renovations	\$330,000.00	\$193,650.55	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Renewal of Architectural Design, Plumbing and Storm Water Investigative Services for ongoing project [NPC Renovations Project][NTE:193,650.55].
6	Rey de la Reza Architects, Inc. d/b/a RDLR Architect	Architect Programming and Design Services for the North East Clinic	\$1,461,782.00	\$1,352,263.56	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Qualification	Renewal of Capital Project to complete Design and Programming for the North East Clinic build. [FY24 NTE: \$1,081,132.00 fees + \$310,650.00 optional additional services + \$70,000.00 contingency].
7	Ultra Medical Cleaning and Environmental Services, Inc.	Agency Wide Janitorial Services	\$781,080.44	\$942,492.53	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual FY24 funding only for Agency Wide Janitorial Services. FY24 NTE increase includes additional services at James Driver Park, 10918 Bentley Street, Houston, TX.
8	Universal Protection Service, LP d/b/a Allied Universal Security Services	Agency Wide Security Guard Services	\$1,074,299.80	\$1,075,267.08	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Annual renewal of Agency Wide Security Guard Services. There will be a reduction in the number Security Guards needed over time with the addition of Agency Security/Safety Ambassadors.
<b>CPEP/CRISIS SERVICES</b>								
9	P- MKTG-HMHC (Healthy Minds Healthy Communities)	P-Marketing Pool for Health Minds Health Communities	\$872,000.00	\$432,187.50	9/1/2023 - 8/31/2024	Federal Grant	Request for Proposal	Annual renewal of Master Pool of (2) two marketing firms for the digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>								
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>								
<b>FORENSICS</b>								





# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2021-0181

**Contractor Name\***

Clinical Pathology Laboratories, Inc.

**Service Provided\* (?)**

Agency Wide Clinical Laboratory Services.

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 415,238.00

**Rate(s)/Rate(s) Description**

Vary.

**Unit(s) Served\***

1136, 6302, 9208, 9210, 9403, 9810 and 6500

**G/L Code(s)\***

580000

**Current Fiscal Year Purchase Order Number\***

CT142533

**Contract Requestor\***

Linda Arceneaux

**Contract Owner\***

Kia Walker

**File Upload (?)**

**Evaluation of Current Fiscal Year Performance**



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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination**



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

Yes  No

**Renewal Information for Next Fiscal Year**



## Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
1136	\$ 600,000.00	580000
<b>Budget Manager *</b> Shelby, Debbie		<b>Secondary Budget Manager *</b> Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9403	\$ 3,507.00	580000
<b>Budget Manager *</b> Ramirez, Priscilla		<b>Secondary Budget Manager *</b> Puente, Giovanni
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9407	\$ 825.00	580000
<b>Budget Manager *</b> Ramirez, Priscilla		<b>Secondary Budget Manager *</b> Puente, Giovanni
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9261	\$ 2,372.00	580000
<b>Budget Manager *</b> Ramirez, Priscilla		<b>Secondary Budget Manager *</b> Puente, Giovanni
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9208	\$ 1,497.00	580000
<b>Budget Manager *</b> Oshman, Jodel		<b>Secondary Budget Manager *</b> Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9210	\$ 1,497.00	580000
<b>Budget Manager *</b> Oshman, Jodel		<b>Secondary Budget Manager *</b> Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9810	\$ 1,497.00	580000
<b>Budget Manager *</b> Oshman, Jodel		<b>Secondary Budget Manager *</b> Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
6302	\$ 25,300.00	580000
<b>Budget Manager *</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager *</b> Jiles, Monalisa
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
6500	\$ 2,000.00	580000
<b>Budget Manager *</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager *</b> Adams, Betty

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9264	\$ 1,135.00	580000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9501	\$ 826.00	580000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9502	\$ 826.00	580000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9267	\$ 826.00	580000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

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

RATES VARY.

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

NA

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 642,108.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

\$642,108.00

Contract Funding Source\*

General Revenue (GR)

**Contract Content Changes** 

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)



Approved by

*Debbie Chambers Shelby*

Approved by

*Priscilla M. Ramirez*

Approved by

*Jodel Oshman*

Approved by

*Shenia Williams-Wesley*

Approved by

Sign

Contract Owner Approval



Approved by

*Kia Donae Walker*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/7/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7827

**Contractor Name\***

Enterprise FM Trust

**Service Provided\* (?)**

Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity.

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 758,833.08

**Rate(s)/Rate(s) Description**

**Unit(s) Served\***

Multiple

**G/L Code(s)\***

Multiple

**Current Fiscal Year Purchase Order Number\***

FY23 CT142487

**Contract Requestor\***

Jessica Soto

**Contract Owner\***

Todd McCorquodale

**File Upload (?)**

**Evaluation of Current Fiscal Year Performance** 

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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination** 

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

Yes  No

**Renewal Information for Next Fiscal Year** 

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 6,739.56	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 888.12	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 80,071.32	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 19,546.56	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 10,088.16	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,091.76	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 33,077.42	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 2,177.28	559000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 12,972.75	560500

Budget Manager*	Secondary Budget Manager*
Shelby, Debbie	Hooper Jr., Michael

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2200	\$ 3,532.44	559000
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2214	\$ 12,972.75	560500
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2214	\$ 5,875.56	559000
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2250	\$ 38,727.21	560500
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2250	\$ 8,514.12	559000
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2301	\$ 86,052.66	560500
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2301	\$ 16,315.68	559000
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
3550	\$ 12,972.75	560500
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
3550	\$ 2,413.56	559000
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Adams-Austin, Mamie	Kerlegon, Charles	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3579	\$ 7,618.68	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3579	\$ 888.12	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 12,642.24	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3585	\$ 1,833.72	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3609	\$ 13,558.68	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3609	\$ 1,833.72	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3611	\$ 26,161.02	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3611	\$ 4,961.88	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3636	\$ 5,752.32	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Adams-Austin, Mamie	Kerlegon, Charles	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3636	\$ 945.60	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3692	\$ 5,727.00	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3692	\$ 945.60	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9206	\$ 19,173.36	5605000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9206	\$ 3,445.20	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9208	\$ 110,885.35	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9208	\$ 28,029.48	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9210	\$ 15,243.96	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9210	\$ 2,761.20	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9211	\$ 4,778.28	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9211	\$ 907.80	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9243	\$ 5,318.40	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Puentes, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9243	\$ 907.80	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Puentes, Giovanni	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9247	\$ 7,570.32	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9247	\$ 2,269.68	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Kornmayer, Kimberly	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9248	\$ 125,773.92	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Strang, Sarah	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9248	\$ 15,973.20	559000
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Oshman, Jodel	Strang, Sarah	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9261	\$ 10,636.80	560500
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ramirez, Priscilla	Puentes, Giovanni	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9261	\$ 2,323.80	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9263	\$ 8,063.76	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Macleod, Ann
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9263	\$ 12,168.60	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Macleod, Ann
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9278	\$ 8,000.04	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9278	\$ 1,909.68	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 5,802.00	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Ramirez, Priscilla		Puente, Giovanni
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 16,924.47	560500
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9810	\$ 2,996.52	559000
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Provide Rate and Rate Descriptions if applicable* (?)</b>		
N/A		
<b>Project WBS (Work Breakdown Structure)* (?)</b>		
N/A		
<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>	
2024	\$ 758,833.08	

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

848761.86

Contract Funding Source \*

General Revenue (GR)

Contract Content Changes



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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner



Contract Owner \* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)



Approved by

*Ricardo Campbell*

Approved by

*Erica Brown*

Approved by

*Debbie Chambers Shelby*

Approved by

*Jodel Oshman*

Approved by

*Mamie Adams-Austin*

Approved by

*Priscilla M. Ramirez*

Approved by

Sign

Contract Owner Approval



Approved by

*Todd McCorquodale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/10/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

7137

**Contractor Name\***

McKesson Corporation

**Service Provided\* (?)**

Agency Wide Medical Surgical Supplies. Tag-On through GPO Vizient.

**Renewal Term Start Date\***

7/1/2023

**Renewal Term End Date\***

6/30/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 295,577.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served\*

Vary.

G/L Code(s)\*

547002

Current Fiscal Year Purchase Order Number\*

CT142361

Contract Requestor\*

Linda Arceneaux

Contract Owner\*

Kia Walker

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

## Budget Units and Amounts Charged to each Budget Unit

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 10,000.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Brown, Erica	Campbell, Ricardo	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1153	\$ 8,000.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Brown, Erica	Campbell, Ricardo	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2200	\$ 240.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2212	\$ 36,000.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2213	\$ 14,400.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2214	\$ 22,200.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2215	\$ 20,000.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2301	\$ 3,144.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2801	\$ 30,000.00	547002
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3550	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3579	\$ 1,695.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3609	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3611	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3623	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3636	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
3692	\$ 200.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Adams-Austin, Mamie		Kerlegon, Charles
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4323	\$ 456.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Smith, Janai		Hooper Jr., Michael
<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4325	\$ 180.00	547002
<b>Budget Manager*</b>		<b>Secondary Budget Manager*</b>
Smith, Janai		Hooper Jr., Michael

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
4736	\$ 1,200.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Smith, Janai		Hooper Jr., Michael
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2250	\$ 2,750.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9206	\$ 55,000.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9208	\$ 2,200.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9209	\$ 54,100.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9210	\$ 8,400.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9810	\$ 3,500.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Oshman, Jodel		Kornmayer, Kimberly
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9261	\$ 2,461.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Ramirez, Priscilla		Puente, Giovanni
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9264	\$ 1,177.00	547002
<b>Budget Manager *</b>		<b>Secondary Budget Manager *</b>
Ramirez, Priscilla		Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9267	\$ 856.00	547002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9403	\$ 3,638.00	547002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9407	\$ 856.00	547002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9501	\$ 856.00	547002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9502	\$ 856.00	547002

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Ramirez, Priscilla	Puente, Giovanni

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

Various rates

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

NA

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 285,365.00

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

\$285,365.00

**Contract Funding Source\***

General Revenue (GR)

**Contract Content Changes** 

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

Yes  No

**Will the scope of the Services change?\***

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approved by

*Debbie Chambers Shelby*

Approved by

*Mamie Adams-Austin*

Approved by

*Janae Lynette Smith*

Approved by

*Jodel Oshman*

Approved by

*Priscilla M. Ramirez*

Contract Owner Approval

Approved by

*Kia Denae Walker*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/3/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

### Current Fiscal Year

2023

### Contract ID#\*

2022-0428

### Contractor Name\*

O'Donnell/Snider Construction LLC

### Service Provided\* (?)

Construction for the NeuroPsychiatric Center (NPC) Site Renovation (CSP) Project# PUR-FY22-0207.

\*\*\* Is an FY24 PO needed? \*\*\*

### Renewal Term Start Date\*

9/1/2023

### Renewal Term End Date\*

8/31/2024

### Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

Check all that Apply

- |  |  |
|--|--|
| <input 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                     |

### Contract Description / Type

- |  |  |
|--|--|
| <input type="checkbox"/> Personal/Professional Services          | <input type="checkbox"/> Consultant                              |
| <input type="checkbox"/> Consumer Driven Contract                | <input type="checkbox"/> New Contract/Agreement                  |
| <input type="checkbox"/> Memorandum of Understanding             | <input type="checkbox"/> Amendment to Existing Contract          |
| <input type="checkbox"/> Affiliation or Preceptor                | <input type="checkbox"/> Service/Maintenance                     |
| <input type="checkbox"/> BAA/DUA                                 | <input type="checkbox"/> IT/Software License Agreement           |
| <input type="checkbox"/> Pooled Contract                         | <input type="checkbox"/> Lease                                   |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other AIA Document A201-2017 |

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 4,273,918.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1126

G/L Code(s)\*

900040

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142511

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

Evaluation of Current Fiscal Year Performance 

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

- Yes  No

Were Services delivered as specified in the contract?\*

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

Renewal Determination 

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1126	\$ 2,870,200.01	900040
<b>Budget Manager *</b>	<b>Secondary Budget Manager *</b>	
Brown, Erica	Campbell, Ricardo	

Fiscal Year * (?)	Amount * (?)
2024	\$ 2,870,200.01

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*  
General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner \* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd L McCordale*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2021-0199

**Contractor Name\***

PDG Architects, Inc. d/b/a PDG Architects

**Service Provided\* (?)**

Architectural Design, Plumbing and Storm Water Investigative Services.

Also provided are Supplemental Services at Ben Taub NPC First and Second Floor to include: Wayfinding Signage Design, Procurement, and installation; Furniture Procurement and Installation; Equipment Procurement and installation; and Full Construction Administration Services.

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes  
 No  
 Unknown

**Contract NTE\* (?)**

\$ 330,000.00

**Rate(s)/Rate(s) Description****Unit(s) Served\***

1126

**G/L Code(s)\***

900040

**Current Fiscal Year Purchase Order Number\***

FY23 PO CT142355

**Contract Requestor\***

Sarah Harper

**Contract Owner\***

Todd McCorquodale

**File Upload (?)****Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year?\***

- Yes  No

**Were Services delivered as specified in the contract?\***

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

**Renewal Determination**

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 193,650.55	900040
Budget Manager*		Secondary Budget Manager*
Brown, Erica		Campbell, Ricardo

Fiscal Year* (?)	Amount* (?)
2024	\$ 193,650.55

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd L. McCorquodale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

0594

**Contractor Name\***

Rey de la Reza Architects, Inc. d/b/a RDLR Architect

**Service Provided\* (?)**

NE Programming and Design

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

- |  |   |
|--|---|
| <input 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 checked="" 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"/>           |

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Please provide the HUB status

WBE - Women owned business.

Contract NTE\* (?)

\$ 1,461,782.00

Rate(s)/Rate(s) Description

breakdown \$1,081,132.00 total fees + \$310,650.00 optional additional services + \$70,000.00 contingency

Unit(s) Served\*

1126

G/L Code(s)\*

900040

Current Fiscal Year Purchase Order Number\*

CT142878

Contract Requestor\*

Sarah Harper

Contract Owner\*

Todd McCorquodale

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 1,352,263.56	900040
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Brown, Erica	Campbell, Ricardo	

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,352,263.56

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*Todd L. McCorquodale*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

6/1/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2022-0559

**Contractor Name\***

Ultra Medical Cleaning and Environmental Services, Inc.

**Service Provided\* (?)**

Increase the amount to continue janitorial services to be provided at James Driver Park, 10918 Bentley Street, Houston, Texas 77093. The rate is \$866.00 per month for weekly cleaning services.

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes  
 No  
 Unknown

**Contract NTE\* (?)**

\$ 781,080.44

**Rate(s)/Rate(s) Description**

\$866.00 per month for weekly cleaning services

**Unit(s) Served\***

1899

**G/L Code(s)\***

569002

**Current Fiscal Year Purchase Order Number\***

CT142639

**Contract Requestor\***

Lisa Cantu-Espinoza

**Contract Owner\***

Todd McCorquodale

**File Upload (?)**

### Evaluation of Current Fiscal Year Performance

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

- Yes  No

**Were Services delivered as specified in the contract?\***

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

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

- Yes  No

### Renewal Determination

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 856,811.39	569002

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 85,681.14	569002

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

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

Exhibit A2 (Attached)\$846,419.39 plus cleaning services to Smartpod located in James Driver Park at 10918 Bentley Street, Houston, Texas 77093 (Attached) \$10,392 plus 10% Contingency \$85,681.14. Total FY24 Contract Amount of \$942,492.53

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

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 942,492.53

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source \*

General Revenue (GR)

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Ultra Medical - Pricing Sheet FY24.pdf	154.17KB
Smartpod Cleaning Quote.pdf	176.51KB

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval

Approved by

*Todd McCorquodale*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/10/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2024

**Contract ID#\***

7798

**Contractor Name\***

Universal Protection Service, LP d/b/a Allied Universal Security Services

**Service Provided\* (?)**

Agency Wide Security Guard Services

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 1,074,299.80

Rate(s)/Rate(s) Description

Unit(s) Served\*

Multiple

G/L Code(s)\*

583000

Current Fiscal Year Purchase Order Number\*

FY23 CT142388

Contract Requestor\*

Egla MacKinney

Contract Owner\*

Carrie Rys

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes  No

Please Explain\*

No shows and late arrivals continue to be a problem

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

Please Explain\*

Yes, however, there is constant delayed response to questions/revisions on invoices

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

Yes  No

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

Yes  No

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

Yes  No

**Please Explain \***

Yes, however, requested training documents from contractor have not been provided and continue to wait on production.

**Renewal Determination**

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

Yes  No

**Renewal Information for Next Fiscal Year****Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1808	\$ 61,980.36	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1809	\$ 85,107.36	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1814	\$ 74,006.40	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1817	\$ 192,416.64	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1820	\$ 155,413.44	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1849	\$ 46,254.00	583000

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1858	\$ 111,009.60	583000

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
6500	\$ 155,413.44	583000

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Williams-Wesley, Sheenia	Adams, Betty

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1869	\$ 192,416.64	583000

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1874	\$ 1,249.20	583000

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

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

Option # 3 - FY24 Rate increased to \$17.79 per hour of security services. No Overtime or holiday pay allowed.

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

Not Applicable

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 1,075,267.08

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

**Contract Funding Source\***

General Revenue (GR)

**Contract Content Changes** 

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

Yes  No

**Please Explain\***

The current FY24 NTE will not change only the decrease in guards at sliding intervals

**Will the scope of the Services change?\***

Yes  No

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

Yes  No

**Are there any changes in the Performance Targets?\***

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)

Approved by

*Erica Brown*

Approved by

*Shermie Williams-Wesley*

Contract Owner Approval

Approved by

*Carrie Taylor Rys*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

8/3/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



### Current Fiscal Year

2023

### Contract ID#\*

2022-0399

### Contractor Name\*

P- MKTG-HMHC (Healthy Minds Healthy Communities)

### Service Provided\* (?)

Marketing firms (2) being contracted to work with digital impact team on the Healthy Minds, Healthy Communities Initiative for the duration of the ARPA grant.

### Renewal Term Start Date\*

9/1/2023

### Renewal Term End Date\*

8/31/2024

### Term for Off-Cycle Only (For Reference Only)

### Agenda Item Submitted For: (?)

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

### Procurement Method(s)\*

Check all that Apply

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

### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 872,000.00

**Rate(s)/Rate(s) Description**

FY23: September 1, 2022 - December 31, 2022 -  
\$131,312.50 FY23: January 1, 2023 - August 31, 2023 -  
\$248,500.00 FY24: September 1, 2023 - December 31, 2023  
- \$187,500.00 FY24: January 1, 2024 - August 31, 2024 -  
\$244,687.50 FY25: September 1, 2024 - November 30, 2024  
- \$60,000.00

Unit(s) Served\*

7008

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

CT142380

Contract Requestor\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

**Evaluation of Current Fiscal Year Performance**

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

Yes  No

Were Services delivered as specified in the contract? \*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination**

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

Yes  No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 432,187.50	54200
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Ilejay, Kevin	Campbell, Ricardo	

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

N/A

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

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 432,187.50

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

Federal Grant

Contract Content Changes

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

Yes  No

Will the scope of the Services change? \*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets? \*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s) 

Approved by

*Karin Hejny*

Contract Owner Approval 

Approved by

*Jennifer Battle*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

7/10/2023



# Annual Renewal Evaluation

## Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2022-0599

**Contractor Name\***

Diamond Drugs, Inc. d/b/a Diamond Pharmacy Services

**Service Provided\* (?)**

Drug dispensing services to consumers in TCOOMMI for the DDRP and New Start programs at the Atascocita, TX location.

**Renewal Term Start Date\***

10/1/2023

**Renewal Term End Date\***

9/30/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 160,000.00

**Rate(s)/Rate(s) Description**

Note: FY24 \$20,000 allocated for September.

**Unit(s) Served\***

6401 & 6303

**G/L Code(s)\***

547001

**Current Fiscal Year Purchase Order Number\***

CT142826

**Contract Requestor\***

Sheenia Williams-Wesley

**Contract Owner\***

Monalisa Jiles

**File Upload (?)**

**Evaluation of Current Fiscal Year Performance**



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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

**Renewal Determination**



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

Yes  No

**Renewal Information for Next Fiscal Year**



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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 85,551.00	547001
<b>Budget Manager*</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager*</b> Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6303	\$ 90,000.00	547001
<b>Budget Manager*</b> Williams-Wesley, Sheenia		<b>Secondary Budget Manager*</b> Jiles, Monalisa

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

n/a

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

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 175,551.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

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

Yes  No

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

#### Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)



Approved by

*Shenia Williams-Wesley*

Contract Owner Approval



Approved by

*Monalisa Tiles*

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

7/17/2023

# **EXHIBIT F-5**

# **AUGUST 2023 AMENDMENTS OVER 100k**

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
CONTRACT AMENDMENTS  
MORE THAN \$100,000

AUGUST 2023  
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
<b>ADMINISTRATION</b>									
1	Aptean Inc	Software License, Support & Maintenance for On-line requisition & Approval System (Formerly Ross)	\$391,381.21	\$14,703.43	\$406,084.64	10/25/2023 - 10/24/2024	General Revenue (GR)	Amendment to FY24 Renewal	Amendment needed to increase the FY24 NTE as a result of actual quote received for renewal and Capital Project had a different amount. Renewal was previously submitted to July's board for approval.
2	Saba Software, Inc.	Agency-Wide Learning Management System Software Services	\$135,277.56	\$98,907.48	\$234,185.04	9/1/2022 - 12/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE and extend the term. The Agency has chosen a new learning management system via a recent RFP process. The extension will allow implementation time required for the new system transition.
<b>CPEP/CRISIS SERVICES</b>									
3	Aramark Correctional Service, LLC	Jail Diversion, Respite, Rehab & Re-Entry Facility Food Services	\$410,000.00	\$70,000.00	\$480,000.00	9/1/2022 - 8/31/2023	County	Request for Proposal	Amendment to increase the NTE to cover the remaining months in the fiscal year. The price hike went from \$3.14 per meal per day to a sliding scale of \$4.8296 per meal to the max rate of \$7.7086 per meal. The FY23 budget was based on the \$3.14 per meal.
4	Texas West Oaks Hospital, LP d/b/a West Oaks Hospital	Community Psychiatric Inpatient Hospital Beds Services	\$2,163,935.00	\$721,311.67	\$2,885,246.67	9/1/2023 - 12/31/2023	General Revenue (GR)	Request for Proposal	Amendment to extend the contract term and increase the NTE to allow additional time needed to complete the RFP process.
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES</b>									
<b>INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI</b>									
<b>FORENSICS</b>									
<b>LEASES</b>									
<b>MENTAL HEALTH</b>									



## Executive Contract Summary

### Contract Section ^

**Contractor\***

Aptean Inc

**Contract ID #\***

6115

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

The Harris Center and Aptean

**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 <b>Amendment to FY24 Renewal</b> |

**Funding Information\***

- New Contract
- Amendment

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

10/25/2023

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

10/24/2024

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

**Current Contract Amount\***

\$ 391,381.21

**Increase Not to Exceed\***

\$ 14,703.43

**Revised Total Not to Exceed (NTE)\***

\$ 406,084.64

Fiscal Year\* (?)  
2024

Amount\* (?)  
\$ 406,084.64

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 Amending July FY24 Renewal

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

Received quote for actual renewal, and Capital Project has different amount left for rollover.

Contract Owner\*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

FY10 - FY23

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

Yes  No  Unknown

Please provide an explanation\*

N/A

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health & IDD Order Form -  
ApteanFY24.pdf 98.26KB

Vendor/Contractor Contact Person

Name\*

Aptean Inc

Address\*

Street Address

1155 Perimeter Center West

Address Line 2

City

Sandy Springs

Postal / Zip Code

30338

State / Province / Region

GA

Country

US

Phone Number\*

7703519600

Email\*

ar-coe@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1130	\$ 348,635.64	553002

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No. *
1147	\$ 57,449.00	900060

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

N/A

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

IT21.1147.06

Requester Name

Hurst, Richard

Submission Date

7/13/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

7/14/2023

Approved by

*Erica Brown*

Approval Date

7/14/2023

Contract Owner Approval

Approved by

*[Signature]*

Approval Date

7/17/2023

Contracts Approval

**Approve \***

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

**Approved by \***

*Belinda Stude*

**Approval Date \***

7/17/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

Saba Software, Inc.

#### Contract ID #\*

6993

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

8/22/2023

#### Parties\* (?)

The Harris Center, Saba Software, Inc

#### 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 Software Agreement/Contract |

#### Funding Information\*

- New Contract  Amendment

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

9/1/2022

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

12/31/2023

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

we are extending to 12/31/2023

#### Current Contract Amount\*

\$ 135,277.56

#### Increase Not to Exceed\*

\$ 98,907.48

#### Revised Total Not to Exceed (NTE)\*

\$ 234,185.04

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 98,907.56

**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\* (?)**

We have chosen a new learning management system via a recent RFP process and require this extension to allow for implementation with the new system.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

09/01/2022 through present; we have contracted with them for the last 5 years.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Stephanie Warner

**Address\***

Street Address

1601 Cloverfield Boulevard

Address Line 2

Suite 600 South

City

Santa Monica

State / Province / Region

CA

Postal / Zip Code

90404-4082

Country

US

Phone Number\*

613-404-2017

Email\*

swarner@csod.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 98,907.48	553002
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Brown, Erica	

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

NA

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

NA

Requester Name

Escobar, Ninfa

Submission Date

8/1/2023

Budget Manager Approval(s)

Approved by

*Ricardo Campbell*

Approval Date

8/1/2023

Contract Owner Approval

Approved by

*Ninfa Escobar*

Approval Date

8/3/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/3/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Aramark Correctional Service, LLC

**Contract ID #\***

7849

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

The Harris Center for Mental Health & IDD and Aramark Correctional Service, 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 <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\***

\$ 410,000.00

**Increase Not to Exceed\***

\$ 70,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 480,000.00

Fiscal Year\* (?)  
2023

Amount\* (?)  
\$ 480,000.00

Funding Source\*

County

Contract Description / Type\* (?)

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

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

Per the vendor the cost per meal would need to increase due to inflation as well as the new kitchen training program. The Aramark cost negotiations were not solidified until quarter 2 of FY23 (January 2023). The price hike went from \$3.14 per meal per day to a sliding scale of \$4.8296 per meal to the max rate of \$7.7086 per meal. The FY23 budget was based on the \$3.14 per meal thus, the program has exhausted funding and will need at least \$70,000 to cover the remaining months in the fiscal year.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Current FY23 for food and nutrition.

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

David See

Address\*

Street Address

701 North San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1217

State / Province / Region

TX

Country

US

Phone Number\*

281-785-062

Email\*

See-David@aramark.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 27,500.00	543013

<b>Budget Manager</b> Ramirez, Priscilla	<b>Secondary Budget Manager</b> Puente, Giovanni
---	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 27,500.00	543013

<b>Budget Manager</b> Ramirez, Priscilla	<b>Secondary Budget Manager</b> Puente, Giovanni
---	---

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 15,000.00	543013

<b>Budget Manager</b> Ramirez, Priscilla	<b>Secondary Budget Manager</b> Puente, Giovanni
---	---

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

As outlined in the current contract

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

n/a

<b>Requester Name</b> Ramirez, Priscilla	<b>Submission Date</b> 8/4/2023
---	------------------------------------

Budget Manager Approval(s)

Approved by

*Priscilla M. Ramirez*

Approval Date

8/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Kim Kornmayer*

Approval Date

8/4/2023

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/4/2023



# Executive Contract Summary

## Contract Section



**Contractor\***

Texas West Oaks Hospital

**Contract ID #\***

7563

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

9/19/2023

**Parties\* (?)**

Texas West Oaks Hospital and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract
- Amendment

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

9/1/2023

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

12/31/2023

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

**Current Contract Amount\***

\$ 2,163,935.00

**Increase Not to Exceed\***

\$ 721,311.67

**Revised Total Not to Exceed (NTE)\***

\$ 2,885,246.67

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 2,885,246.67

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\* (?)

Amendment to extend the term with an increase for Community Inpatient Psychiatric Hospital Beds to allow additional time to complete the RFP process.

Contract Owner\*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Currently under contract

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name\*

Mandy Westerman

Address\*

Street Address

6500 Hornwood Dr.

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

US

Phone Number\*

713-778-5210

Email \*

Mandy.Westerman@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9223	\$ 721,311.67	543044
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

na

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

na

Requester Name

Singh, Patricia

Submission Date

8/2/2023

Budget Manager Approval(s)

Approved by

*Jodel Oshman*

Approval Date

8/2/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*KIM KOPNMAAYER*

Approval Date

8/3/2023

Contracts Approval

Approve \*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/4/2023

# EXHIBIT F-6

# **AUGUST 2023 INTERLOCAL AGREEMENTS**

## THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY  
INTERLOCALSAUGUST 2023  
FISCAL YEAR 2023

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine	New Affiliation Agreement	New Contract	7/18/2023 - 7/31/2028		
2	Baylor College of Medicine	Psychiatric Resident Education Rotation	New Contract	7/1/2023 - 7/1/2024	State Grant	New Agreement for Psychiatric Resident Education related to consumers who have mental health disorders in the following locations: Forensics, Child outpatient services, and the General residential crisis services. [FY23/FY24 NTE: \$170,186.27]
3	Baylor College of Medicine	Annual Renewal	Renewal	7/1/2023 - 6/30/2024	State Grant	Annual renewal of Agreement for Community Track Rotation for Residents. [FY23/24 NTE: \$166,728.32]
4	BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine	EKG Interpretation Services	New Contract	9/1/2023 - 8/31/2024	General Revenue (GR)	New contract to provide electrocardiogram (ECG) interpretation services for the Agency clinic sites including the Comprehensive Psychiatric Emergency Programs (CPEP). [FY24 NTE: \$49,950.00]
5	Galena Park Independent School District	New MOU	New Contract	9/1/2023 - 8/31/2024	General Revenue (GR)	New MOU for the Harris Center for Mental Health and IDD to provide screenings, clinical assessments, and treatment plans for students within the Galena Park Independent School District.
6	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2023 - 8/31/2024	General Revenue (GR)	Annual renewal of Operating Expenses and Maintenance Agreements which are shared with the Harris County Hospital District. [NPC][FY24 NTE: \$476,953.79]
7	Pasadena Independent School District	New MOU	New Contract	9/1/2023 - 8/31/2024	State Grant	The Harris Center for Mental Health and IDD will perform screenings and assessments as needed, psycho-social services, and follow-up services to students in the Pasadena Independent School District.
8	University of Houston Graduate College of Social Work (GCSW)	New Agreement	New Contract	7/19/2023 - 7/31/2028	General Revenue (GR)	New Agreement will allow students enrolled in University of Houston Graduate College of Social Work (GCSW) to complete clinical field placements as part of their degree requirements.
9	University of Houston-College of Medicine	Primary Care Services	Amendment	9/1/2023 - 8/31/2024	State Grant	Amendment to increase the NTE needed for additional primary care services for Consumers at the Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087. [FY24 NTE: \$875,000.00]
10	University of Texas Health Science Center at Houston	Psychiatric Resident Education Services	New Contract	7/1/2023 - 7/1/2024	State Grant	New Agreement for Psychiatric Residents to participate in psychiatric resident education related to consumers who have mental health disorders in the following locations: Forensics, General Resident Clinic, General Resident Crisis Services Clinic. [FY23/FY24 NTE: \$145,150.22]
11	Harris County on behalf of its Office of Management and Budget	Annual Renewal	Renewal	9/1/2023 - 8/31/2024	County	Annual renewal of ILA to provide Community Mental Health Grant OCR for Coordinate Mental Health and IDD Services for Harris County.





## Executive Contract Summary

### Contract Section ▲

**Contractor\***

Baylor College of Medicine - Psychology Program

**Contract ID #\***

2023-001

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

7/18/2023

**Parties\* (?)**

The Harris Center for Mental Health and IDD and Baylor College of Medicine - Psychology Program

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

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

**Procurement Method(s)\***

Check all that Apply

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Bid  | <input type="checkbox"/> Competitive Proposal   |
| <input type="checkbox"/> Request for Proposal                                       | <input type="checkbox"/> Sole Source  |
| <input type="checkbox"/> Request for Application                                    | <input type="checkbox"/> Request for Qualification  |
| <input type="checkbox"/> Request for Quote  | <input type="checkbox"/> Tag-On   |
| <input type="checkbox"/> Interlocal   | <input type="checkbox"/> Consumer Driven  |
| <input checked="" type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1em; vertical-align: middle;"></span> |

**Funding Information\***

- New Contract  Amendment

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

7/18/2023

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

7/31/2028

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

**Fiscal Year\* (?)**

2023

**Amount\* (?)**

\$ 0.00

**Funding Source\***

General Revenue (GR)

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

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

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

This agreement will allow students enrolled in Baylor College of Medicine - Psychology Program to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Baylor College of Medicine - Psychology Program

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ^

**Name\***

Eric Alan Storch, Ph.D.

**Address\***

Street Address

1977 Butler Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030-4101

State / Province / Region

TX

Country

US

**Phone Number\***

713-798-3579

**Email\***

storch@bcm.edu

**Budget Section** ^

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Daswani, Bianca	7/18/2023

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Approval Date

7/18/2023

#### Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

#### Contract Owner Approval

Approved by

*Mirya Escobar*

Approval Date

7/19/2023

#### Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/20/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

Baylor College of Medicine

#### Contract ID #\*

NA

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

8/31/2023

#### Parties\* (?)

Baylor College of Medicine and The Harris Center for Mental Health and IDD

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

7/1/2023

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

7/1/2024

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

#### Fiscal Year\* (?)

2024

#### Amount\* (?)

\$ 170,186.27

#### Funding Source\*

State Grant



## Executive Contract Summary

### Contract Section

**Contractor \***

Baylor College of Medicine

**Contract ID # \***

NA

**Presented To \***

- Resource Committee  
 Full Board

**Date Presented \***

8/31/2023

**Parties \* (?)**

Baylor College of Medicine and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s) \***

Check all that Apply

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

**Funding Information \***

- New Contract  Amendment

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

7/1/2023

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

7/1/2024

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

**Fiscal Year \* (?)**

2024

**Amount \* (?)**

\$ 170,186.27

**Funding Source \***

State Grant

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

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

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

Contractor will participate in psychiatric resident education related to consumers who have mental health disorders in the following locations: Forensics, Child outpatient services, and the General resident crisis services.

**Contract Owner\***

Dr. Muzquiz

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

Yes  No  Unknown

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

FY 23 same as services above

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

Yes  No  Unknown

**Please provide the HUB status\***

HUB - State.

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

Several Baylor College of Medicine contracts with Agency.

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** ▲

**Name\***

Sheryl Croix

**Address\***

Street Address

One Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

United States

**Phone Number\***

7137984068

Email \*

S.Croix@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2208	\$ 170,186.27	NA
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	

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

\$68.16 Per hour. Baylor will submit invoice and time sheets for each resident.

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

NA

Requester Name	Submission Date
Evans, Jennifer	7/11/2023

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Approval Date

7/11/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

*Sylvia Muzquiz*

Approval Date

7/12/2023

Contracts Approval

Approve \*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/13/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2022-0465

#### Contractor Name\*

Baylor College of Medicine

#### Service Provided\* (?)

Community Track Rotation for Residents

#### Renewal Term Start Date\*

7/1/2023

#### Renewal Term End Date

6/30/2024

#### Term for Off-Cycle Only (For Reference Only)

#### Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

Check all that Apply

- 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 Professional Residency Agreement

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 86,000.00

**Rate(s)/Rate(s) Description**

Hourly Rate is \$ \_68.16\_ for 24 hours/week (Split  
\$71,800/\$14,200)

**Unit(s) Served\***

2208

**G/L Code(s)\***

540504

**Current Fiscal Year Purchase Order Number\***

CT142568

**Contract Requestor\***

Mercedes Montgomery

**Contract Owner\***

Dr. Muzquiz

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

**Please Explain\***

We have had challenges getting documents from the residents needed for the rotations

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

Yes  No

**Please Explain\***

The invoices have been a challenge and have been up to 3 months behind.

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

Yes  No

**Please Explain\***

We have had challenges receiving timesheets needed per rotation from the residents.

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

Yes  No

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

Yes  No

**Renewal Determination**

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

Yes  No

**Renewal Information for Next Fiscal Year**

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 166,728.32	540504
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	

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

68.16 per hour for 24 hours per week The split for the PO's will be \$13,894.03 from 7/1/23 - 8/31/23 the second PO for \$152,834.29 from 09/1/23 - 6/30/24

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

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 166,728.32

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*

State Grant

**Contract Content Changes**

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

Yes  No

Please Explain\*

The language needs to be stronger in reference to invoices being sent by the 15th day of the following month.

Will the scope of the Services change?\*

Yes  No

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

Yes  No

Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

File Upload (?)

Contract Owner

Contract Owner\* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s)

Approved by

*Debbie Chambers Shelby*

Contract Owner Approval

Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/7/2023



## Executive Contract Summary

### Contract Section



**Contractor\***

BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine

**Contract ID #\***

NA

**Presented To\***

- Resource Committee
- Full Board

**Date Presented\***

7/18/2023

**Parties\* (?)**

BAYLOR COLLEGE OF MEDICINE Department of Family and Community Medicine and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2023

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

8/31/2024

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

**Fiscal Year\* (?)**

2024

**Amount\* (?)**

\$ 49,950.00

**Funding Source\***

General Revenue (GR)

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

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

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

To provide electrocardiogram (ECG) interpretation services for the Agency clinic sites (The Harris Center for Mental Health and IDD), including the Comprehensive Psychiatric Emergency Programs (CPEP). Services include interpretation of ECG and brief consultation regarding findings/impact on medication management with recommendations.

**Contract Owner\***

Kia Walker

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

Yes  No  Unknown

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

10+ years to present.

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person** 

**Name\***

LINDA TRAN DINH

**Address\***

Street Address

1 Baylor Plaza

Address Line 2

City

Houston

Postal / Zip Code

77030-3411

State / Province / Region

TX

Country

US

**Phone Number\***

713-798-7777

**Email\***

LT3@bcm.edu

**Budget Section** 

## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 4,850.00	543019

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 4,000.00	543019

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 17,500.00	543019

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 13,000.00	543019

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 9,600.00	543019

Budget Manager	Secondary Budget Manager
Shelby, Debbie	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9205	\$ 350.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 350.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 300.00	543019

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Kornmayer, Kimberly

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

\$38.40/routine consultation; \$50.40/urgent consultation

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

NA

**Requester Name**

Arceneaux, Linda

**Submission Date**

6/22/2023

**Budget Manager Approval(s)**



**Approved by**

*Debbie Chambers Stelby*

**Approval Date**

6/28/2023

**Approved by**

*Jodel Oshman*

**Approval Date**

6/30/2023

**Procurement Approval**



**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**



**Approved by**

*Kia Demae Walker*

**Approval Date**

7/7/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

7/7/2023



## Executive Contract Summary

### Contract Section

**Contractor\***

Galena Park Independent School District

**Contract ID #\***

2022-0525

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

Galena Park Independent School District and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2023

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

8/31/2024

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\* (?)**

The Harris Center for Mental Health and IDD will provide screenings, clinical assessments, and treatment plans for students within the Galena Park Independent School District.

**Contract Owner\***

Tiffanie Williams-Brooks

**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\***

Galena Park Independent School District

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Sonya George

**Address\***

Street Address

14705 Woodforest Boulevard

Address Line 2

City

Houston

Postal / Zip Code

77015

State / Province / Region

TX

Country

US

**Phone Number\***

832-386-1204

**Email\***

sgeorge@galenaparkisd.com

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4736	\$ 0.00	000000

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Hooper Jr., Michael

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

0.00

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

0.00

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	7/26/2023

**Budget Manager Approval(s)**

**Approved by**

*Janai Lynette Smith*

**Approval Date**  
7/27/2023

**Procurement Approval**

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

**Contract Owner Approval**

**Approved by**

*Tiffany Ann Williams-Brooks*

**Approval Date**  
7/28/2023

**Contracts Approval**

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***  
7/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

5593

**Contractor Name\***

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

**Service Provided\* (?)**

Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 284,557.83

Rate(s)/Rate(s) Description

Unit(s) Served\*

9206-\$227,654.83; 9209-\$34,147.00; 9211-\$22,765.00

G/L Code(s)\*

543040

Current Fiscal Year Purchase Order Number\*

CT142367

Contract Requestor\*

Patricia Singh

Contract Owner\*

Kim Kornmayer

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9206	\$ 381,563.03	543040

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9209	\$ 66,773.53	543040

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
9211	\$ 28,617.23	543040

<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>
Oshman, Jodel	Kornmayer, Kimberly

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

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

<b>Fiscal Year* (?)</b>	<b>Amount* (?)</b>
2024	\$ 476,953.79

**Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts**

**Contract Funding Source\***  
General Revenue (GR)

**Contract Content Changes** 

**Are there any required changes to the contract language?\* (?)**  
 Yes  No

**Will the scope of the Services change?\***  
 Yes  No

**Is the payment deadline different than net (45)?\***  
 Yes  No

**Are there any changes in the Performance Targets?\***  
 Yes  No

**Are there any changes to the Submission deadlines for notes or supporting documentation?\***  
 Yes  No

**File Upload (?)**

Contract Owner



Contract Owner\* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)



Approved by

*Jodel Ostman*

Contract Owner Approval



Approved by

*Amber Pastuszek, MD*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

6/30/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

Pasadena Independent School District

#### Contract ID #\*

7520

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

8/15/2023

#### Parties\* (?)

Pasadena Independent School District and The Harris Center for Mental Health and IDD.

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

9/1/2023

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

8/31/2024

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

#### Fiscal Year\* (?)

2024

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

State Grant

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

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

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

The Harris Center for Mental Health and IDD will perform screenings and assessments as needed, psycho-social services, and follow-up services to students in the Pasadena Independent School District.

**Contract Owner\***

Tiffanie Williams-Brooks

**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\***

Pasadena Independent School District

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Amany Khalil

**Address\***

Street Address

1850 East Sam Houston Parkway South

Address Line 2

City

Pasadena

Postal / Zip Code

77503

State / Province / Region

TX

Country

United States

**Phone Number\***

7137400289

**Email\***

akhalil@pasadenaisd.org

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
4736	\$ 0.00	000000

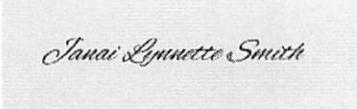
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Smith, Janai	Hooper Jr., Michael

**Provide Rate and Rate Descriptions if applicable\* (?)**  
0.00

**Project WBS (Work Breakdown Structure)\* (?)**  
0.00

<b>Requester Name</b>	<b>Submission Date</b>
Bowser, Mohagony	7/17/2023

**Budget Manager Approval(s)** 

<b>Approved by</b>	<b>Approval Date</b>
	7/17/2023

**Procurement Approval** 

**File Upload (?)**

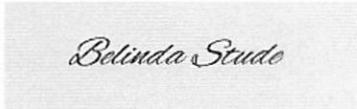
<b>Approved by</b>	<b>Approval Date</b>
	

**Contract Owner Approval** 

<b>Approved by</b>	<b>Approval Date</b>
	7/17/2023

**Contracts Approval**

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

<b>Approved by*</b>	<b>Approval Date*</b>
	7/18/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

University of Houston Graduate College of Social Work (GCSW)

#### Contract ID #\*

2003-004

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

8/15/2023

#### Parties\* (?)

The Harris Center for Mental Health and IDD & University of Houston Graduate College of Social Work (GCSW)

#### 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\* (?)

7/19/2023

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

7/31/2028

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

#### Fiscal Year\* (?)

2023

#### Amount\* (?)

\$ 0.00

#### Funding Source\*

General Revenue (GR)

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

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

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

This agreement will allow students enrolled in University of Houston Graduate College of Social Work (GCSW) to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

**Contract Owner\***

Ninfa Escobar

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

Yes  No  Unknown

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

Yes  No  Unknown

**Community Partnership\* (?)**

Yes  No  Unknown

**Specify Name\***

University of Houston Graduate College of Social Work (GCSW)

**Supporting Documentation Upload (?)**

UH GCSW Practicum Site Guidelines 2023.2.cleaned.pdf 158.22KB

**Vendor/Contractor Contact Person**

**Name\***

Shelley Gonzales

**Address\***

Street Address

3511 Cullen Blvd

Address Line 2

110HA Social Work Building

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

**Phone Number\***

713-743-7848

**Email\***

Sagonz12@central.uh.edu

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
1108	\$ 0.00	NA

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

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

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

<b>Requester Name</b>	<b>Submission Date</b>
Daswani, Bianca	7/19/2023

#### Budget Manager Approval(s)

**Approved by**

*Erica Brown*

**Approval Date**

7/19/2023

#### Procurement Approval

**File Upload (?)**

**Approved by**

Sign

**Approval Date**

#### Contract Owner Approval

**Approved by**

*Ninfa Escobar*

**Approval Date**

7/19/2023

#### Contracts Approval

**Approve\***

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

**Approved by\***

*Belinda Stude*

**Approval Date\***

7/25/2023



## Executive Contract Summary

### Contract Section


**Contractor\***

University of Houston-College of Medicine

**Contract ID #\***

7309

**Presented To\***

- Resource Committee  
 Full Board

**Date Presented\***

8/15/2023

**Parties\* (?)**

University of Houston-College of Medicine and The Harris Center for Mental Health and IDD

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Funding Information\***

- New Contract  Amendment

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

9/1/2023

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

8/31/2024

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

**Current Contract Amount\***

\$ 635,000.00

**Increase Not to Exceed\***

\$ 240,000.00

**Revised Total Not to Exceed (NTE)\***

\$ 875,000.00

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 875,000.00

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

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

Amendment to provide primary care services to patients at The Respite, Rehabilitation and Re-Entry Center located at 6160 South Loop East, Houston, TX 77087

Contract Owner\*

Lance Britt

Previous History of Contracting with Vendor/Contractor\*

Yes  No  Unknown

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

Currently under contract

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

Yes  No  Unknown

Community Partnership\* (?)

Yes  No  Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name\*

Jeremekia E. Amos

Address\*

Street Address

4800 Calhoun Rd

Address Line 2

City

Houston

Postal / Zip Code

77004

State / Province / Region

TX

Country

US

Phone Number\*

713-743-6256

Email \*

jeamos@central.uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9403	\$ 62,400.00	540503
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9502	\$ 177,600.00	540503
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Ramirez, Priscilla	Puente, Giovanni	

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

na

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

na

Requester Name	Submission Date
Singh, Patricia	7/27/2023

Budget Manager Approval(s)

Approved by

*Priscilla Ramirez*

Approval Date

7/27/2023

Contract Owner Approval

Approved by

*Lance Britt*

Approval Date

7/31/2023

Contracts Approval

Approve \*

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

Approved by \*

*Belinda Stude*

Approval Date \*

7/31/2023



## Executive Contract Summary

### Contract Section

#### Contractor\*

University of Texas Health Science Center at Houston

#### Contract ID #\*

NA

#### Presented To\*

- Resource Committee  
 Full Board

#### Date Presented\*

8/31/2023

#### Parties\* (?)

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

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

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Funding Information\*

- New Contract  Amendment

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

7/1/2023

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

7/1/2024

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

#### Fiscal Year\* (?)

2024

#### Amount\* (?)

\$ 145,150.22

#### Funding Source\*

State Grant

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

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

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

Contractor will participate in psychiatric resident education related to consumers who have mental health disorders in the following locations:Forensics, General Resident Clinic, General Resident Crisis Services Clinic

**Contract Owner\***

Dr. Muzquiz

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

Yes  No  Unknown

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

Fy 23 same as above

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

Yes  No  Unknown

**Please provide the HUB status\***

HUB - State.

**Community Partnership\* (?)**

Yes  No  Unknown

**Supporting Documentation Upload (?)**

**Vendor/Contractor Contact Person**

**Name\***

Jennifer Nandlal

**Address\***

Street Address

2800 South Macgregor Way

Address Line 2

City

Houston

Postal / Zip Code

77021

State / Province / Region

TX

Country

US

**Phone Number\***

832-232-1491

**Email\***

jennifer.n.nandlal@uth.tmc.edu

**Budget Section**

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

<b>Budget Unit Number*</b>	<b>Amount Charged to Unit*</b>	<b>Expense/GL Code No.*</b>
2208	\$ 145,150.22	NA

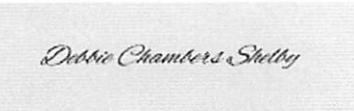
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Shelby, Debbie	Hooper Jr., Michael

**Provide Rate and Rate Descriptions if applicable\* (?)**  
 \$68.16 per hour for each resident that rotates. UT is responsible for submitting all timesheets and invoices

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

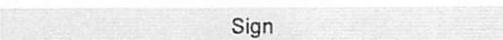
<b>Requester Name</b>	<b>Submission Date</b>
Evans, Jennifer	7/17/2023

#### Budget Manager Approval(s)

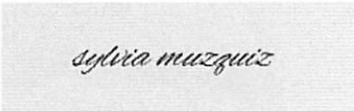
<b>Approved by</b>	<b>Approval Date</b>
	7/18/2023

#### Procurement Approval

File Upload (?)

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

#### Contract Owner Approval

<b>Approved by</b>	<b>Approval Date</b>
	7/18/2023

#### Contracts Approval

**Approve\***

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

<b>Approved by*</b>	<b>Approval Date*</b>
	7/18/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

**Current Fiscal Year**

2023

**Contract ID#\***

2020-0039

**Contractor Name\***

Harris County on behalf of its Office of management and Budget

**Service Provided\* (?)**

Community Mental Health Grant OCR for Coordinate Mental Health and IDD Services for Harris County

**Renewal Term Start Date\***

9/1/2023

**Renewal Term End Date\***

8/31/2024

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type\***

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 2,115,000.00

**Rate(s)/Rate(s) Description**

N/A

**Unit(s) Served\***

N/A

**G/L Code(s)\***

N/A

**Current Fiscal Year Purchase Order Number\***

N/A

**Contract Requestor\***

Priscilla Ramirez

**Contract Owner\***

Kim Kornmayer

**File Upload (?)**



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2023

#### Contract ID#\*

2021-0280

#### Contractor Name\*

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

#### Service Provided\* (?)

External program evaluation of the Community Initiated Mental Health and Resilience Care ARPA program as required by Harris County. Annual funding.

#### Renewal Term Start Date\*

2/1/2022

#### Renewal Term End Date\*

9/30/2024

#### Term for Off-Cycle Only (For Reference Only)

#### Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 242,918.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served\*

7008

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

CT142397

Contract Requestor\*

Millie Wong

Contract Owner\*

Jennifer Battle

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7008	\$ 242,918.00	542000
<b>Budget Manager*</b> Ilejay, Kevin		<b>Secondary Budget Manager*</b> Campbell, Ricardo

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 242,918.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
County

#### Contract Content Changes

Are there any required changes to the contract language?\* (?)  
 Yes  No

Will the scope of the Services change?\*  
 Yes  No

Is the payment deadline different than net (45)?\*  
 Yes  No

Are there any changes in the Performance Targets?\*  
 Yes  No

Are there any changes to the Submission deadlines for notes or supporting documentation? \*  
 Yes  No

File Upload (?)

#### Contract Owner

Contract Owner\* (?)  
Please Select Contract Owner  
Jennifer Battle

#### Budget Manager Approval(s)

Approved by

*Kevin DeJoy*

Contract Owner Approval



Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

7/31/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information

#### Current Fiscal Year

2024

#### Contract ID#\*

2022-0361

#### Contractor Name\*

The University of Texas Health Science Center of Houston

#### Service Provided\* (?)

A joint providership arrangement with McGovern Medical School Office of Continuing Medical Education (OCME) to provide Continuing Medical Education (CME) Activity.

#### Renewal Term Start Date\*

9/1/2023

#### Renewal Term End Date\*

8/31/2024

#### Term for Off-Cycle Only (For Reference Only)

#### Agenda Item Submitted For: (?)

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

#### Procurement Method(s)\*

Check all that Apply

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

#### Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE\* (?)

\$ 6,600.00

Rate(s)/Rate(s) Description

Unit(s) Served\*

1101

G/L Code(s)\*

542000

Current Fiscal Year Purchase Order Number\*

FY23 PO CT142594

Contract Requestor\*

Annette Mayne

Contract Owner\*

Luming Li

File Upload (?)

### Evaluation of Current Fiscal Year Performance

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

Yes  No

Were Services delivered as specified in the contract?\*

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

### Renewal Determination

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

Yes  No

### Renewal Information for Next Fiscal Year

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 6,600.00	542000
<b>Budget Manager*</b> Brown, Erica		<b>Secondary Budget Manager*</b> Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable\* (?)  
 \$6,600 - A joint providership arrangement for a certain CME Activity.

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source\*  
 General Revenue (GR)

#### Contract Content Changes

Are there any required changes to the contract language?\* (?)  
 Yes  No

Will the scope of the Services change?\*  
 Yes  No

Is the payment deadline different than net (45)?\*  
 Yes  No

Are there any changes in the Performance Targets?\*  
 Yes  No

Are there any changes to the Submission deadlines for notes or supporting documentation? \*  
 Yes  No

File Upload (?)  
 UTHSC-Services\_Agreement\_Harris\_Center\_FY\_24 (Legal comments 7-6-23).docx 43.51KB

#### Contract Owner

Contract Owner\* (?)  
 Please Select Contract Owner  
 Luming Li

#### Budget Manager Approval(s)

Approved by

*Erica Brown*

Contract Owner Approval



Approved by

*[Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/7/2023



## Annual Renewal Evaluation

### Current Fiscal Year Contract Information



**Current Fiscal Year**

2023

**Contract ID#\***

2022-0466

**Contractor Name\***

University of Texas Health Science Center at Houston McGovern Medical School

**Service Provided\* (?)**

Community Track Rotation for Residency students

**Renewal Term Start Date\***

7/1/2023

**Renewal Term End Date\***

6/30/2024

**Term for Off-Cycle Only (For Reference Only)**

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

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

**Procurement Method(s)\***

Check all that Apply

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

**Contract Description / Type**

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

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

- Yes
- No
- Unknown

**Contract NTE\* (?)**

\$ 190,400.00

**Rate(s)/Rate(s) Description**

Two (2) - 3rd year residents Period of Performance: FY  
7/1/22-8/31/23 Hourly Rate is \$ \_68.16\_ for 32 hours/week

**Unit(s) Served\***

2208

**G/L Code(s)\***

540504

**Current Fiscal Year Purchase Order Number\***

CT142491

**Contract Requestor\***

Mercedes Montgomery

**Contract Owner\***

Dr. Muzquiz

**File Upload (?)**

## Evaluation of Current Fiscal Year Performance

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

Yes  No

**Were Services delivered as specified in the contract?\***

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

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

Yes  No

## Renewal Determination

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

Yes  No

## Renewal Information for Next Fiscal Year



## Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 83,364.16	540504
<b>Budget Manager*</b>	<b>Secondary Budget Manager*</b>	
Shelby, Debbie	Hooper Jr., Michael	

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

68.16 per hour for 24 hours per week for 1 resident. The split for the PO should be as follows 1st PO \$6,947.01 from 07/01/2023- 08/31/23 the 2nd PO will be for \$76,417.15 for 09/01/23 - 06/30/24

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

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 83,364.16

## Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

## Contract Funding Source\*

State Grant

## Contract Content Changes



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

Yes  No

## Will the scope of the Services change?\*

Yes  No

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

Yes  No

## Are there any changes in the Performance Targets?\*

Yes  No

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

Yes  No

## File Upload (?)

## Contract Owner



## Contract Owner\* (?)

Please Select Contract Owner

Dr. Muzquiz

Budget Manager Approval(s) 

Approved by

*Debbie Chambers & Shelly*

Contract Owner Approval 

Approved by

*[Handwritten Signature]*

Contracts Approval

Approve\*

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

Approved by\*

*Belinda Stude*

Approval Date\*

8/7/2023

# **EXHIBIT F-7**



# The Harris Center Commercial Insurance Renewal Summary

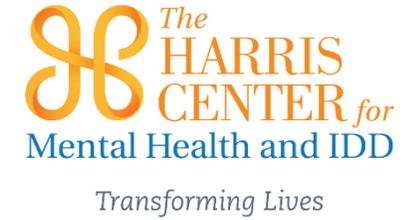
2023 - 2024

# TCRMF Summary 2023-24



Coverage	2023-2024	Variance	Percent	2022-2023
	Estimated Premium	Difference	Change	Expiring Premium
Workers Compensation	\$316,213.00	(\$123,507.00)	-28.09%	\$439,720.00
Auto Liability	\$89,747.00	(\$1,700.00)	-1.86%	\$91,447.00
General Liability	\$4,847.00	(\$126.00)	-2.53%	\$4,973.00
Professional Liability	\$77,503.00	(\$12,661.00)	-14.04%	\$90,164.00
D&O Liability	\$252,371.00	(\$38,710.00)	-13.30%	\$291,081.00
Excess Liability:	\$94,628.00	\$496.00	0.53%	\$94,132.00
Property:	\$928,833.00	\$126,009.00	15.70%	\$802,824.00
Auto Physical Damage:	\$71,847.00	\$20,549.00	40.06%	\$51,298.00
Total Contributions:	\$1,835,989.00	(\$29,650.00)	-1.59%	\$1,865,639.00
Fund Credits That Are Applied:	(\$171,126.00)	(\$58,477.00)	-25.47%	(\$229,603.00)

# Non-TCRMF Summary 2023-24



Coverage – Non-TCRMF	2023-2024	Variance	Percent	2022-2023
	Estimated Premium	Difference	Change	Expiring Premium
Crime	\$6,300.00	\$300.00	5.00%	\$6,000.00
Fiduciary Liability	\$7,865.00	\$0.00	0.00%	\$7,865.00
Notary Bonds	\$8,307.00	(\$426.00)	-4.88%	\$8,733.00
Notary Errors and Omissions Liability:	\$1,446.00	\$0.00	0.00%	\$1,446.00
Cyber Liability	\$74,234.44	(\$50,782.65)	-40.62%	\$125,017.09
Flood	\$53,798.65	\$2,041.24	3.94%	\$51,757.41
Pasadena Cottages	\$26,890.85	\$967.48	3.84%	\$25,185.71
Harris Center Foundation	\$1,200.00	\$132.00	12.36%	\$1,068.00
<b>Total Estimated Premiums Non-TCRMF</b>	<b>\$180,041.9</b>	<b>\$12,502.16</b>	<b>-20.71%</b>	<b>\$227,072.21</b>
<b>Grand Total Including TCRMF:</b>	<b>\$2,016,030.97</b>	<b>(\$76,680.24)</b>	<b>-3.66%</b>	<b>\$2,092,711.21</b>

# 2023-24 TCRMF Program



Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Estimated Premium
Property including Boiler Machinery	Annual Contribution: \$928,833  Bldg./BPP TIV: \$159,919,367  \$10,000 AOP Ded. Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm.  Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in <b>Harris County</b> and <b>Fort Bend County</b> .	\$ Value Reduction/ Increase  \$16,398,731	Annual Contribution: \$802,824.00  Bldg./BPP TIV: \$143,521,236  \$10,000 AOP Ded. Wind Ded. 1% of building TIV subject to \$25K \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence other than named storm.  Named Storm Ded; 5% per occurrence, per location (Total TIV at location) deductible , subject to a \$100K minimum deductible per location (Total TIV at location) shall apply for all locations in <b>Harris County</b> and <b>Fort Bend County</b> .
Commercial General Liability	Annual Contribution: \$ 4,847.00 Equity Credit Applied: (750.00)	Claims Experience Based Premium Basis: Square Footage	Annual Contribution: \$4,973.00 Equity Credit Applied: (\$269.00)

# 2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Estimated Premium
Professional Liability	Annual Contribution: \$77,503.00 Equity Credit Applied: <b>(\$12,000)</b>  Expenditures: \$291,585,369	Reported Expenditures Decreased by <b>(\$1,709.00)</b>	Annual Contribution: \$90,164.00 Equity Credit Applied: <b>(\$4,871.00)</b>  Expenditures: \$291,587,078
Automobile Liability & Physical Damage	Annual Contributions: \$161,594.00 Auto Liability Equity Credit Applied: <b>(\$13,896.00)</b>  \$71,847.00 Auto Physical Damage \$161,594.00 Total Contribution  128 total number of vehicles	Number of Ratable Vehicles Increased by 21	Annual Contribution: \$142,775.00 Auto Liability Equity Credit Applied: <b>(\$4,942.00)</b>  \$44,553.00 Auto Physical Damage \$131,495.00 Total Contribution  107 total number of vehicles

# 2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Expiring Premium
<b>Workers Compensation</b>	Annual Contribution: \$ 316,213.00 Estimated Cost Equity Credit Applied: <b>(\$105,404)</b>  Retentions: \$100,000/\$1,000,000  Max Projected Retention  Payroll Forecast: \$ 167,870,858  2,554 Employees  \$100,000 per claim/\$1,000,000 aggregate deductible   	Change Reported on Payroll forecast: \$ 25,003,121 Employee Count Increased By: 70	Annual Contribution: \$393,228 Estimated Cost Equity Credit Applied: <b>(\$154,095)</b>  Retentions: \$100,000/\$1,000,000  Max Projected Retention  Payroll Forecast: \$142,867,737  2,491 Employees  \$100,000 per claim/\$1,000,000 aggregate deductible 

# 2023-24 TCRMF Program



Transforming Lives

Coverage	2023-2024 TCRMF Estimated Premium	Exposure Change	2022-2023 TCRMF Expiring Premium
<b>Excess Liability \$4,000,000 AL, GL, E&amp;O PL \$2,000,000</b>	Annual Contribution: \$ 94,628.00		Annual Contribution: \$94,132.00
<b>Directors &amp; Officers Liability Including Public Officials E&amp;O and Employment Practices Liability</b>	Annual Contribution:\$ 252,371 Equity Credit Applied: <b>(\$39,076.00)</b>  Expenditures: \$291,585,369	Reported Expenditures Decreased by <b>(\$1,709.00)</b>	Annual Contribution:\$291,081.00 Equity Credit Applied: <b>(\$15,724.00)</b>  \$291,587,078 Expenditures
<b>Terrorism Coverage</b>	Not available from TCRMF		Not available from TCRMF

# 2023-24 Non-TCRMF Program



Coverage	2023 - 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
<b>Crime</b>	<b>Estimated Premium: \$6,300.00</b> Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper Currency: \$1,000,000 Funds Transfer Fraud: \$500,000  Policy Term: 09-01-23/24	Great American Ins. Co.	<b>Estimated Premium: \$6,000.00</b> Employee Dishonesty: \$1,000,000 Forgery or Alteration: \$500,000 Inside the Premises: \$100,000 Outside the Premises: \$100,000 Computer Hacking: \$500,000 Money Orders & Counterfeit Paper Currency: \$1,000,000 Funds Transfer Fraud: \$500,000  Policy Term: 09-01-22/23	5.0%
<b>Fiduciary Liability</b>	<b>Annual Premium: \$7,865.00</b> \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-23/24	Twin City Fire Insurance Co.	<b>Annual Premium: \$7,865.00</b> \$3 Million Limit of Liability Retention: \$25,000 Policy Term: 09-01-22/23	0%

# 2023-24 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
<b>Notary Bonds</b> 3-Yr. Policy Term: Varies	Est. Notary Bond Premium: \$ 8,307.00  117 Notaries \$71.00 per Notary Bond Policy Terms Vary	Old Republic	Est. Notary Bond Premium: \$8,733.00  123 Notaries \$71.00 per Notary Bond Policy Terms Vary	-4.88%
<b>Notary Errors &amp; Omissions</b>	Premium: \$1,446.00 Policy Term: 11-18-23/24	Western Surety Company Renewal Premium per Projected Total # of Notaries	Premium: \$1,446.00 Policy Term: 11-18-22/23	0.0%

# 2023-2024 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
<b>Cybersecurity Liability</b>  <b>Harris Center should except significant challenge in placing this coverage is 2024</b>	<b>Annual Premium: \$ 74,234.44</b>  Carrier: Certain Underwriter at Lloyds London  Limit                    \$5,000,000 Extortion:                \$5,000,000 Business Interruption: \$5,000,000 Regulatory:              \$5,000,000 System Failure:         \$5,000,000 Cyber Crime                \$250,000  Policy Term: 05-08-23/24		<b>Annual Premium: \$125,017.09</b>  Carrier: Palomar Insurance Co.  Limit                    \$5,000,000 Extortion:                \$5,000,000 Business Interruption: \$5,000,000 Regulatory:              \$5,000,000 System Failure:         \$5,000,000 Cyber Crime                \$250,000  Policy Term: 05-08-22/23	<b>-40.62%</b>

# 2023-2024 Non-TCRMF Program



Transforming Lives

Coverage	2023- 2024 Renewal Premium	Exposure Change	2022 - 2023 Expiring Premium	% Change
<b>Flood</b>	<p><b>Premium: \$ 53,798.65</b></p> <p>Primary: \$ 41,743.81 Excess \$ 12,054.84</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street 6500 Chimney Rock, Cottage #3</p> <p>Policy Term: 03-28-23/24</p>	<p>Private Flood Coverage for Properties in "AE" Zone</p> <p>Added additional location 6500 Chimney Rock, Cottage #3</p> <p>Pro rata additional premium \$938.47</p>	<p><b>Premium: \$51,757.41</b></p> <p>Primary: \$40,641.65 Excess \$11,115.76</p> <p>Locations: 7200 North Loop East 11511 Bob White Road 1200 Baker Street</p> <p>Policy Term: 03-28-22/23</p>	<b>3.94%</b>

# **EXHIBIT F-8**

# Learning Management System Software

Presented by: Vanessa McKeown, CPA  
August 15, 2023



# Request For Proposal – Evaluation Criteria

<b>Evaluation Category</b>	<b>Relative Weight</b>
<b>Overall Program</b>	<b>30%</b>
<b>Experience and Capacity</b>	<b>15%</b>
<b>Customer Service</b>	<b>20%</b>
<b>Price and Quantities</b>	<b>5%</b>
<b>Information Technology/Creative Teamwork</b>	<b>20%</b>
<b>Cost Savings and Value</b>	<b>10%</b>
<b>TOTAL</b>	<b>100%</b>

# Request for Proposal – Proposal Evaluation Scores

<b>Evaluation Team</b>	<b>Vendor A</b>	<b>Vendor B</b>	<b>Vendor C</b>	<b>Vendor D</b>	<b>Vendor E</b>	<b>Vendor F</b>
Evaluator 1	91	94	90	92	99	76
Evaluator 2	60	63	58	61	61	60
Evaluator 3	67	68	75	55	67	63
Evaluator 4	94	80	80	94	73	71
<b>Average Evaluation Score</b>	<b>78</b>	<b>76.25</b>	<b>75.75</b>	<b>75.50</b>	<b>75</b>	<b>67.50</b>

The total possible score is 100 points. The next slide will be the evaluation scores after the demos.

# Request for Proposal – Demo Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C
Evaluator 1	91	100	96
Evaluator 2	60	63	68
Evaluator 3	63	84	75
Evaluator 4	63	91	100
<b>Average Evaluation Score</b>	<b>69.25</b>	<b>84.50</b>	<b>84.75</b>

# RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D	Vendor E	Vendor F
<b>Pricing Proposal*</b>	<b>\$1,900,096.88</b>	<b>\$269,000.00**</b>	<b>\$497,992.04</b>	<b>\$1,662,115.49</b>	<b>\$650,910.00</b>	<b>\$595,750.00</b>

\*Pricing is for the full 5-year contract.

\*\*This pricing does not include a yearly e-learning training content library subscription (all other pricing does).

# Award Recommendation



## Award Recommendation REQUEST FOR PROPOSAL (RFP) LEARNING MANAGEMENT SYSTEM SOFTWARE

A Proposal Opening for Learning Management System Software was held on Tuesday, June 20, 2023.

Four hundred and sixteen (416) vendors were contacted, and advertisements were placed in four (4) local newspapers, The Harris Center's website, the State of Texas ESB website, the Houston Minority Supplier Development Council, and the Women's Business Enterprise Alliance. Six (6) proposals were received. All proposals were deemed responsive and evaluated by the project team. The vendors who submitted a responsive proposal are Absorb Software, Anthology Inc., Cornerstone OnDemand dba SABA, D2L Ltd, Docebo NA Inc. and Learnsoft.

The Project Team consisted of the following members: Frances Otto, Buyer II, Ninfa Escobar, Director of Talent Acquisition and Organizational Development, Sharonda McLaurin, Organizational Development Delivery Manager, Keena Pace, Chief Operating Officer, and Anthony Jones, Director of Application Development.

Five (5) areas were evaluated: Overall Program Concept, Experience and Capacity, Customer Service, Price and Quantities, Information Technology/Creative Teamwork, and Cost Savings and Value.

Demos were requested of Absorb Software, D2L Ltd and Learnsoft and held in July 2023.

Based on the project team's evaluation of responses received, it is recommended to award Absorb Software. This recommendation is based on the team's belief that Absorb Software is the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. The first contract year will begin upon award of contract and end on August 31, 2024, subject to budget approval. The initial fiscal year budget requested is \$102,137.06, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$497,992.04 funded annually. The Funding Source is Admin Org Excellence (1975).

**FY24 NTE: \$102,137.06** \$52,599.56 (annual licensing fee) + \$9,412.50 (implementation fee) + \$4,125.00 (basic service and maintenance) + \$36,000 (content library)

**FY25 NTE: \$92,724.56** \$52,599.56 (annual licensing fee) + \$4,125.00 (basic service and maintenance) + \$36,000 (content library)

**FY26 NTE: \$96,695.33** \$56,281.58 (annual licensing fee) + \$4,413.75 (basic service and maintenance) + \$36,000 (content library)

**FY27 NTE: \$100,944.21** \$60,221.46 (annual licensing fee) + \$4,722.75 (basic service and maintenance) + \$36,000 (content library)

**FY28 NTE: \$105,490.88** \$64,437.38 (annual licensing fee) + \$5,053.50 (basic service and maintenance) + \$36,000 (content library)

DocuSigned by:  
Frances Otto

Frances Otto, CTCD  
Buyer II

DocuSigned by:  
Nina Cook

Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing

DocuSigned by:

Vanessa McKeown

Vanessa McKeown, CPA  
Chief Financial Officer

# **EXHIBIT F-9**

# Life Safety Systems / Inspection Services RFP

Presented by: Vanessa McKeown, CPA  
August 15, 2023



# Request For Proposal – Evaluation Criteria

<b>Evaluation Category</b>	<b>Relative Weight</b>
<b>Overall Program</b>	<b>25%</b>
<b>Understanding</b>	<b>20%</b>
<b>Financial Condition</b>	<b>15%</b>
<b>History and Description of Firm</b>	<b>10%</b>
<b>Credentials of Staff</b>	<b>10%</b>
<b>References</b>	<b>10%</b>
<b>Cost</b>	<b>10%</b>
	<b>TOTAL</b>
	<b>100%</b>

# Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B	Vendor C	Vendor D
Evaluator 1	83	80	70	66
Evaluator 2	71	76	74	78
Evaluator 3	74	79	67	81
Evaluator 4	82	78	75	83
<b>Average Evaluation Score</b>	<b>77.50</b>	<b>78.25</b>	<b>71.50</b>	<b>77</b>

The total possible score is 100 points.

# RFP – Pricing

	Vendor A	Vendor B	Vendor C	Vendor D
<b>Pricing Proposal*</b>	<b>\$306,758.19</b>	<b>\$197,063.49</b>	<b>\$380,080.00</b>	<b>\$223,516.25</b>

**\*Pricing is for the full 5-year contract for inspection services. This pricing does not include the maintenance and repair of the life safety system devices.**

# Award Recommendation

DocuSign Envelope ID: C1A2717A-621D-4FE2-BDC9-161603A1C64B



## Award Recommendation Life Safety Systems / Inspection Services RFP Project# FY23-0306

The Request for Proposal opened for Life Safety Systems / Inspection Services RFP on Wednesday, July 19, 2023, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brummar, Purchasing Manager, Todd McCorquodale, Director Facilities Services, Camie Rys, Chief Administrative Officer, Lisa Cantu-Espinosa, Facility Services Coordinator, and Oscar Garcia, Facilities Operations Manager.

One thousand six hundred and sixty-nine (1669) vendors were contacted. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC) and Houston Business Journal.

Received four (4) responses and all were deemed responsive and evaluated by the project team.

**Recommended Vendor:**

**Western States Fire Protection**

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended Western States Fire Protection be selected based on best value, good references, and history of providing life safety services.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended.

The total NTE (Not to Exceed) for five (5) years is \$197,063.49 with a service calls/deficiencies of \$552,936.51 for a total NTE (Not to Exceed) of \$750,000.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:  
FY24 - \$44,343.00, + Service Calls/Deficiencies - \$105,637.00 = \$150,000.00  
FY25 - \$36,793.00, + Service Calls/Deficiencies - \$113,207.00 = \$150,000.00  
FY26 - \$38,163.10, + Service Calls/Deficiencies - \$111,836.90 = \$150,000.00  
FY27 - \$38,163.14, + Service Calls/Deficiencies - \$111,836.86 = \$150,000.00  
FY28 - \$39,601.25, + Service Calls/Deficiencies - \$110,398.75 = \$150,000.00

The initial amount is for the inspection of the Life Safety System devices. The Service Calls/Deficiencies amount is for the maintenance and repair of the devices throughout the fiscal year. The NTE amount is based on the average annual spent during the last five years.

The Funding Source is Unit 1899 - Agency Wide Facilities, and GL Code is 569010 - Service Maintenance Alarm Systems.

Submitted By:  
  
James Blunt, C.P.M.  
Buyer II

Recommended By:  
  
Vanessa McCosken, CTCM, CTCED  
Director of Purchasing  
Vanessa McCosken,  
Chief Financial Officer

# **EXHIBIT F-10**

# Permanent Housing Apartment Community

6168 South Loop Freeway



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

*Transforming Lives*

# Overview

## Permanent Housing Apartment Community

---

- 26, one-bedroom apartments
- Includes ADA compliant units
- Onsite staff 24/7
- Shared laundry facilities
- Multi-functional space to foster connectedness amongst residents
- Based on evidence-based model, Housing First
- Existing mental health facility onsite

## Goals

---

- 1 Provide stable and supportive housing to adults experiencing serious mental illness in Harris County
- 2 Provide on-site and wraparound services to adults experiencing homelessness in Harris County
- 3 Mitigate barriers to housing that contribute to chronic homelessness
- 4 Offer a continuum of support services to address acute and long-term needs

# Integrated Care Model at 6168 S Loop Fwy



19,178 Sq Ft



Affordable Housing



Primary Care Services



Mental Health Services



Substance Use Treatment



Close Proximity to The Harris Center SE Clinic Location



Case Management Services



Employment Services



Exercise Area



Nutrition Services

# Total Project Estimate

**Construction  
Cost:  
\$9.3M  
485/sq ft.**

**Furnishing  
Costs:  
\$660K**

**Professional  
Fees:  
\$974K**

**Owners Contingency &  
Escalation:  
\$1.2M**



**HHSC  
City of Houston  
Community Health Choice  
The Harris Center\***

**\$3,925,062  
\$4,545,012  
\$3,216,927  
\$682,719**

**=**

**\$12,369,720**

\*Previous H2H HHSC Funding.

# Questions



 @TheHarrisCtr

 @The-Harris-Center

 @TheHarrisCenterForMentalHealthandIDD

# 6168 South Loop East Apartments Competitive Sealed Proposal

Presented by: Vanessa McKeown, CPA  
August 2023



# Competitive Sealed Proposal – Evaluation Criteria

<b>Evaluation Category</b>	<b>Relative Weight</b>
<b>Price Proposal</b>	<b>30%</b>
<b>Experience and Reputation of the Proposer including warranty services</b>	<b>20%</b>
<b>Demonstrated Qualifications of Personnel and Team</b>	<b>20%</b>
<b>Quality and extent to which the goods and services meet the Harris Center's needs</b>	<b>15%</b>
<b>Whether the offeror's financial capability is appropriate to the size and scope of the project</b>	<b>15%</b>
<b>TOTAL</b>	<b>100%</b>

# Competitive Sealed Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A	Vendor B
Evaluator 1	4.15	3.25
Evaluator 2	3.00	2.90
Evaluator 3	3.00	2.30
Evaluator 4	3.00	2.30
Evaluator 5	2.70	2.65
Evaluator 6	4.50	4.60
Evaluator 7	4.20	4.60
Evaluator 8	2.80	3.40
<b>Average Evaluation Score</b>	<b>3.42</b>	<b>3.25</b>

The total possible score is 5.00.

# CSP – Pricing

	Vendor A	Vendor B
Pricing Proposal*	\$11,383,000	\$10,719,880.

**\*Pricing is from original CSP Base Bid and includes the Owner's Contingency sum of \$500,000**

Note: Value Engineering (VE) was performed with the highest ranked vendor in order to stay within the budget

# Award Recommendation



## **Award Recommendation 6168 South Loop East Apartments CSP Project# FY23-262**

The Request for Competitive Sealed Proposal opened for 6168 South Loop East Apartments on Wednesday, July 26, 2023, at 11:00 A.M.

The Project Team consisted of the following members: Sharon Brauner, Purchasing Manager, James Blunt, Buyer II, Nina Cook, Director of Purchasing, Todd McCorquodale, Director Facilities Services, Kendra Thomas, General Counsel, Silvia Tiller, Director of Contracts, Vanessa McKeown, Chief Financial Officer, Carrie Rys, Chief Administrative Officer, Keena Pace, Chief Operating Officer, Stephen Cheatham, Vice President of MStrategic Partners, Edgar Barron, Senior Project Manager, MStrategic Partners, Denise Yee, Architect, RDLR Architects, Daniel Ortiz, RDLR Architects and Stacy L. Paltiyevich, Attorney, Rogers Morris & Grover, and representatives from the City of Houston.

Three thousand plus (3000+) vendors were contacted. The specifications were posted in three (3) local newspapers, Houston Business Journal, The Harris Center's website, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC).

A Mandatory Pre-Proposal Conference was held at 9401 Southwest Freeway, Houston, Texas 77074 on Wednesday, July 12, 2023, at 10:00 A.M. The attendees consisted of staff from The Harris Center, City of Houston, MStrategic Partners, RDLR Architects, and potential contractors. A site visit was held on location at 6168 South Loop East, Houston, Texas, on Wednesday, July 12, 2023, following the Mandatory Pre-Proposal Conference.

Received two (2) responses and four (4) not to participate. The two (2) responses were deemed responsive and evaluated by the project team. Value Engineering meetings were held with the highest ranked Contractor on Thursday, July 27 and August 2, 2023.

### **Recommended Vendor:**

#### **Block Builders, LLC**

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended **Block Builders, LLC**, be selected based on best value to the Agency.

In the event the Agency is unable to negotiate a satisfactory contract with **Block Builders, LLC**, the Agency will terminate negotiation and attempt to negotiate a satisfactory contract with the second rank proposer.

The term of the agreement is effective upon date of execution through final completion of project plus the applicable warranty period.

The total NTE (Not to Exceed) for final completion of project is \$10,016,062.00, this amount includes the Owner's Contingency sum of \$500,000.00. Funding source to be determined.

Provisional approval is requested by the Board to enter into a contract with **Block Builders, LLC**, and authorize the CEO to execute the agreement with **Block Builders, LLC**, after it is approved by City of Houston, City Council.

Submitted By:

DocuSigned by:  
*Sharon Brauner*  
7589305A8F2D418  
Sharon Brauner, A.P.P., C.P.M.  
Purchasing Manager

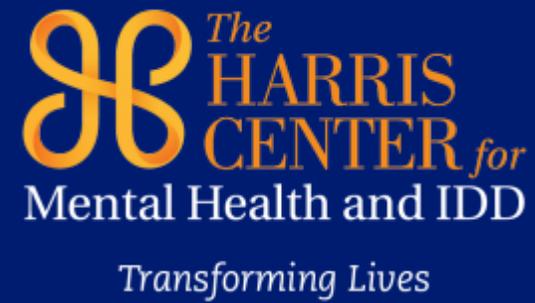
Recommended By:

DocuSigned by:  
*Nina Cook*  
5383CA0033734D8  
Nina Cook, MBA, CTCM, CTCD  
Director of Purchasing

DocuSigned by:  
*Vanessa McKeown*  
0405B9FF75CB4CA  
Vanessa McKeown, CPA  
Chief Financial Officer

Thank you.

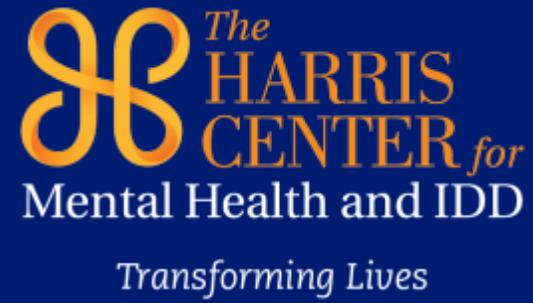
# **EXHIBIT F-11**



# FY 2024 Capital Budget Review

Vanessa McKeown, CPA

August 2023



# Facilities Capital Review FY 2024

Prepared by: Carrie T. Rys, MBA

# Multi-Year Capital Projects



Transforming Lives

## Future Bond Funding:

Location	Project Description	Projected Completion	Total Budget	Spend to Date	FY 2024 Projection
NPC	Renovation	Q1 FY2024	\$6,200,000	\$2,718,907	\$3,481,093
Northeast Clinic**	Clinic Construction	Q4 FY2025	\$22,600,000	\$372,544	\$3,000,000
Bristow	Renovation	FY24 – FY25	\$5,000,000	\$0	\$1,000,000
Northwest Clinic	Clinic Design/Construction	Q2 FY2027	\$22,000,000	\$0	\$0
Southeast Clinic	Clinic Design/Construction	Q4 FY2029	\$22,000,000	\$0	\$0

## Funded by State, City, and Third Party:

Location	Project Description	Projected Completion	Total Budget	Spend to Date	FY 2024 Projection
6168 Apartments	Apartment Construction	Q1 FY2025	\$12,531,939	\$1,295,467	\$11,236,472

## FY 23 Approved Capital Carry Over:

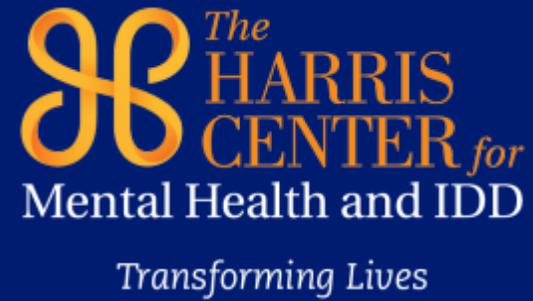
Location	Project Description	Projected Completion	Total Budget	Spend to Date	FY 2024 Projection
Dennis Street	Elevator Modernization	Q1 FY 2024	\$75,000	0	\$75,000

# FY 24 Proposed Facilities Capital Projects



*Transforming Lives*

Location	Project Description	Estimated Budget
Coffeehouse	Clinic Construction; Future Bond	\$600,000
9401 Southwest Frwy	Foundation Repair; Future Bond	\$500,000
9401 Southwest Frwy	1 <sup>st</sup> Floor Lobby and Signage Improvements; Future Bond	\$160,000
Westbury House	Kitchen Renovation	\$60,000
6160 RRR	Roof Repair	\$60,000
9401 Southwest Frwy	Garage Security Improvements	\$60,000
Dennis Street Apartments	Kitchen Renovation	\$12,000
9401 Southwest Frwy	Garage Assessment	\$12,000
<b>FY 24 Total Facilities Capital</b>		<b>\$1,464,000</b>



# Information Technology Capital Review FY 2024

Prepared by: Mustafa Cochinwala, CIO

# FY24 IT Capital Projects



*Transforming Lives*

Description	Budget Request	Business Owner	FY25 Costs	FY26 Costs	FY27 Costs
SOC as a Service Log Ingestion	\$145,000	Wes Farris	\$270,000*	\$270,000*	\$270,000*
Network Hardware Refresh	\$500,000	Rick Hurst	\$75,000	\$0	\$0
Wireless Upgrade	\$130,000	Rick Hurst	\$25,000	\$25,000	\$25,000
EPIC Optimization	\$200,000	Jennifer Martin	\$0	\$0	\$0
<b>FY 24 Total IT Capital Request</b>	<b>\$975,000</b>		<b>\$370,000</b>	<b>\$295,000</b>	<b>\$295,000</b>

\* Includes \$125,000 per year SOC as a Service

# IT Capital Projects Carryover



Transforming Lives

Project Number	Project Description	Projected Carry Over Amount	Spend to Date	Original Budget	Projection Completion
IT21.1147.06	Ross Upgrades	\$57,449	\$32,551	\$90,000	FY 2024
IT21.1147.08	HR/UKG Upgrades	\$177,389	\$322,611	\$500,000	FY 2025
IT21.1147.12	Data as a Service	\$49,463	\$220,537	\$270,000	FY 2024
IT22.1147.03	SOC as a Service	\$125,000	\$250,000	\$375,000	FY 2024
IT23.1147.02	Telehealth/Telehub	\$96,000	\$154,000	\$250,000	FY 2024
IT23.1147.03	Credentialing	\$31,000	\$94,000	\$125,000	FY 2024
EHR21.1158.02	EHR Implementation	\$150,000	\$5,204,263	\$5,354,263	FY 2024
<b>IT Carry Over Total</b>		<b>\$686,301</b>	<b>\$6,277,962</b>	<b>\$6,964,263</b>	

# FY 24 Capital Budget Review

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**Thank you!!**

# **EXHIBIT F-12**

# The Harris Center

## System Quality, Safety and Experience Performance Improvement Plan FY 2024

### Introduction

The Quality, Safety, and Experience Plan (previously named The Harris Center’s Annual PI Plan) is established in accordance with The Harris Center’s mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.

### Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

### Mission

We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

### FY 2024 Goals

1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes.
  - Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.)
  - Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).
2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care
  - Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.

- Create a transparent and accurate process for public reporting (e.g., MIPS)
- 3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout The Harris Center organization, including all entities.
  - Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee)
  - Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites.
  - Develop and strengthen internal learning collaborative process to align with the Harris Center strategic plan for care pathways.
    - IDD Care Pathway

### 3-Year Long Term Goals (FY 2027)

- Zero preventable serious safety events
- Top quartiles for staff and provider engagement
- Top quartiles for patient satisfaction
- Increased access (numbers served)
- Improved outcomes
- Equitable care delivery
- Exemplar in Quality and Safety for Behavioral Health with national recognition

## Governance Structure

### Governing Body

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

### Leadership

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

### Executive Session

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

### Professional Review Committee (PRC)

The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:

#### Oversight:

- Medical Peer Review
- Pharmacy Peer Review
- Nursing Peer Review
- Licensed Professional Review
- Closed Record Review
- Internal Review Board
- System Quality, Safety and Experience Committee

#### Membership:

- Chief Executive Officer (Ex-Officio)
- Chief Medical Officer (Chair)
- Chief Operating Officer
- Chief Nursing Officer
- Chief Administrative Officer
- Legal Counsel
- Divisional VPs and (CPEP, MH)
- VP, Clinical Transformation and Quality
- VP, Enterprise Risk Management
- Director of Pharmacy Programs

### System Quality, Safety and Experience Committee

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental

health and IDD services, and thus are privileged and confidential. All performance improvement projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees and/or processes: (Appendix A)

Oversight:

- Pharmacy and Therapeutics Committee
- Infection Prevention
- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Approval of Care Pathways
- Patient Experience / Satisfaction

Membership:

- Chief Executive Officer (Ex-Officio)
- VP, Clinical Transformation and Quality (Co-Chair)
- Chief Nursing Officer (Co-Chair)
- Chief Medical Officer
- Chief Operating Officer
- Legal Counsel
- Division Medical VPs and Medical Directors
- Chief Administrative Officer
- Director Risk Management / Audit
- Director of Compliance
- Chief Financial Officer
- Director Health Analytics
- Director, Clinical Transformation, and Innovation
- Director of Quality Assurance
- Director of Pharmacy Programs
- Director of Integrated Care
- Nursing Directors
- Infection Control Director

### Priority Setting

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced Based or “Best Practice”
- Required by regulatory agency or contract requirements

### Methodologies

- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinel events
- Failure Mode and Effects Analysis (FMEA) is a proactive tool performed for analysis of a high-risk process/procedure performed on an as needed basis (at least annually)

### Data Management Approach and Analysis

Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

### Reporting

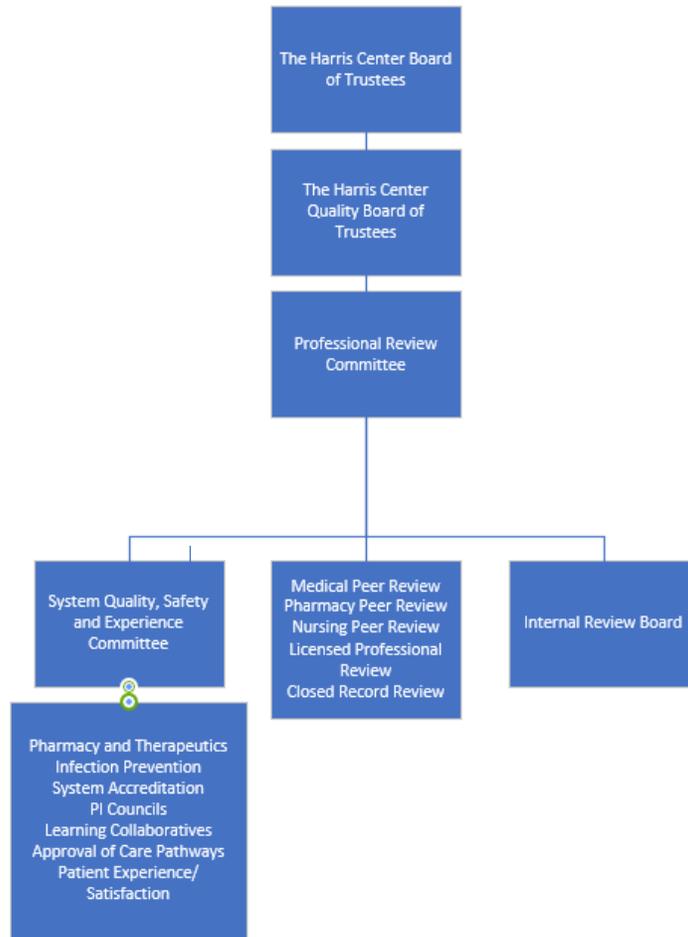
Quality, Safety and Experience metrics are routinely reported to the Quality, Safety and Experience Committee. Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.

### Evaluation and Review

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan

that need to be expanded, revised, or deleted shall be identified to ensure that the objectives are met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

(Appendix A)  
Committee Oversight

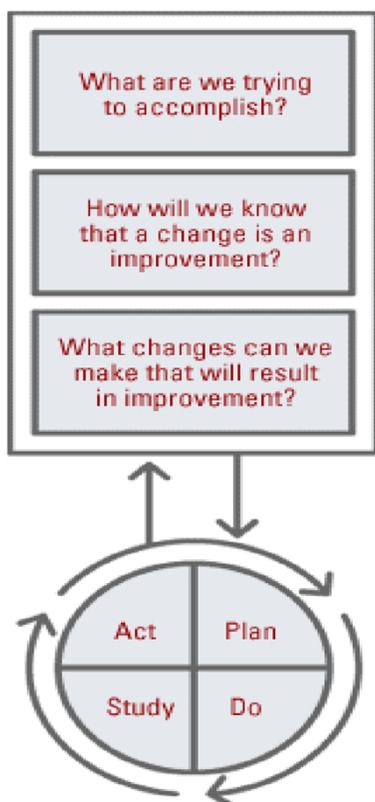


## (Appendix B)

## The Model for Improvement

**Forming the Team**

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.

**Setting Aims**

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

**Establishing Measures**

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

**Selecting Changes**

All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

**Testing Changes**

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

**Implementing Changes** After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

**Spreading Changes** After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance](#).

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. [The New Economics for Industry, Government, and Education](#). Cambridge, MA: The MIT Press; 2000.]

## (Appendix C)

### Root Cause Analysis (RCA):

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom.

One way to identify the root cause of a problem is to ask “Why?” five times. When a problem presents itself, ask “Why did this happen?” Then, don’t stop at the answer to this first question. Ask “Why?” again and again until you reach the root cause.

### Failure Modes and Effects Analysis (FMEA):

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures — especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

- Steps in the process
- Failure modes (What could go wrong?)
- Failure causes (Why would the failure happen?)
- Failure effects (What would be the consequences of each failure?)

Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis on prevention may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

# **EXHIBIT F-13**

Status **Pending** PolicyStat ID **13417980**

Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## ACC4A Development and Management for Mental Health and IDD Service Wait/ Interest List

### 1. PURPOSE:

To define the policy, the development, and maintenance of waiting/Interest lists, when The Harris Center for Mental Health and IDD (The Harris Center) has reached or exceeded its capacity to provide services. This is in accordance with the Texas Health and Human Services Commission (HHSC) performance contracts and Texas Administrative Codes (TAC).

### 2. POLICY:

It is the policy of The Harris Center that the Executive Management Team review the capacity of The Harris Center's services and will approve the establishment of waiting/ Interest lists for Center services. These determinations will be consistent with HHSC requirements. The Board of Trustees will be informed at the first regular board meeting following the establishment of the waiting list.

### 3. APPLICABILITY/SCOPE:

The Harris Center programs.

### 4. PROCEDURES:

#### Mental Health

- Routine care services

- ~~Texas Resilience and Recovery (TRR) Waiting List Development~~
- ~~TRR Waiting List Maintenance~~

## ~~Intellectual or Developmental Disability (IDD)~~

- ~~Services and Supports~~
- ~~Home and Community Based Services (HCS) and Texas Home Living (TxHmL) interest lists Maintenance of the HCS and TxHmL interest lists~~
- ~~Requesting DADS to Change HCS or TxHmL Interest Lists Information~~

## ~~5. RELATED POLICIES/FORMS: RELATED POLICIES/FORMS:~~

ACC4B: Development and Management for Mental Health and IDD Service Wait/ Interest List

## 6. PROCEDURE:

[ACC4B Development and Management for Mental Health and IDD Services Wait/Interest list](#)

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

- Information Item R Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual
- Mental Health Community Standards, 36 Tex. Admin. Code Chapter 301, Subchapter G
- Local Authority Responsibilities, 40 Tex. Admin. Code Ch. 2, Subchapter G
- HCS and TxHmL Interest List Manual effective January 1, 2015 HCS and TxHmL Interest List Maintenance Attachment J

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Departmental Review	Keena Pace: Exec	07/2023

Initial Assignment

Keena Pace: Exec

07/2023

# **EXHIBIT F-14**

Status **Pending** PolicyStat ID **13958986**



Origination 03/2000

Last Approved N/A

Effective Upon Approval

Last Revised 08/2023

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

## HR4A Drug/Alcohol Testing Pre-Employment

### 1. PURPOSE:

The purpose of the drug and alcohol pre-employment testing policy is for The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) is to promote a drug-free, safe work environment for Harris Center staff and the community we serve.

### 2. POLICY:

The Harris Center requires all prospective new hires to submit to pre-employment testing for illegal drug and alcohol usage only after a conditional job offer is made.

All offers of employment with The Harris Center are conditioned upon the prospective new hire submitting to and receiving a negative drug and alcohol test in accordance with the Harris Center testing procedures. Should the result of a urine test show diluted, the prospective new hire will be asked to retest. A diluted sample is not a negative test result.

If the individual has a positive test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, the conditional job offer will be withdrawn, and the individual will not be considered for further employment.

Any prospective new hire, who refuses to take the test, refuses to sign the consent form, fails to appear for testing, or tampers with the testing process or sample will be deemed to have withdrawn themselves from the application process and will be ineligible for hire. All records relating to the individual's drug and alcohol test results shall be kept confidential and maintained separately from their personnel file.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

- ~~HR4B Drug/Alcohol Testing: Pre-Employment~~

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

- Drug Testing Authorization and Chain of Custody Form
- The Harris Center Employee Handbook

### 6. PROCEDURE:

[HR4B Drug/Alcohol Testing Pre-Employment](#)

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

- Americans with Disabilities Act ~~4~~, ~~242~~ U.S.C. ~~Ch. 126~~ §§12101-12134, and §12210
- Texas Commission on Human Rights Act, Tex. Labor Code Ch. 21
- Authority to Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use, Tex. Occupation Code §§169.001-169.005

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Initial Assignment	Anthony Robinson: VP [CW]	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT F-15**

Status **Pending** PolicyStat ID **13233625**

Origination 11/2020

Last Approved N/A

Effective Upon Approval

Last Revised 08/2023

Next Review 1 year after approval

Owner [Toby Hicks](#)Area [Human Resources](#)Document Type [Agency Policy](#)

## HR6A Employee Counseling, Supervision, Progressive Discipline, and Termination

### 1. PURPOSE:

This policy provides a mechanism to inform employees of the expected standards of conduct or performance and the consequences when these expectations are not met. This policy enables Center transparency so that employees understand what is expected of them, provides supervisors with guidelines to follow when taking corrective action, provides appropriate documentation of the corrective action in the employee's Human Resource record and establishes a fair, consistent, and collaborative approach to policy administration.

### 2. POLICY:

It is the policy of The Harris Center to provide satisfying employment for every employee, however The Harris Center recognizes that conditions may develop which preclude continued employment. The Harris Center is equally committed to enforcing Center policies and procedures through a collaborative approach to discipline that treats people as valued partners, promotes mutual respect and problem solving, and reinforces accountability while maintaining efficient and effective operations. Any employee who engages in conduct detrimental to the expressed purpose of The Harris Center or violates its established and approved policies and procedures is subject to disciplinary action up to and including termination.

While The Harris Center wishes to help employees experiencing performance problems. The Harris Center reserves the right to terminate employees at its discretion. In general, The Harris Center follows a progressive disciplinary procedure beginning with a verbal warning; however, discipline may begin at any

step in the process up to and including immediate termination depending upon the seriousness of the infraction.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations and shall never be discriminatory or retaliatory.

### 3. APPLICABILITY/SCOPE:

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

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

- Notice of Disciplinary Action

### 5. PROCEDURE:

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

- The Harris Center's Employee Handbook

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Department Review	Joseph Gorczyca	07/2023

Initial Assignment

Toby Hicks

07/2023

# **EXHIBIT F-16**

Status **Pending** PolicyStat ID **13233628**



Origination 03/2000  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 08/2023  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR10A Employment Eligibility Verification for Worker in the United States

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### 1. PURPOSE:

The purpose of this policy is to ensure compliance with the provisions for employment eligibility verification in accordance with the Immigration Reform and Control Act (IRCA).

### 2. POLICY:

All employees and contract consultants of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) will be required to furnish to the Department of Human Resource Services copies of documentation indicating their legal authorization to work in the United States. Failure to produce such documents will prevent the person from working with The Harris Center. The Harris Center will follow all requirements established in the Immigration Reform and Control Act of 1986.

### 3. APPLICABILITY/SCOPE:

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

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

• Employment Eligibility Verification (Form 1-9)	Attachment A
• List of Acceptable Documents which Establish Identity and Employment Eligibility	Attachment B

[HR9A - Employment](#)

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

- Immigration Reform and Control Act of 1986
- The Harris Center's Employee Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT F-17**

Status **Pending** PolicyStat ID **13931993**

Origination 04/2016

Last N/A

Approved

Effective Upon Approval

Last Revised 08/2022

Next Review 1 year after approval

Owner Kia Walker: Chief Nursing Officer

Area Medical Services

Document Type Agency Policy

## MED3A - Least Restrictive Interventions and Management of Aggressive Behavior

### 1. PURPOSE:

To prevent incidents and manage aggressive behavior at the Harris Center for IDD and Mental Health facilities.

### 2. POLICY:

It is the policy of The Harris Center to minimize the number of incidents of aggressive behavior through staff training in the use of least restrictive interventions to manage behavioral emergencies. Further, it is the policy of the Harris Center to reduce the use of restraint and seclusion as much as possible and to ensure, (a) that the least restrictive methods of interventions are used and that, wherever possible, alternatives are first attempted and determined ineffective to protect patients, staff members or others from harm; and (b) the rights and well-being of individuals are protected during the use of restraint or seclusion.

It is the policy of The Harris Center to support each patient's right to be free from restraint or seclusion and therefore limit the use of these interventions to emergencies in which there is an imminent risk of a patient physically harming him/herself or others. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm. The patient has a right to be free from restraint/seclusion imposed as a means of coercion, punishment, discipline, or retaliation by staff. Restraint/seclusion will not be based on history of past use or dangerous behavior, as a convenience for staff, or a substitute for adequate staffing.

The patient's rights, dignity, privacy, safety, and well-being will be supported and maintained. Restraint or

seclusion will be discontinued as soon as possible. Patients in restraints/seclusion will be closely monitored and evaluated and immediately assisted if a potentially dangerous situation exists, i.e. choking, seizure, etc. PRN orders may not be used to authorize the use of restraint or seclusion.

The Harris Center is committed to preventing, reducing, and striving to eliminate the use of restraints and seclusion, as well as preventing emergencies that have the potential to lead to the use of these interventions. The Harris Center leadership supports these efforts through ongoing staff training and performance improvement activities.

### **3. APPLICABILITY/SCOPE**

All staff employed by The Harris Center for Mental Health and IDD, including contracted employees.

### **4. PROCEDURES**

Jail - Monitoring Assaultive Inmates/Patients

MH - Managing Disruptive Behaviors

DDRP:

- POC-06 Psychiatric Emergency Care
- POC-07 Use of Force
- POC-09 Behavioral Emergency
- POC-SR-01 Restraint and Seclusion
- POC-11 Special Precautions

CPEP

- PES Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- CSU Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- Elopement of Consumer
- Emergency overhead paging
- Levels of Monitoring and Precautionary Measures
- Observation of Minors in PES
- Visual Skin Inspection and Contraband Search
- Milieu Management Procedure

### **5. RELATED POLICIES/FORMS:**

- Seclusion and Restraints Physician Order Form
- Registered Nurse Seclusion/Restraint Progress Note
- Registered Nurse/License Vocational Nurse Emergency Injection Note
- Seclusion/Restraint Monitoring Form

- Consultation Request Form
- Debriefing Form

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

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 576, Subchapter B
- Rights of Persons Receiving Mental Health Services, 25 Tex. Admin. Code Chapter 404, Subchapter E
- Development, Implementation & Monitoring of Effectiveness of Behavior Therapy Programs, 40 Tex. Admin. Code §5.406
- Use of Restraint, 40 Tex. Admin. Code §5.408
- Interventions in Mental Health Services, 25 Tex. Admin. Code Chapter 415, Subchapter F
- CARF Section 2.F: Promoting Nonviolent Practices
- TXMHMR MH Community Standards Section 7

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Final Legal Review	Kendra Thomas: Counsel	07/2023
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2023
Initial Assignment	Kia Walker: Chief Nursing Officer	07/2023

# **EXHIBIT F-18**

Status **Pending** PolicyStat ID **13233620**



Origination	01/2012	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## HR16A Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs

### 1. PURPOSE

The purpose of this policy is to establish guidelines, which inhibit The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from Federally-funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department - Office of Inspector General (HHSC-OIG)

### 2. POLICY

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center" or "Agency") to comply with federal rules - Social Security Act, 42 U.S.C. 1320a-7, Section 1128

The Agency shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

### 3. APPLICABILITY/SCOPE

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

## ~~4. References: Rules/Regulations/Standards~~

## 5. RELATED POLICIES/FORMS:

## 6. PROCEDURE:

[HR16B Obligation to Identify Individuals or Entities from Participation in Federal Health Care Programs](#)

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

Social Security Act 42 U.S.C.A. 1320a-7

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT F-19**

Status **Pending** PolicyStat ID **13233627**

Origination	03/2000
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR19A Payment of Accrued Leave Upon Separation

### 1. PURPOSE:

The purpose of this policy is to define employee payment of accrued leave upon separation from The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

### 2. POLICY:

It is the policy of The Harris Center to pay employees for accrued time upon separation, in accordance with applicable laws and the Harris Center's Paid Time Off Plan Summary, and to maintain the required supporting documents and records. Payment of accrued paid time off may be withheld if the employee fails to return The Harris Center property (e.g. electronic devices) upon voluntary separation. Involuntary terminations will result in no payout of accrued paid time off. However, an involuntary termination due to reduction in force (RIF) or layoff is paid out subject to the Paid Time Off Plan Summary and return of The Harris Center property.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center.

### ~~4. Related policies/Forms:~~

### 5. RELATED POLICIES/FORMS:

- [Recording Employee Time Worked and Maintaining PER:8](#)
- Paid Time Off Plan Summary

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

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

The Harris Center's Employee Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT F-20**

Status **Pending** PolicyStat ID **13656070**

Origination	N/A	Owner	Luc Josaphat: Director of Quality Assurance
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

## ACCP1 Performance Improvement Plan

### The Harris Center Performance Improvement Plan

(System Quality, Safety and Experience)

## FY 2023

## Introduction

The 2023 Quality, Safety, and Experience Plan (previously named The Harris Center's Annual PI Plan) is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.

## Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

# Mission

We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

## FY 2023 Goals

1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes.
    - Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.)
    - Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).
  2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care
    - Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.
    - Create a transparent and accurate process for public reporting (e.g., MIPS)
  3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout The Harris Center organization, including all entities.
    - Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee)
    - Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites.
    - Develop and strengthen two internal learning collaboratives in alignment with the Harris Center strategic plan for care pathways.
- Zero Suicide Implementation Team
  - Substance Use Disorders Utilize internal learning collaboratives to synthesize evidence-based practices as applicable to The Harris Center practice setting and to build clinical care pathways to hardwire these practices, targeting implementation and dissemination two care pathways by end of fiscal year 2023

### 3-Year Long Term Goals (FY 2025)

- Zero preventable serious safety events

- Top quartiles for staff and provider engagement
- Top quartiles for patient satisfaction
- Increased access (numbers served)
- Improved outcomes
- Equitable care delivery
- Exemplar in Quality and Safety for Behavioral Health with national recognition

## **Governance Structure**

### **Governing Body**

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

### **Leadership**

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

### **Executive Session**

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

## **System Quality, Safety and Experience Committee**

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for

implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental health and IDD services, and thus are privileged and confidential. All performance improvement projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees and/or processes: (Appendix A)

## Oversight:

- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Development of Care Pathways
- Patient Experience / Satisfaction

### Membership:

- Chief Executive Officer (Ex-Officio)
- VP, Clinical Transformation and Quality (Co-Chair)
- Chief Nursing Officer (Co-Chair)
- Chief Medical Officer
- Chief Operating Officer
- Legal Counsel
- Division Medical VPs and Medical Directors
- Chief Administrative Officer
- Director Risk Management / Audit
- Director of Compliance
- Chief Financial Officer
- Director Health Analytics
- Director, Clinical Transformation, and Innovation
- Director of Quality Assurance
- Director of Pharmacy Programs
- Director of Integrated Care

- Nursing Directors
- Infection Control Director

## Organization of Quality Improvement: Priority Setting

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced Based or "Best Practice"
- Required by regulatory agency or contract requirements

## Methodologies

- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinel events
- Failure Mode and Effects Analysis (FMEA) is a proactive tool performed for analysis of a high-risk process/procedure performed on an as needed basis (at least annually)

### **Data Management Approach and Analysis**

Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

### **Reporting**

Quality, Safety and Experience metrics are routinely reported to the Quality, Safety and Experience Committee. Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.

### **Evaluation and Review**

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan that need to be expanded, revised, or deleted shall be identified to ensure that the objectives are met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

(Appendix A)

Committee Oversight

New: System Quality, Safety and Experience (prior Safety Committee) has oversight and reporting of the following committees or functions:

- Pharmacy and Therapeutics
- Accreditation
- Learning Collaboratives

(Appendix B)

The Model for Improvement

## Forming the Team

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.

### Setting Aims

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

### Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

### Selecting Changes

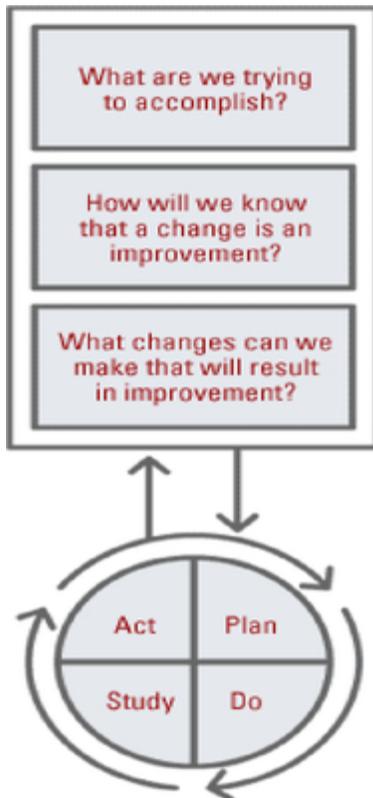
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

### Testing Changes

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

**Implementing Changes** After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.

**Spreading Changes** After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.



Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.](#)

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. [The New Economics for Industry, Government, and Education.](#) Cambridge, MA: The MIT Press; 2000.]

(Appendix C)

### **Root Cause Analysis (RCA):**

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom.

One way to identify the root cause of a problem is to ask "Why?" five times. When a problem presents itself, ask "Why did this happen?" Then, don't stop at the answer to this first question. Ask "Why?" again and again until you reach the root cause.

### **Failure Modes and Effects Analysis (FMEA):**

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures – especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

- Steps in the process
- Failure modes (What could go wrong?)
- Failure causes (Why would the failure happen?)
- Failure effects (What would be the consequences of each failure?)

Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis on prevention may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

---

## Attachments

[image1.png](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Departmental Review	Keena Pace: Exec	06/2023
Initial Assignment	Luc Josaphat: Director of Quality Assurance	06/2023

# **EXHIBIT F-21**

Status **Pending** PolicyStat ID **13233630**

Origination	10/2006
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR20A Professional Behavior and Attire

### 1. PURPOSE:

The purpose of The Harris Center for Mental Health and IDD (The Harris Center) professional behavior and attire policy is to create and maintain a collaborative professional environment that upholds our values and Standards of Behaviors as we strive to become the organization of choice for both persons served and employees; establishing clear guidelines for how we interact with the people we serve and our fellow team members

### 2. POLICY:

It is the policy of The Harris Center that staff conduct and present themselves in a professional and polished manner and it is important their attire reflect the same standard; consequently improving the way we reflect and carry The Harris Center's mission of transforming the lives of people with behavioral health and IDD needs. Employees shall maintain a clean and neat appearance in the workplace and dress according to the requirements of their position, which may include considering concerns about safe interactions with persons served and professionally representing the Harris Center's image to the public.

### 3. APPLICABILITY/SCOPE:

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

## ~~4. Related Policies and Forms~~

## 5. RELATED POLICIES/FORMS:

- The Harris Center Employee Handbook
- The Harris Center Code of Conduct

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT F-22**

Status **Pending** PolicyStat ID **13923059**

Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## ACC5A Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services

### 1. PURPOSE:

The purpose of the admission policy is to have a uniform method and efficient procedure for admitting clients into services and to identify individual needs to plan the most appropriate intervention.

### 2. POLICY:

It is the policy all individuals seeking The Harris Center For Mental Health and IDD (The Harris Center) services will be evaluated by credentialed and knowledgeable staff able to assess the specific needs of the persons served, trained in the use of applicable tools, tests or instruments prior to administration and be able to communicate with clients. THE HARRIS CENTER strictly prohibits and does not discriminate against individuals accessing or receiving treatment services at THE HARRIS CENTER because of race, color, religion, creed, national origin, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, disability, citizenship, genetic information or any other characteristic protected under applicable federal, state, or local law. Individuals will be evaluated through a screening and assessment process designed to maximize opportunities for the client to gain access to The Harris Center programs and services. If the client's needs are beyond the scope of services offered by The Harris Center, the client will be referred to an agency that which can address the individual need. Services will not be denied to individuals based on ability to pay. The Harris Center encourages involvement and participation of family, significant others, and caregivers in the recovery process. Services are subject to all state standards for the provision of both voluntary and court-ordered services.

### 3. APPLICABILITY/SCOPE:

This applies to all The Harris Center Programs/Units providing services.

### 4. PROCEDURES:

[ACC5B Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities \(IDD\) Services](#)

### 5. RELATED POLICIES/FORMS:

- Demographic Form
- Intake Questionnaire Form
- Intake Assessment Form
- Risk Assessment Form
- Fee Assessment Form
- Consumer Benefits Screening Form
- Uniform Assessment/Diagnostic Interview/Diagnostic Form
- Informed Consent, Notification of Client Rights, Notification of Right to Appeal a Decision Form
- Deny or Involuntarily Terminate Services, Authorization for Release of Information (if needed), Telemedicine Consent, client orientation Form
- Voter Registration Application Form
- Additional SUD Forms:
  - Screening Form/ SUD Screening Form
  - SUD Consent and Orientation Form
  - Initial Discharge Form
- Additional IDD Forms:
  - ICAP
  - Explanation of MR Services and Supports
  - Initial Identification of Preferences
  - HCS Interest List
  - Service Coordination Assessment
  - IDD Supplemental Diagnosis

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

- Mental Health Community Services Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Standards of Care, 25 Tex. Admin. Code Ch. 448

## Approval Signatures

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

# **EXHIBIT F-23**

Status **Pending** PolicyStat ID **13958981**

Origination	06/2022	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval		
Last Revised	08/2023		
Next Review	1 year after approval		

## LD15A Whistleblower

### 1. PURPOSE:

The Harris Center for Mental Health and IDD ("The Harris Center") requires its directors, officers, employees, and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of The Harris Center, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

### 2. POLICY:

The purpose of this whistleblower policy (the "Policy") is to:

- (a) Encourage and enable employees and representatives to raise concerns regarding suspected illegal or unethical conduct or practices or violations of The Harris Center's policies on a confidential and, if desired, anonymous basis.
- (b) Protect employees and representatives from retaliation for raising such concerns.
- (c) Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.

Each employee and representative has the responsibility to report in good faith any concerns about actual or suspected violations of The Harris Center's policies or any federal, state, or municipal law or regulations governing The Harris Center's operations (each, a "Concern") to The Harris Center's Enterprise Risk Management Department or to an appropriate law enforcement authority. Appropriate subjects to report under this Policy include, but are not limited to, financial improprieties, accounting or

audit matters, ethical violations, or other similar illegal or improper practices, such as:

- (a) False Claims
- (b) Fraud
- (c) Theft
- (d) Embezzlement
- (e) Bribery or kickbacks
- (f) Misuse of The Harris Center's assets
- (g) Undisclosed conflicts of interest
- (h) Danger to public health or safety

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation of law and/or ethical standards. Any unfounded allegation that proves to have been made maliciously, recklessly, or knowingly to be false will be viewed as a serious offense and result in disciplinary action, up to and including termination of employment or volunteer status.

Employees shall use The Harris Center's existing complaint procedures and mechanisms to report other issues, unless those channels are themselves implicated in wrongdoing. This Policy is not intended to provide a means of appealing the outcomes resulting from those other mechanisms.

No employee who in good faith reports a Concern or participates in a review or investigation of a Concern shall be subject to harassment, retaliation, or, in the case of an employee, adverse employment consequences because of such report or participation. This protection extends to employees who report in good faith, even if the allegations are, after an investigation, not substantiated.

Any employee who retaliates against someone who in good faith has reported or participated in a review or investigation of a Concern will be subject to discipline, up to and including, termination of employment or volunteer status.

#### **i. The Harris Center**

1. Call: 1-800-737-6789
2. Report Online: [www.safetalerthotline.com](http://www.safetalerthotline.com)

#### **ii. US Office of Inspector General**

1. **Call:** 1-800-323-8603 toll free
2. **TTY:** 1-844-889-4357 toll free

#### **3. U.S. Mail:**

DHS Office of Inspector General/MAIL STOP 0305  
Attn: Office of Investigations - Hotline

245 Murray Lane SW  
Washington, DC 20528-0305

5. <https://hotline.oig.dhs.gov/#step-1>

**iii. Texas State Auditor's Office (SAO)**

- 1. (800) TX-AUDIT (892-8348)
- 2. <https://sao.fraud.texas.gov/>

**iv. Texas Attorney General's Office**

- 1. <https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-fraud-and-abuse>

### 3. APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

### 4. DEFINITIONS:

N/A

### 5. PROCEDURE:

[LD15B Whistleblower Procedure](#)

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

**Whistleblower Procedures**

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

Texas Whistleblower Act, Texas Government Code §§554.001 et seq.

Texas Medicaid Fraud Act, Texas Human Resources Code §§36.001 et. seq.

#### Approval Signatures

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

CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Initial Assignment	Kendra Thomas: Counsel	07/2023

# **EXHIBIT F-24**

# **AUGUST 2023 AMENDMENTS OVER 100k**

8/16/23, 4:51 PM

Contract Owner Approval

## Executive Contract Summary

### Contract Section

---

**Contract ID #\***

7212

**Contractor\***

Translation and Interpretation Master Pool Contract

**Presented To\***

*KT*  Full Board

**Date Presented\***

8/22/2023

**Parties\* (?)**

The Harris Center, Language Line, Nightingale, Universe Translation, Visual Language Professionals, and Crab Tree (aka Globo)

**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

8/16/23, 4:51 PM

Contract Owner Approval

**Funding Information \***

New Contract  Amendment

RT

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

9/1/2023

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

11/30/2023

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

**Current Contract Amount \***

\$ 636,691.00

**Increase Not to Exceed \***

\$ 95,439.39

**Revised Total Not to Exceed (NTE) \***

\$ 732,130.39

**Fiscal Year \* (?)**

2023

**Amount \* (?)**

\$ 732,130.39

**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

8/16/23, 4:51 PM

Contract Owner Approval

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

Extending the expiration date on the current contract for 3 additional months and to increase funds to Forensics units currently out of funds for FY23. Funding needs to be increased to cover services for the remainder of the year.

Unit 6201 Increase by \$168

Unit 6204 Increase by \$274

Unit 6205 Increase by \$1,050

Unit 6302 Increase by \$ 482

Unit 6401 Increase by \$ 334

Forensics' Increase \$2,308.00 & amount of extension \$93,131.39 = \$95,439.39 Total increase

**Contract Owner**

Kendra Thomas

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

Yes  No  Unknown

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

For the past four years vendors have provided interpretation and translation services in person, over the phone and remotely for our consumers

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

Yes  No  Unknown

**Community Partnership** \* (?)

Yes  No  Unknown

**Supporting Documentation Upload** (?)

[Additional Funds Needed for FY 23 Forensic Units.xlsx](#) 11.64KB

[Three Month Extension for Pool Contract Thru End of Nov.xlsx](#) 15.96KB

**Vendor/Contractor Contact Person****Name** \*

Daniel Poma

8/16/23, 4:51 PM

Contract Owner Approval

**Address \***

Street Address

1 Lower Ragsdale Drive

Address Line 2

City

Monterey

Postal / Zip Code

93940-5749

State / Province / Region

CA

Country

US

**Phone Number \***

831-648-5404

**Email \***

dpoma@languageline.com

Budget Section

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

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
1102	\$ 100.00	543018

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

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2200	\$ 100.00	543018

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Shelby, Debbie	Hooper Jr., Michael

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2212	\$ 7,132.89	543018

<b>Budget Manager</b>	<b>Secondary Budget Manager</b>
Shelby, Debbie	Hooper Jr., Michael

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Contract Owner Approval

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2213	\$ 1,542.71	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2214	\$ 5,172.73	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2215	\$ 19,547.20	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2299	\$ 522.20	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2301	\$ 1,832.69	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2379	\$ 119.54	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Campbell, Ricardo	Brown, Erica	
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
2802	\$ 10.09	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Shelby, Debbie	Hooper Jr., Michael	

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Contract Owner Approval

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3350	\$ 11,809.56	543018

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3360	\$ 19,576.19	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4323	\$ 9,851.21	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4325	\$ 1,091.75	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 3,644.70	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4913	\$ 831.42	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6201	\$ 359.25	543018

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

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Contract Owner Approval

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6204	\$ 274.00	543018

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6205	\$ 1,557.50	5430108

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6302	\$ 650.40	543018

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6401	\$ 334.00	543018

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6601	\$ 863.72	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 3,606.11	543018

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7110	\$ 1,117.14	543018

Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

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Contract Owner Approval

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9206	\$ 1,015.38	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9208	\$ 2,385.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9210	\$ 5.61	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9244	\$ 100.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Ramirez, Priscilla		Oshman, Jodel
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9247	\$ 100.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Oshman, Jodel		Ramirez, Priscilla
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9403	\$ 304.81	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Ramirez, Priscilla		Puente, Giovanni
<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9505	\$ 60.00	543018
<b>Budget Manager</b>		<b>Secondary Budget Manager</b>
Ramirez, Priscilla		Puente, Giovanni

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Contract Owner Approval

<b>Budget Unit Number *</b>	<b>Amount Charged to Unit *</b>	<b>Expense/GL Code No. *</b>
9810	\$ 21.63	543018
<b>Budget Manager</b>	<b>Secondary Budget Manager</b>	
Oshman, Jodel	Ramirez, Priscilla	

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

In-Person – 2 hr. minimum - \$90  
 In-Person – Intake 4 hrs. - \$180  
 Over the Phone Interpretation – per min – Spanish \$0.70  
 Over the Phone Interpretation–per min–Other Languages  
 \$1.24  
 Video – 1 hr. minimum - \$47  
 See contract for additional rates for sign language.

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

Not Applicable

<b>Requester Name</b>	<b>Submission Date</b>
MackKinney, Egla	7/31/2023

**Budget Manager Approval(s)**

Approved by

*Erica Brown*

**Approval Date**

8/1/2023

Approved by

*Michael T Hooper Jr*

**Approval Date**

8/3/2023

Approved by

*Ricardo Campbell*

**Approval Date**

8/3/2023

8/16/23, 4:51 PM

Contract Owner Approval

Approved by

*Mamie Adams-Austin*

Approval Date

8/3/2023

Approved by

*Michael T Hooper Jr*

Approval Date

8/15/2023

Approved by

*Priscilla M. Ramirez*

Approval Date

8/16/2023

Approved by

*Jodel Osلمان*

Approval Date

8/16/2023

Procurement Approval

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Approved by

Sign

Approval Date

Contract Owner Approval

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Approve \*

Yes

No, reject entire submission

Return for correction

8/16/23, 4:51 PM

Contract Owner Approval

**Revision Notes \***

Please update contract term; also, please note the Board date is 8/22/23

Please update Units per information below. Also units 4836, 6607, 6620 will not be used in FY24

3360 \$32,616

4323 \$5,328

4325 \$1,068

4736 \$4,381

4913 \$576

6601 \$4,536

CT142504				F/F & OPI		Funds Needed		Three Month	
Division/Unit Name	Billing Unit	Budget	1st Quarter Total	2nd Quarter Total	Through Aug	Through Aug	Extension 'til Nov	Extension 'til Nov	Extension 'til Nov
Compliance	1102	\$ 500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
MH Admin	2200	\$ 1,250.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
NW CSC	2212	\$ 22,000.00	\$ 6,805.64	\$ 7,460.13	\$ -	\$ -	\$ -	\$ -	\$ 7,132.89
NE CSC	2213	\$ 7,500.00	\$ 1,061.10	\$ 2,024.32	\$ -	\$ -	\$ -	\$ -	\$ 1,542.71
SE CSC	2214	\$ 11,600.00	\$ 4,460.70	\$ 5,884.76	\$ -	\$ -	\$ -	\$ -	\$ 5,172.73
SW CSC	2215	\$ 42,000.00	\$ 19,176.19	\$ 19,918.21	\$ -	\$ -	\$ -	\$ -	\$ 19,547.20
AMH Eval & Assmt	2299	\$ 2,300.00	\$ 634.16	\$ 410.23	\$ -	\$ -	\$ -	\$ -	\$ 522.20
ACT (NW & SE)	2301	\$ 7,000.00	\$ 1,533.30	\$ 2,132.08	\$ -	\$ -	\$ -	\$ -	\$ 1,832.69
Covid	2379	\$ 309,850.00	\$ 109.90	\$ 129.17	\$ -	\$ -	\$ -	\$ -	\$ 119.54
DSRIP Subs Abuse Trtm	2802	\$ 1,300.00	\$ 13.91	\$ 6.26	\$ -	\$ -	\$ -	\$ -	\$ 10.09
IDD - Svc Coord	3350	\$ 47,423.00	\$ 10,918.59	\$ 12,700.53	\$ -	\$ -	\$ -	\$ -	\$ 11,809.56
IDD - ECI	3360	\$ 134,243.00	\$ 19,602.08	\$ 19,550.30	\$ -	\$ -	\$ -	\$ -	\$ 19,576.19
SW CAS	4323	\$ 14,000.00	\$ 6,722.29	\$ 12,980.12	\$ -	\$ -	\$ -	\$ -	\$ 9,851.21
SE CAS	4325	\$ 4,700.00	\$ 1,378.61	\$ 804.88	\$ -	\$ -	\$ -	\$ -	\$ 1,091.75
Colocation	4736	\$ 1,500.00	\$ 463.94	\$ 315.81	\$ -	\$ -	\$ -	\$ -	\$ 389.88
Med Svcs DSRIP	4836	\$ 2,600.00	\$ 3,109.45	\$ 3,400.19	\$ -	\$ -	\$ -	\$ -	\$ 3,254.82
Yes Waiver	4913	\$ 4,000.00	\$ 434.96	\$ 1,227.88	\$ -	\$ -	\$ -	\$ -	\$ 831.42
Forensics - Jail Admin	6201	\$ 200.00	\$ 191.25	\$ -	\$ 168.00	\$ -	\$ -	\$ -	\$ 359.25
Forensics - Jail Outpatient	6204	\$ 100.00	\$ -	\$ 280.00	\$ 274.00	\$ -	\$ -	\$ -	\$ 274.00
JF Comp & Sanity	6205	\$ 1,100.00	\$ 475.00	\$ 540.00	\$ 1,050.00	\$ -	\$ -	\$ -	\$ 1,557.50
New Start	6302	\$ 500.00	\$ 154.05	\$ 182.74	\$ 482.00	\$ -	\$ -	\$ -	\$ 650.40
Dual Diagnosis Resident	6401	\$ 1,000.00	\$ -	\$ -	\$ 334.00	\$ -	\$ -	\$ -	\$ 334.00
JJ CBSU	6607	\$ 2,500.00	\$ 276.37	\$ 587.05	\$ -	\$ -	\$ -	\$ -	\$ 431.71
JJ CUPS	6620	\$ 3,000.00	\$ 239.27	\$ 624.76	\$ -	\$ -	\$ -	\$ -	\$ 432.02
Crisis Line	7001	\$ 3,000.00	\$ 2,745.68	\$ 4,466.54	\$ -	\$ -	\$ -	\$ -	\$ 3,606.11
Access Line	7110	\$ 450.00	\$ 1,574.65	\$ 659.63	\$ -	\$ -	\$ -	\$ -	\$ 1,117.14
CPEP - PES	9206	\$ 1,500.00	\$ 1,142.85	\$ 887.90	\$ -	\$ -	\$ -	\$ -	\$ 1,015.38
CPEP - MCOT	9208	\$ 1,500.00	\$ 2,507.54	\$ 2,262.46	\$ -	\$ -	\$ -	\$ -	\$ 2,385.00
CPEP - CRU Caroline	9210	\$ 900.00	\$ 7.69	\$ 3.53	\$ -	\$ -	\$ -	\$ -	\$ 5.61
BHRT 3-CCHP 2.0 Exp	9244	\$ 400.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
Crisis Peer Respite	9247	\$ 500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100.00
Jail Diversion	9403	\$ 5,155.00	\$ 609.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 304.81
The Enrichment Ctr/Villas	9505	\$ 120.00	\$ 120.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60.00
CPEP - CRU Southmore	9810	\$ 1,000.00	\$ 43.26	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21.63
<b>Total Charge to PO</b>		<b>\$ 636,691.00</b>	<b>\$ 86,512.04</b>	<b>\$ 99,439.48</b>	<b>\$ 2,308.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 95,439.39</b>

# **EXHIBIT F-25**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

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

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

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

**I**

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

**J**

<b>JDC</b>	<b>Juvenile Detention Center</b>
<b>JJAEP</b>	<b>Juvenile Justice Alternative Education Program</b>
<b>JSS</b>	<b>Job Satisfaction Scale</b>

**K****L**

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

**M**

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

**N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

TAC Texas Administrative code  
 TANF Temporary Assistance for Needy Families  
 TCOOMI Texas Correctional Office on Offenders with Medical or Mental Impairments  
 TDCJ Texas Department of Criminal Justice  
 THKC Texas Health Kids  
 THSteps Texas Health Steps  
 TIC Trauma informed Care  
 TMAP Texas Medication Algorithm Project

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

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**