



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

Resource Committee Meeting

October 17, 2023

8:30 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, September 19, 2023
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'23 Year-to-Date Budget Report- September
(EXHIBIT R-2 Vanessa McKeown)
- B. October 2023 Contracts Amendments Over 250K
(EXHIBIT R-3 Belinda Stude)
- C. October 2023 Interlocal Agreements
(EXHIBIT R-4 Belinda Stude)
- D. Foreign and Sign Language Translation/Interpretation Services
(EXHIBIT R-5 Vanessa McKeown)

V. REVIEW AND COMMENT

- A. Clinical/Financial KPI Review
(EXHIBIT R-6 Vanessa McKeown)
- B. October 2023 New Contracts 100K-250K
(EXHIBIT R-7 Belinda Stude)
- C. October 2023 Amendments 100K-250K
(EXHIBIT R-8 Belinda Stude)

VI. EXECUTIVE SESSION-

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

VII. RECONVENE INTO OPEN SESSION

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

IX. INFORMATION ONLY

- A. October 2023 New Contracts Under 100K
(EXHIBIT R-9)
- B. October 2023 Contract Renewals Under 100K
(EXHIBIT R-10)

- C. October 2023 Contract Amendments Under 100K
(EXHIBIT R-11)
 - D. October 2023 Affiliation, Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT R-12)
 - E. Financials by Clinic + NPC
(EXHIBIT R-13)
 - F. FY 2023 Supplier Diversity Report
(EXHIBIT R-14)
 - G. Revenue Management
(EXHIBIT R-15)
- X. **ADJOURN**



Veronica Franco, Board Liaison
Gerald Womack, Chairman
Resource Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees



EXHIBIT R-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
RESOURCE COMMITTEE MEETING
TUESDAY, SEPTEMBER 19, 2023
MINUTES**

Mr. Gerald Womack, Chairman, called the meeting to order at 8:30 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. G. Womack, Dr. G. Santos, Mr. J. Lykes, Dr. M. Miller, Jr.

Committee Member Absent: None

Other Board Member Present: Dr. L. Moore, S. Zakaria

1. CALL TO ORDER

Mr. Gerald Womack called the Resource Committee meeting to order at 8:30am.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Dr. L. Moore as voting members of the committee.

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

There were no Public Comments.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday August 15, 2023.

MOTION: GEARING SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, August 15, 2023, as presented under Exhibit R-1, are approved and recommended to the Full Board.

6. CONSIDER AND RECOMMEND ACTION

A. FY'23 Year-to-Date Budget Report-August

MOTION: LYKES SECOND: SANTOS

**With unanimous affirmative votes,
BE IT RESOLVED** FY'23 Year-to-Date Budget Report-August, is approved under exhibit R-2 and recommended to the Full Board.

B. September 2023 Contract Amendments Over 250K

MOTION: SANTOS SECOND: ZAKARIA

**With unanimous affirmative votes,
BE IT RESOLVED** September 2023 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. September 2023 Interlocal Agreements

MOTION: SANTOS SECOND: ZAKARIA

**With unanimous affirmative votes,
BE IT RESOLVED** September 2023 Interlocal Agreements, under Exhibit R-4 are approved and recommended to the Full Board.

7. REVIEW AND COMMENT

- A. September 2023 New Contracts 250K and Less**-Ms. Stude presented the September New Contracts 250K and Less to the Resource Committee
- B. September 2023 Renewals 250K and Less**-Ms. Stude presented the September 2023 Renewals 250K and Less
- C. September 2023 Amendments 250K and Less**-Ms. Stude presented the September 2023 Amendments 250K and Less

8. EXECUTIVE SESSION -No executive session is required.

9. RECOVENE INTO OPEN SESSION

10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

11. ADJOURN

MOTION: ZAKARIA SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 8:59 am.

**Veronica Franco, Board Liaison
Gerald W. Womack, Chairman Resource Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees**

EXHIBIT R-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Budget
As of September 30, 2023**

Fiscal year 2024

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.

Vanessa McKeown
Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
As of September 30, 2023
unaudited/budget-basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 28,547,902	\$ 28,717,701	\$ 169,800
Expenditures	28,250,533	27,635,586	614,946
Change in net assets	\$ 297,369	\$ 1,082,115	\$ 784,746
Use of prior year balances	\$ -	\$ -	\$ -
Capital, net		(5,120)	(5,120)
Bond payment	(83,333)	-	83,333
	<u>\$ 214,036</u>	<u>\$ 1,076,995</u>	<u>\$ 862,960</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 28,547,902	\$ 28,717,701	\$ 169,800
Expenditures	28,250,533	27,635,586	614,946
Change in net assets, operations	\$ 297,369	\$ 1,082,115	\$ 784,746
Use of prior year balances	\$ -	\$ -	\$ -
Capital, net		(5,120)	(5,120)
Bond payment	(83,333)	-	83,333
	<u>\$ 214,036</u>	<u>\$ 1,076,995</u>	<u>\$ 862,960</u>

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget

As of September 30, 2023

unaudited/budget-basis reporting

	For the Month				Fiscal Year to Date				
	ORGBUD	Actual	Variance		orgbud	Actual	Variance		
			\$	%			\$	%	
Operating Revenue									
State General Revenue	\$ 9,663,399	\$ 9,712,849	\$ 49,450	1%	\$ 9,663,399	\$ 9,712,849	\$ 49,450	1%	
Harris County and Local	5,439,058	4,771,969	(667,089)	-12%	5,439,058	4,771,969	(667,089)	-12%	A
Federal Contracts and Grants	4,040,370	5,050,414	1,010,045	25%	4,040,370	5,050,414	1,010,045	25%	B
State Contract and Grants	1,513,271	1,196,476	(316,795)	-21%	1,513,271	1,196,476	(316,795)	-21%	C
Third Party Billing	2,766,557	2,771,153	4,596	0%	2,766,557	2,771,153	4,596	0%	
Charity Care Pool	3,340,351	3,340,351		0%	3,340,351	3,340,351		0%	
Directed Payment Programs	726,251	767,943	41,692	6%	726,251	767,943	41,692	6%	
PAP	833,578	805,116	(28,463)	-3%	833,578	805,116	(28,463)	-3%	
Interest Income	225,066	301,430	76,364	34%	225,066	301,430	76,364	34%	
Operating Revenue, total	\$ 28,547,902	\$ 28,717,701	\$ 169,800	1%	\$ 28,547,902	\$ 28,717,701	\$ 169,800	1%	
Operating expenditures									
Salaries and Fringe Benefits	\$ 19,902,816	\$ 19,666,500	\$ 236,315	1%	\$ 19,902,816	\$ 19,666,500	\$ 236,315	1%	
Contracts and Consultants	2,103,444	1,948,042	155,402	7%	2,103,444	1,948,042	155,402	7%	
HCPC Contract	2,322,734	2,568,784	(246,050)	-11%	2,322,734	2,568,784	(246,050)	-11%	
Supplies and Drugs	1,526,528	1,872,172	(345,644)	-23%	1,526,528	1,872,172	(345,644)	-23%	J
Purchases, Repairs and Maintenance of:									
Equipment	560,797	85,465	475,332	85%	560,797	85,465	475,332	85%	K
Building	302,062	242,134	59,928	20%	302,062	242,134	59,928	20%	
Vehicle	86,370	73,079	13,291	15%	86,370	73,079	13,291	15%	
Telephone and Utilities	311,949	282,907	29,042	9%	311,949	282,907	29,042	9%	
Insurance, Legal and Audit	179,467	159,931	19,536	11%	179,467	159,931	19,536	11%	
Travel	192,524	164,609	27,915	14%	192,524	164,609	27,915	14%	
Other	761,842	571,963	189,879	25%	761,842	571,963	189,879	25%	
Operating Expenditures, total	\$ 28,250,533	\$ 27,635,586	\$ 614,946	2%	\$ 28,250,533	\$ 27,635,586	\$ 614,946	2%	
Change in Net Assets, before Other Sources	\$ 297,369	\$ 1,082,115	\$ 784,746	264%	\$ 297,369	\$ 1,082,115	\$ 784,746	264%	
Other Sources									
401001 Use of Net Assets, capital	\$	\$ 63,593	\$ 63,593		\$	\$ 63,593	63,593		
Capital Outlay		68,713	(68,713)			68,713	(68,713)		
Capital Expenditures, net		(5,120)	(5,120)			(5,120)	(5,120)		
454005 Insurance proceeds		-	-			-	-		
Bond payment	(83,333)		83,333		(83,333)		83,333		
454015 Proceeds from Sale of Assets									
Change in Net Assets, all Sources	\$ 214,036	\$ 1,076,995	\$ 862,960		\$ 214,036	\$ 1,076,995	\$ 862,960		

*

The Harris Center for Mental Health and IDD
Balance Sheet
As of September 30, 2023
unaudited/budget-basis reporting

	<i>period 12</i>		
	August-23	September-23	Change
ASSETS			
Current Assets			
Cash and Petty Cash	\$ 10,485,753	\$ 13,854,853	\$ 3,369,100 AA
Investments	64,953,497	57,922,316	(7,031,181) AA
Inventory and Prepaid	5,069,274	4,847,801	(221,473)
Accounts Receivable			
Other	26,335,730	37,082,225	8,768,263 CC
Patient, net of allowance	5,919,600	6,159,697	240,097
Current Assets, Total	\$ 112,763,854	\$ 119,866,892	\$ 5,124,807
Capital Assets			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,595,256	46,595,256	-
Furniture, Equipment and Vehicles	9,912,523	9,912,523	-
Construction in Progress	26,090,643	26,154,236	63,593 DD
Capital Assets, Total	\$ 95,292,205	\$ 95,355,798	\$ 63,593
Total Assets	\$ 208,056,058	\$ 215,222,690	\$ 5,188,400
LIABILITIES AND NET ASSETS			
Unearned Income	\$ 2,724,850	\$ 3,964,847	\$ 1,239,997
Accounts Payable and Accrued Liabilities	22,815,441	31,266,469	8,451,028 FF
Long term Liabilities	910,315	910,315	-
Liabilities, Total	\$ 26,450,606	\$ 36,141,631	\$ 9,691,025
NET POSITION			
Inventory and Capital Assets	95,669,052	95,728,208	59,155
Assigned (see notes for designated balances)	85,462,484	82,275,290	(3,187,194)
Change in net assets, <i>budgetary basis</i>	495,331	1,076,995	581,664
Net Assets, Total	\$ 181,626,867	\$ 179,080,493	\$ 640,819

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

The primary driver of the net unfavorable variance in Harris County and Local Revenue is the lack of revenue recorded in the following contract:

	Original Budget	Actual	Variance	Net revenues less expense
DDRP Dual Diagnosis Resident Program	\$ 455,957	\$ -	\$ (455,957)	\$ (417,306)
			\$ (455,957)	

B Federal Contract and grants

The primary driver of the net favorable variance in Federal Contract and grants is related to the timing and fluctuation of accruals vs. amounts billed that cross periods.

C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to lack of revenue recorded in grants due to timing of contract finalizations.

J Supplies

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases. However, revenue earned exceeds the original budget as well.

	Expenses			Revenue		
	Original Budget	Actual	Variance	Original Budget	Actual	Variance
Drug purchases	140,583	248,642	(108,059)			
Drug purchases retail pharmacy	279,035	733,942	(454,907)	303,990	766,692	462,702
PAP drug program	833,579	833,579	-			
All other supplies	273,331	56,009	217,322			
	<u>1,526,528</u>	<u>1,872,172</u>	<u>(345,644)</u>			

K Equipment

Equipment costs have a favorable variance due to the timing of payment of annual epic software costs.

Balance sheet

AA Cash and Investments

We typically see our Cash and Investment balances increase in the first month of a quarter based on the receipt of our quarterly appropriations. As of October 10, 2023 we have yet to receive the ~\$20m typically received the first few weeks of the first month of each quarter. The Harris Center staff have made several attempts to determine why these receipts are behind without success to date.

CC Accounts receivable, other

Accounts receivable, other, balances fluctuated primarily due to the receipt of amounts owed from the Harris County Sheriff's Office for services provided back to November 2022, \$4.4M, and the recognition of amounts owed from the State of Texas, \$11.5M.

DD Construction in Progress

The correction needed for Construction in Progress is being address by the external auditors and corrected as part of the audit work that is in progress.

FF Accounts Payable and Accrued Liabilities

There are multiple factors leading to the increase in Accounts Payable and Accrued Liabilities

	Fluctuation
Medical premiums not remitted in September	\$ 2,364,578
Amounts owed to HCPC	2,972,323
Fluctuations in accrued salaries payable	993,190
	<hr/>
	\$ 6,330,091

The Harris Center for Mental Health and IDD
Investment Portfolio
As of September 30, 2023

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Interest Rate	Monthly Yield
Texas CLASS								
Texas CLASS General Fund	\$ 44,590,495	\$ -	\$ (7,300,000)	\$ 176,561	\$ 37,467,056	64.7%	5.52%	5.551%
TexPool								
TexPool Prime	16,910,737	-	-	77,158	16,987,895	29.3%	5.55%	4.801%
TexPool General Fund	1,050,816	-	-	4,596	1,055,412	1.8%	5.32%	4.611%
TexPool Internal Service Fund	2,401,450	-	-	10,504	2,411,954	4.2%	5.32%	4.611%
<i>TexPool Sub-Total</i>	<i>20,363,002</i>	<i>-</i>	<i>-</i>	<i>92,259</i>	<i>20,455,261</i>	<i>35.3%</i>		<i>4.768%</i>
Total Investments	\$ 64,953,497	\$ -	\$ (7,300,000)	\$ 268,819	\$ 57,922,316	100%		5.275%

Additional Interest-Checking Accounts

32,611

Total Interest Earned

\$ 301,430



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.52%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.28%
Interest Rate - Chase Hybrid Checking	3.15%
ECR - Chase	3.25%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of September 30, 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 September 30, 2023

Vendor	Description	Monthly Not-To-Exceed*	September	YTD Total Through September
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$935,377	\$935,377
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$0
UNUM	Life Insurance	\$300,000	\$0	\$0

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

Notes:
 Non-employee portion of September payments of Liabilities for Employee Benefits = 2.1% of Expenditures.

EXHIBIT R-3

OCTOBER 2023
AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Aptean, Inc.

Contract ID # *

6115

Presented To *

- Resource Committee
- Full Board

Date Presented *

10/17/2023

Parties * (?)

Aptean & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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 * (?)

8/31/2024

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

Current Contract Amount *

\$ 406,084.64

Increase Not to Exceed *

\$ 57,449.00

Revised Total Not to Exceed (NTE) *

\$ 463,533.64

Fiscal Year* (?)

2024

Amount* (?)

\$ 57,449.00

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

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Rylee Dawson

Address*

Street Address

4325 Alexander Drive

Address Line 2

Suite 100

City

Alpharetta

Postal / Zip Code

30022-3740

State / Province / Region

GA

Country

US

Phone Number*

512-431-6709

Email*

RyleeDawson@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 57,449.00	900022
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

ROSS/DocuSign Integration Services.
Rate: 244.212 hours @ \$250 per hour

Project WBS (Work Breakdown Structure)* (?)

WBS: IT21.1147.06

Requester Name	Submission Date
Jones, Anthony	9/27/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
9/28/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date
9/29/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date
9/29/2023

Final Board Report Comments

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

This is an IT capital project roll over funds from FY23. Contract ID 6115 FY23

Product/Service Description

Software License, Support & Maintenance for On-Line Requisition & Approval System
(Formerly Ross)

Revised Comments For Board Report*

Amendment to increase the NTE for continued IT Capital Projects from FY23.

Exclude this ECS from Board Report?*

Yes No



Executive Contract Summary

Contract Section



Contractor*

Enterprise Fleet Management

Contract ID #*

7287

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Enterprise Fleet Management 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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/31/2021

Contract Term End Date* (?)

12/1/2025

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

1/31/2021-12/1/2025

Current Contract Amount*

\$ 758,833.08

Increase Not to Exceed*

\$ 89,928.78

Revised Total Not to Exceed (NTE)*

\$ 848,761.86

Fiscal Year* (?)

Amount* (?)

2024

\$ 848,761.86

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To amend FY 2024 NTE by \$89,928.78 to add new units and owned vehicles to become leased.

New FY 2024 is \$848,761.86.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2021 to present

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

Yes No Unknown

Please provide an explanation*

Does not meet requirement

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

ID 7827 - Enterprise - FY24 REQ_Revised8.29.2023.xlsx

15.06KB

Vendor/Contractor Contact Person

Name*

Cindy Fiegel

Address *

Street Address

10401 Centrepark Drive

Address Line 2

City

Houston

Postal / Zip Code

77043-1251

State / Province / Region

TX

Country

United States

Phone Number*

7138759614

Email *

cindy.s.fiegel@efleets.com

Budget Section



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	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 3,532.44	559000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 12,972.75	560500
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 5,875.56	559000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 38,727.21	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 8,514.12	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 86,052.66	560500
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 16,315.68	559000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 12,972.75	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 2,413.56	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 7,618.68	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 888.12	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 12,642.24	56000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,833.72	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 13,558.68	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 1,833.72	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 26,161.02	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 4,961.88	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 5,752.32	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 945.60	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 5,727.00	560500
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 945.60	559000
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 19,173.36	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 3,445.20	5590000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 110,885.35	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 28,029.48	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 15,243.96	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 2,761.20	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 4,778.28	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 907.80	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 5,318.40	560500
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 907.80	559000
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 7,570.32	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 2,269.68	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 125,773.92	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 15,973.20	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 10,636.80	560500
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 2,323.80	559000
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 8,063.76	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 12,168.60	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 8,000.04	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 1,909.68	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 5,802.00	559000
Budget Manager	Secondary Budget Manager	
Ramirez, Priscilla	Puentes, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 16,924.47	560500
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 2,996.52	559000
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Soto, Jessica

Submission Date

8/30/2023

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date
8/31/2023

Approved by

Erica Brown

Approval Date
8/31/2023

Approved by

Debbie Chambers & Shelby

Approval Date
9/6/2023

Approved by

Jodel Ostman

Approval Date
9/6/2023

Approved by

Mamie Adams-Austin

Approval Date
9/6/2023

Approved by

Priscilla M. Ramirez

Approval Date
9/7/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Todd McCorquodale

Approval Date
9/7/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/8/2023

EXHIBIT R-4

OCTOBER 2023
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section



Contractor*

Aldine Independent School District

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Aldine 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

- 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* (?)

8/31/2024

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 remote school based qualified mental health practitioners (YES Waiver) who will provide wraparound services, case management, and social and emotional support to prevent and reduce mental illness, symptoms, conditions, or disorders.

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*

Aldine Independent School District

Supporting Documentation Upload (?)

Copy of Aldine ISD MoU - Force Copy.docx 24.93KB

Vendor/Contractor Contact Person

Name*

Dr. Marcie Strahan

Address*

Street Address

14909 Aldine Westfield

Address Line 2

City

Houston

Postal / Zip Code

77032

State / Province / Region

TX

Country

USA

Phone Number*

2819856280

Email*

MDStrahan@aldineisd.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4913	\$ 0.00	000000

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

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

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

Requester Name	Submission Date
Bowser, Mohagony	9/8/2023

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Tiffanie Ann Williams-Brooks

Approval Date

9/11/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2023



Executive Contract Summary

Contract Section ▲

Contractor*

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

Contract ID #*

7731

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Harris Health and The Harris Center - EPIC Yearly Payment

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* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 2,327,727.00

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* (?)

Interlocal agreement between Harris County Hospital District dba Harris Health System and the Harris Center for Epic annual maintenance and support fee for the term of 7/10/2023 to 7/9/2024.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21, FY22, FY23
EPIC Annual Maintenance

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

MS457 - Harris Center EPIC Maint 2023-24.pdf 387.53KB

Vendor/Contractor Contact Person

Name*

Kari McMichael

Address*

Street Address
4800 Fournace Place

Address Line 2

City
Bellaire

Postal / Zip Code
77401-2324

State / Province / Region
TX

Country
US

Phone Number*

713-526-4243

Email*

invoices@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 2,327,727.00	574000

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

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

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

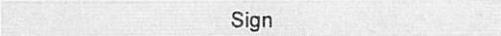
Requester Name	Submission Date
Hurst, Richard	9/20/2023

Budget Manager Approval(s)

Approved by	Approval Date
	9/20/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

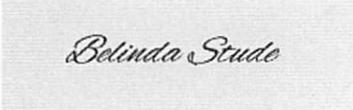
Contract Owner Approval

Approved by	Approval Date
	9/20/2023

Contracts Approval

Approve *

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

Approved by *	Approval Date *
	9/20/2023



Executive Contract Summary

Contract Section



Contractor*

Harris County Juvenile Board

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Harris County Juvenile Board and The Harris Center for Health and IDD.

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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 Revenue

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/28/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 367,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Multi-Systemic Therapy (MST) Program to provide intensive in-home family therapy to prevent youth from further penetrating the juvenile justice system.

Contract Owner*

Tiffanie Williams-Brooks

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

01/21/2020- Increase continuity of services for juveniles leaving the Juvenile Detention Center and MST services in the community.

03/01/2022-Multi-Systemic Therapy (MST) Program to provide intensive in-home family therapy to prevent youth from further penetrating the juvenile justice system.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris Co Juvenile Probation

Supporting Documentation Upload (?)

FY24 MST Team Contract 2 Budget Proposal - revised.pdf	48.52KB
--	---------

Vendor/Contractor Contact Person

Name*

Farrah Simon

Address*

Street Address

1200 Congress,

Address Line 2

City

Houston

Postal / Zip Code

713-274-4425

State / Province / Region

TX

Country

USA

Phone Number*

713-274-4425

Email*

Farrah.simon@pur.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6622	\$ 0.00	403010
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Bowser, Mohagony

Submission Date

9/28/2023

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

9/28/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Raffanice Ann Williams-Brooks

Approval Date

9/28/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

9/28/2023



Executive Contract Summary

Contract Section



Contractor*

Houston Housing Authority

Contract ID #*

7313

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center for Mental Health & IDD
Houston Housing Authority

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

9/1/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

State

Contract Description / Type* (?)

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

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

To outline the referral process, coordination of services and responsibilities of both Parties in relation to a collaboration of services to ensure that consumers receive prompt housing, social and mental health services.

Contract Owner*

Sandra Brock

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

September 01, 2018 through September 30, 2020
Section 8 housing and mental health services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Houston Housing Authority

Supporting Documentation Upload (?)

MOU between HHA and The Harris Center.pdf 310.36KB

Vendor/Contractor Contact Person

Name*

Sandra Brock

Address*

Street Address
9401 Southwest Fwy.
Address Line 2

City
Houston

Postal / Zip Code
77074

State / Province / Region
Texas

Country
USA

Phone Number*

7139703307

Email*

sandra.brock@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	0
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Brock, Sandra

Submission Date

9/6/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/6/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Sandra Brock

Approval Date

9/12/2023

Contracts Approval

Approve*

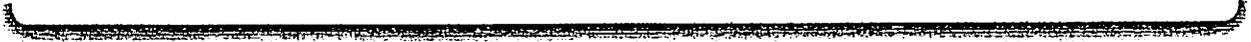
- Yes
- No, reject entire submission
- Return for correction

Approved by*

Belinda Stude

Approval Date*

9/13/2023





Executive Contract Summary

Contract Section



Contractor*

PRAIRIE VIEW A&M UNIVERSITY

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

PRAIRIE VIEW A&M UNIVERSITY College of Education 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* (?)

8/1/2023

Contract Term End Date* (?)

8/31/2028

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 PRAIRIE VIEW A&M UNIVERSITY College of Education 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*

PRAIRIE VIEW A&M UNIVERSITY College of Education

Supporting Documentation Upload (?)

Ina Ashley Praticum.pdf 76.29KB

Vendor/Contractor Contact Person

Name*

Dr. Bernadine Duncan

Address*

Street Address

700 University Drive

Address Line 2

City

Prairie View

Postal / Zip Code

77446

State / Province / Region

TX

Country

US

Phone Number*

(936)261-3564

Email*

bduncan@pvamu.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	8/25/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/25/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/6/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/6/2023



Executive Contract Summary

Contract Section



Contractor*

Texas Tech University Health Science Center

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Texas Tech University Health Science Center & The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

9/30/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Texas Tech University Health Science Center 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*

Texas Tech University Health Science Center

Supporting Documentation Upload (?)

N5604 description.docx 21.39KB

Vendor/Contractor Contact Person

Name*

Stephanie Jones

Address*

Street Address

3601 4th Street

Address Line 2

City

Lubbock

Postal / Zip Code

79430

State / Province / Region

TX

Country

US

Phone Number*

(806) 743-1732

Email*

stephanie.l.jones@ttuhsc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

1108

Amount Charged to Unit*

\$ 0.00

Expense/GL Code No.*

NA

Budget Manager

Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

9/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2023



Executive Contract Summary

Contract Section

**Contractor ***

Texas Woman's University School of Physical Therapy

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

10/17/2023

Parties * (?)

Texas Woman's University School of Physical Therapy and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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 * (?)

9/30/2028

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

Fiscal Year * (?)

2024

Amount * (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Texas Woman's University School of Physical Therapy 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*

Texas Woman's University School of Physical Therapy

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Stacy Flynn

Address*

Street Address

6700 Fannin St

Address Line 2

City

Houston

Postal / Zip Code

77030-2343

State / Province / Region

TX

Country

US

Phone Number*

713 794 2084

Email*

sflynn@twu.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	9/19/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/21/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/28/2023



Executive Contract Summary

Contract Section



Contractor*

University of Houston Social Work (MH-RITES)

Contract ID #*

2021-0280

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center and MHRITES

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2022

Contract Term End Date* (?)

9/30/2024

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

Current Contract Amount*

\$ 242,918.00

Increase Not to Exceed*

\$ 393,376.00

Revised Total Not to Exceed (NTE)*

\$ 636,294.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 636,294.00

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* (?)

Evaluation is part of the required ARPA project deliverables. Unexpended dollars in year 1 and 2 being rolled forward. Evaluation needs increase as the program grows. Mental Health Research and Innovation in Treatment Engagement and Service (MHRITES)

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2022 - 2023 - same services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Houston

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Sarah Narendorf

Address *

Street Address

University of Houston School of Social Work

Address Line 2

3511 Cullen Blvd, Room 110HA

City

Houston

Postal / Zip Code

77204-4013

State / Province / Region

Texas

Country

USA

Phone Number *

713-743-8672

Email *

sanarendorf@uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7008	\$ 636,294.00	542000
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

In the contract SOW

Project WBS (Work Breakdown Structure) * (?)

NA

Requester Name

Battle, Jennifer

Submission Date

9/25/2023

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

9/25/2023

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

9/25/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/26/2023



Executive Contract Summary

Contract Section

**Contractor***

University of Houston-Clear Lake College of Human Sciences and Humanities

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

University of Houston-Clear Lake College of Human Sciences and Humanities & 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* (?)

9/30/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in University of Houston-Clear Lake College of Human Sciences and Humanities 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-Clear Lake College of Human Sciences and Humanities

Supporting Documentation Upload (?)

Syllabus.docx 39.98KB

Vendor/Contractor Contact Person

Name*

Hae Rim Jin

Address*

Street Address

2700 Bay Area Blvd

Address Line 2

City

Houston

Postal / Zip Code

77058

State / Province / Region

TX

Country

US

Phone Number*

(281)-283-3459

Email*

Jin@uhcl.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	9/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/11/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2023



Executive Contract Summary

Contract Section



Contractor *

University of Texas Medical Branch - School of Nursing

Contract ID # *

2023-002

Presented To *

- Resource Committee
- Full Board

Date Presented *

10/17/2023

Parties * (?)

University of Texas Medical Branch - School of Nursing

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

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 Texas Medical Branch - School of Nursing to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Texas Medical Branch - School of Nursing

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Elizabeth Jansen

Address*

Street Address

SON/SHP Bldg. Rm. 3.406

Address Line 2

301 University Blvd.

City

Galveston

Postal / Zip Code

77555-1029

State / Province / Region

TX

Country

US

Phone Number*

(409) 772-8310

Email*

eljansen@utmb.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 Brown, Erica	Secondary Budget Manager Campbell, Ricardo
---------------------------------------	--

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

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

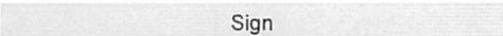
Requester Name Daswani, Bianca	Submission Date 7/19/2023
--	-------------------------------------

Budget Manager Approval(s)

Approved by 	Approval Date 7/19/2023
---	-----------------------------------

Procurement Approval

File Upload (?)

Approved by 	Approval Date
---	----------------------

Contract Owner Approval

Approved by 	Approval Date 7/19/2023
---	-----------------------------------

Contracts Approval

Approve*

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

Approved by* 	Approval Date* 9/5/2023
--	-----------------------------------

EXHIBIT R-5

Foreign and Sign Language Translation / Interpretation Services RFP

Presented by: Vanessa McKeown, CPA



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Personnel	35%
Financial Condition	10%
References	10%
Past Performance	20%
Cost	N/A
	TOTAL
	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor 1	Vendor 2	Vendor 3	Vendor 4	Vendor 5	Vendor 6	Vendor 7
Evaluator 1	80	80	62	73	80	80	78
Evaluator 2	100	98	80	91	64	67	60
Evaluator 3	87	70	70	57	73	78	73
Evaluator 4	76	73	78	67	69	60	63
Average Evaluation Score	85.75	80.25	72.5	72	71.5	71.25	68.5

The total possible score is 100 points.

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor 8	Vendor 9	Vendor 10	Vendor 11	Vendor 12	Vendor 13	Vendor 14
Evaluator 1	80	73	64	60	80	60	54
Evaluator 2	40	80	60	67	47	40	80
Evaluator 3	87	60	67	73	70	69	48
Evaluator 4	66	55	74	60	58	65	50
Average Evaluation Score	68.25	67	66.25	65	63.75	58.5	58

The total possible score is 100 points.

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor 15	Vendor 16	Vendor 17	Vendor 18	Vendor 19
Evaluator 1	58	58	44	32	20
Evaluator 2	60	47	80	40	40
Evaluator 3	50	44	30	56	41
Evaluator 4	63	65	50	60	65
Average Evaluation Score	57.75	53.5	51	47	41.5

The total possible score is 100 points.

Award Recommendation

DocuSign Envelope ID: 225C862D-6E3C-422A-BE69-CD4F883075EB



Award Recommendation
Foreign and Sign Language Translation / Interpretation Services RFP
Project# FY23-0304

The Request for Proposal opened for Foreign and Sign Language Translation / Interpretation Services RFP on Wednesday, June 14, 2023, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Branner, Purchasing Manager, Demetria Luckett, Interim Compliance Director, Egla McKinney, Executive Secretary, Joseph Gorceyca, VP Human Resources, and Juan Rio, Interpreter Services Manager.

Forty-eight (48) vendors were contacted. The specifications were posted in 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 nineteen (19) responses and all were deemed responsive and evaluated by the project team.

After review of the Proposals, a Best and Final Offer (BAFO) was requested of the nineteen (19) responsive vendors. Thirteen (13) vendors submitted a BAFO.

Recommended Vendors:

- | | |
|--|---|
| 1. Flix Translations Group | 2. Fox Medical Case Management |
| 3. Globo Language Solutions | 4. Ideal Language Services |
| 5. INGO International | 6. Interpreters Unlimited |
| 7. Language Line Services | 8. Lincobridge Technologies |
| 9. MasterWord Services | 10. Nightingale Interpreting Services |
| 11. Translation & Interpretation Network | 12. Universe Technical Translations |
| 13. Visual Language Professionals | 14. Volata Language Network |
| 15. Worldwide Interpreters | 16. Worldwide Language & Communications |

The team members rated each response using a qualitative approach. Based on the project team's evaluation of responses received, it is recommended that all the above listed vendors be selected based on cost effectiveness, availability of languages, presentation, and connectivity.

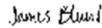
The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended.

The total NTE (Not to Exceed) for five (5) years is \$1,631,340.00 to be funded annually subject to availability of the budget each year.

Forecast for each year is:
FY24 - \$327,068.00
FY25 - \$327,068.00
FY26 - \$327,068.00
FY27 - \$327,068.00
FY28 - \$327,068.00

The Funding Source is for general revenue to be allocated to various unit numbers.

Submitted By:


James Blunt, C.P.M.
Buyer II

Recommended By:

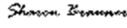
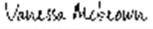

Sharon Branner, C.P.M., A.P.P.
Purchasing Manager

Vanessa McCreown
Chief Financial Officer

EXHIBIT R-6

Southeast Community Service Center

FY 2023 Financial Performance

Revenues	\$16,307,677
Expenses	<u>(\$18,612,210)</u>
Gross Margin	(\$5,900,856)

FY 2023 Clinical Performance

Annual Patient Visits	140,155
Average Monthly Patient Volume	11,679
Average No Show	38 %
Average Patient Wait Time	24 Minutes
Average Third Next Available	1.0 Day
Average Patient Satisfaction	84%

Clinic Information

Address	5901 Long Drive
Facility Size	45,000 Sq Ft
Clinic FTE's	157

FY 2023 Clinic Payor Mix

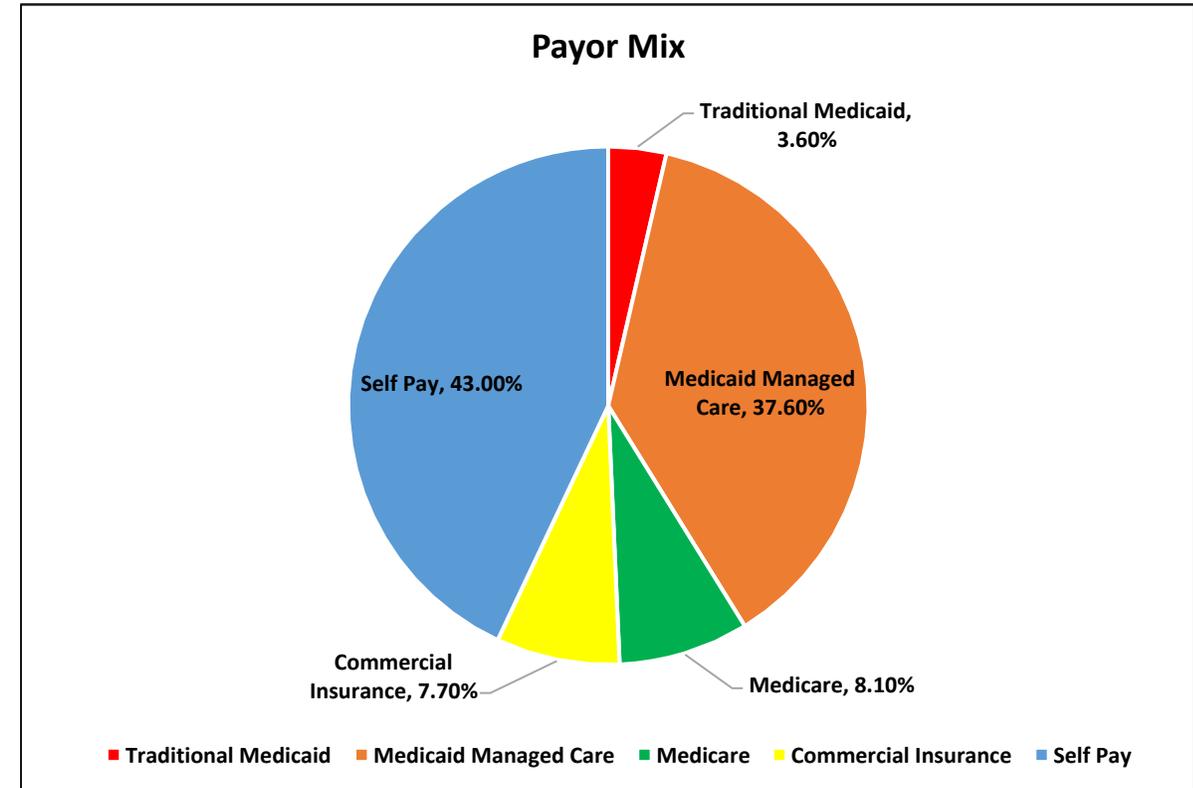


EXHIBIT R-7

OCTOBER 2023

NEW CONTRACTS 100k – 250k



Executive Contract Summary

Contract Section



Contractor*

Medical Practice Consultants, Inc

Contract ID #*

2023-0772

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Medical Practice Consultants, Inc and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

- 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* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 100,000.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

This contract in being renewed to continue provider annual coding education and auditing for all MD and APRN providers employed by The Harris Center - required for compliance with provider compensation

Contract Owner*

Eva Honeycutt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/01/2019 to 8/31/2021

11/28/2022 to 8/31/2023

Auditing and coding education services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Medical Practice Consultants, Inc

Address*

Street Address

1900 Northwest Expressway

Address Line 2

City

Oklahoma City

State / Province / Region

OK

Postal / Zip Code

73118-1802

Country

USA

Phone Number*

406-848-8558

Email*

renee@mpcinc.biz

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1134	\$ 100,000.00	542000
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

2,000 per provider (\$100.00 per encounter/DOS), outside of this hourly rate of \$375.00 with a 10% reduction. \$125.00 per hour to pull medical records from EPIC.

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Beasley, Rachel	9/20/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/21/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

9/21/2023

Contract Owner Approval

Approved by

Rachel Beasley

Approval Date

9/21/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

9/21/2023

EXHIBIT R-8

OCTOBER 2023

AMENDMENTS 100k - 250k

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 BETWEEN \$100,000 AND \$250,000

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Cardinal Health Pharmacy Support Sevices	Remote Order Pharmacy Support Services	\$120,000.00	\$6,000.00	\$126,000.00	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Quote	Amendment to increase the FY23 NTE to pay for August invoice.
2	Translation and Interpretation Network, LLC	Virtual Interpretation Platform Access	\$168,700.00	\$1,070.00	\$169,770.00	9/1/2022 - 11/30/2023	General Revenue (GR)	Tag-On	Amendment to increase the NTE and extend the term to allow additional time to complete the RFP process for a new interpretation and translation services contract.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	CPEP/CRISIS SERVICES								
	LEASES								

Contract Section

Contractor*

Cardinal Health Pharmacy Support Services

Contract ID #*

7828

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Cardinal Health Pharmacy Support Services

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$251,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

\$ 120,000.00

Increase Not to Exceed*

\$ 6,000.00

Revised Total Not to Exceed (NTE)*

\$ 126,000.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 126,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

And to allow for access to 4 ambulatory clinic pharmacy site data in Epic Willow ambulatory to answer after hours questions from patients as an on call pharmacist resource. On call pharmacist resource is a requirement from our Pharmacy Benefit Manager partners to our patients for the Pharmacy Billing Go-Live Project. We expect a very low number of calls for this purpose. Charging \$3.25 per patient phone call, same as per order over 730 line items.

Contract Owner*

Angela Babin

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Pharmacy after hours order verification and resource to CPEP services inpatient areas.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Conroy Whitely

Address*

Street Address

13651 Dublin Court

Address Line 2

City

Stafford

Postal / Zip Code

77477-4317

State / Province / Region

TX

Country

US

Phone Number*

18478871258

Email*

Conroy.Whitely@cardinalhealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1135	\$ 6,000.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

Charging \$3.25 per patient phone call, same as per order over 730 line items.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Gleason, Teri

Submission Date

9/19/2023

Budget Manager Approval(s)

Approved by



Approval Date

9/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

9/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/19/2023

Contract Section

Contractor*

Translation and Interpretation Network, LLC

Contract ID #*

2021-0192

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center and Translation and Interpretation Network, LLC

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$251,000.00)
- Board Approval (Total NTE Amount is \$251,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2022

Contract Term End Date* (?)

11/30/2023

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

Current Contract Amount*

\$ 168,700.00

Increase Not to Exceed*

\$ 1,070.00

Revised Total Not to Exceed (NTE)*

\$ 169,770.00

Fiscal Year* (?)

2023

Amount* (?)

\$ 169,770.00

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* (?)

Extending the end date through November 30, 2023 to allow time to finalize the current RFP for interpretation & translation services. This contract is for On Demand Video Remote interpretation mostly used by NPC and ECI

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Tagged on since 2021 for On Demand Video Remote Interpretation Services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Meti Dibra

Address*

Street Address

249 W. THOMHILL

Address Line 2

City

FORT WORTH

Postal / Zip Code

76115

State / Province / Region

TEXAS

Country

USA

Phone Number*

8172890050

Email*

mdibra@tintranslation.com

Budget Section



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 25.00	543018
Budget Manager Shelby, Debbie		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 25.00	543018
Budget Manager Adams-Austin, Mamie		Secondary Budget Manager Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 450.00	543018
Budget Manager Smith, Janai		Secondary Budget Manager Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 25.00	543018
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Jiles, Monalisa
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 25.00	543018
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Jiles, Monalisa
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 375.00	543018
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 25.00	543018
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 25.00	543018
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 25.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 10.00	543018

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 25.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2379	\$ 10.00	543018

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 25.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

\$47 p/hr. scheduled video remote interpretation (VRI)
\$0.95 per minute for Spanish On-Demand VRI
\$1.19 per minute for all other languages On-Demand VRI

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

MacKinney, Egla

Submission Date

9/18/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers-Stelby

Approval Date

9/18/2023

Approved by

Mamie Adams-Austin

Approval Date

9/18/2023

Approved by

Janae Lynette Smith

Approval Date

9/18/2023

Approved by

Shenia Williams-Wesley

Approval Date

9/18/2023

Approved by

Jodel Oshman

Approval Date

9/18/2023

Approved by

Priscilla M. Ramirez

Approval Date

9/18/2023

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kendra Thomas

Approval Date

9/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/19/2023

EXHIBIT R-9

**OCTOBER 2023
NEW CONTRACTS
UNDER 100k**



Executive Contract Summary

Contract Section

Contractor*

CaseWare (FKA Audimation Services, Inc)

Contract ID #*

7594

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/17/2023

Parties* (?)

CaseWare (Audimation Services, Inc) and the Harris Center

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 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 Consultant Agreement |

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*

\$ 7,750.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 7,750.00

Fiscal Year* (?)

2024

Amount* (?)

\$ 7,750.00

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* (?)

Technical Training Services (IT Script Writing).

Contract Owner*

David Fojtik

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY 2021 - Technical Training Services (IT Script Writing)

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

Yes No Unknown

Please provide an explanation*

Not a HUB

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Gina Rumore

Address*

Street Address

6235 Hurst St

Address Line 2

City

Houston

Postal / Zip Code

77008-6334

State / Province / Region

TX

Country

US

Phone Number*

3462079982

Email*

gina.rumore@caseware.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 7,750.00	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

CaseWare will deliver one or more IDEA scripts to perform various analytics regarding Accounts Payable and Travel Expense Reimbursements.

Requester Name

Fojtik, David

Submission Date

9/27/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/28/2023

Contract Owner Approval

Approved by

David Wayne Fojtik

Approval Date

9/29/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/29/2023



Executive Contract Summary

Contract Section

Contractor*

CTRL Delivery & Transportation

Contract ID #*

2023-

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

CTRL Delivery & Transportation, Inc, The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 5,000.00

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* (?)

Transportation Services meet the need persons served by transporting to and from to the Individualized Socialization Skills site (ISS)

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2023 - 8/31/2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Carlyle Thomas

Address*

Street Address

16151 Cairnway Dr

Address Line 2

Ste. 205G

City

Houston

Postal / Zip Code

77084

State / Province / Region

TX

Country

USA

Phone Number*

7133576222

Email*

cthomas@ctrltransport.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

3585

Amount Charged to Unit*

\$ 5,000.00

Expense/GL Code No.*

543014

Budget Manager

Adams-Austin, Mamie

Secondary Budget Manager

Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$1.50 per mile

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Qadri, Mohammad

Submission Date

9/8/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

9/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/8/2023

EXHIBIT R-10

OCTOBER 2023 RENEWALS UNDER 100k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0610

Contractor Name*

Texas Suicide Prevention Collaborative

Service Provided* (?)

Zero Suicide Prevention Team will host AS+K and CALM Workshop Training for workshop leaders.

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 Training Services.

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* (?)

\$ 39,900.00

Rate(s)/Rate(s) Description

\$19,950.00 per Workshop

Unit(s) Served*

1182

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT142733

Contract Requestor*

Tiffany Bittner

Contract Owner*

Trudy Leidich

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.*
1182	\$ 19,950.00	542000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)
 Plan to provide one CALM workshop in FY 24 which will be approximately 19,950. Possible rate change, but do not have that information right now

Project WBS (Work Breakdown Structure)* (?)
 Unknown,
 CALM Training - Virtual

Fiscal Year* (?)	Amount* (?)
2024	\$ 19,950.00

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*
 Will need to ammend dates and specific training cost

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
 Trudy Leidich

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Gertrude Leidich

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/6/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7330

Contractor Name*

The Furniture Bank

Service Provided* (?)

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 36,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2200

G/L Code(s)*

595009

Current Fiscal Year Purchase Order Number*

CT142534

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)**Evaluation of Current Fiscal Year Performance****Have there been any significant performance deficiencies within the current fiscal year? *** Yes No**Were Services delivered as specified in the contract? *** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession? *** Yes No**Did Contractor adhere to the contracted schedule? * (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner? * (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency? * (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures? * (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training? * (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor? * (?)** Yes No**Renewal Information for Next Fiscal Year**

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 36,000.00	595009
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 36,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelly

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/13/2023

EXHIBIT R-11

OCTOBER 2023 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT AMENDMENTS
LESS THAN \$100,000

OCTOBER 2023
FISCAL YEAR 2024

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS	
ADMINISTRATION									
1	American Business FOrms, Inc. d/b/a American Solutions for Business	Agency Wide Printing Services, Business Cards, Letterhead and Envelopes	\$21,693.50	\$2,174.00	\$23,867.50	9/1/2022 - 8/31/2023	General Revenue (GR)	Request for Proposal	Amendment to increase the FY23 NTE to cover the remaining invoices.
2	MasterWord Services, Inc.	Interpretation/Translation Services for Access to services for Consumers with Specific Language needs.	\$5,355.00	\$1,980.00	\$7,335.00	9/1/2022 - 11/30/2023	General Revenue (GR)	Request for Proposal	Amendment to extend the term date through November 30th, 2023 to allow additional time needed to complete the RFP process for a new contract.
3	NLUC PLLC	Agency Wide Worker's Compensation Medical Treatment Services	\$6,000.00	\$900.00	\$6,900.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Consumer Driven	Amendment to increase the NTE to include coverage for the IDD Apprentices (15) for the Apprenticeship program.
4	Tejas Behavioral Health Management Association	MCO Managed Care Generator-Automates and optimizes the Service Request Form required to send to Medicaid Managed Care Organizations. Provider Credentialing Software and Subscription Services.	\$31,000.00	\$32,475.00	\$63,475.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Amendment to increase the NTE for the need of a different software for Import/Roster Manager.
5	Waste Mangement of Texas	Agency Wide Nonhazardous Waste Collection and Dumpster/Removal Services	\$70,372.00	\$7,876.00	\$78,248.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE for the addition of services needed for the HUD properties. 6400 Bowling Green - \$192 x11 = \$2112.001909 W Little York - \$169 x11 = \$1859.00 2208 Cedar Bayou - \$190 x11 = \$2090.0010955 Kipp Way - \$165 x 11 = \$1815.00
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
MENTAL HEALTH									
6	QUALTRICS, LLC	Software Subscription License Fee and Support Services for Employment Engagement Surveys	\$27,301.21	\$1,365.06	\$28,666.27	8/31/2022 - 9/1/2023	General Revenue (GR)	Contracted Service Increase	Amendment to increase the NTE due to an increase in the renewal quote.
CPEP/CRISIS SERVICES									
LEASES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									



Executive Contract Summary

Contract Section

Contractor*

American Business FOrms, Inc. d/b/a American Solutions for Business

Contract ID #*

7800

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/19/2023

Parties* (?)

American Business FOrms, Inc. d/b/a American Solutions for Business

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* (?)

9/1/2022

Contract Term End Date* (?)

8/31/2023

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

Current Contract Amount*

\$ 21,693.50

Increase Not to Exceed*

\$ 2,174.00

Revised Total Not to Exceed (NTE)*

\$ 23,867.50

Fiscal Year* (?)

Amount* (?)

2023

\$ 23,867.50

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* (?)

Increase to cover remaining FY23 invoices

Contract Owner*

Nicole Lievsay

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

NA

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Amer Sol Bus Invoice 10-6-2023 signed.pdf

343.75KB

Vendor/Contractor Contact Person

Name*

Anita Treichel

Address*

Street Address

8479 Solution Center

Address Line 2

City

Chicago

Postal / Zip Code

60677-8004

State / Province / Region

Illinois

Country

USA

Phone Number*

3206345471

Email*

atreichel@americanbus.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1107	\$ 2,174.00	596001
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

9/12/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/12/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Nicole Lievsay

Approval Date

9/12/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

9/13/2023

Contract Section **Contractor***

QUALTRICS

Contract ID #*

6845

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center for Mental Health and IDD Services and Qualtrics

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/31/2022

Contract Term End Date* (?)

9/1/2023

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

Current Contract Amount*

\$ 27,301.21

Increase Not to Exceed*

\$ 1,365.06

Revised Total Not to Exceed (NTE)*

\$ 28,666.27

Fiscal Year* (?) 2023 **Amount* (?)** \$ 28,666.27

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* (?)

Upon review of the renewal quote, there was an increase. We will need to process an increase for the difference to cover the total. The Renewal NTE is \$27,301.21 and the Quote is \$28,666.27. Amend funds for the shortage of the total renewal quote for Employment Engagement Technology software for surveys.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

ID 6845 Qualtrics LLC Quote No. R-0004190 - FY24.pdf 34.64KB

Vendor/Contractor Contact Person

Name*

Matthew Donofrio

Address*

Street Address

333 West River Park Drive

Address Line 2

City

Provo

Postal / Zip Code

84604-5787

State / Province / Region

UT

Country

US

Phone Number*

(801) 709-2160

Email *

ar@qualtrics.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 1,365.06	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

9/15/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

9/15/2023

Contract Owner Approval

Approved by

Lance Britt

Approval Date

9/15/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

9/15/2023



Executive Contract Summary

Contract Section


Contractor*

MasterWord Services, Inc.

Contract ID #*

7332

Presented To*

- Resource Committee
 Full Board

Date Presented*

9/19/2023

Parties* (?)

The Harris Center and MasterWord Services, 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 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* (?)

9/1/2022

Contract Term End Date* (?)

11/30/2023

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

Current Contract Amount*

\$ 5,355.00

Increase Not to Exceed*

\$ 1,980.00

Revised Total Not to Exceed (NTE)*

\$ 7,335.00

Fiscal Year* (?) 2023 **Amount* (?)** \$ 7,335.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

Extending the End Date from 8/31/2023 to November 31, 2023 in order to allow the RFP process for a new contract to be completed. Contract is for specific languages not available through other vendors.

Contract Owner*
Kendra Thomas

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

Please add previous contract dates and what services were provided*
Contracted with vendor for translation and interpretation services for over 10 years

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)
MasterWord Services - Contract Extension.xlsx 9.92KB

Vendor/Contractor Contact Person

Name*
Ludmila Golovine

Address*
Street Address
303 Stafford Street
Address Line 2
City
Houston
Postal / Zip Code
77079-2340

State / Province / Region
TX
Country
US

Phone Number*

281-589-0810

Email*

mgolovine@masterword.com

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 110.00	543018

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 110.00	543108

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Jiles, Monalisa

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3350	\$ 330.00	543018

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3360	\$ 330.00	543018

Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 110.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 110.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 110.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 110.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Approved by

Priscilla M. Ramirez

Approval Date

9/19/2023

Approved by

Debbie Chambers Shelby

Approval Date

9/19/2023

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kendra Thomas

Approval Date

9/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/19/2023



Executive Contract Summary

Contract Section



Contractor*

NLUC PLLC

Contract ID #*

7530

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center and NLUC PLLC

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- 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* (?)

8/31/2024

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

Current Contract Amount*

\$ 6,000.00

Increase Not to Exceed*

\$ 900.00

Revised Total Not to Exceed (NTE)*

\$ 6,900.00

Fiscal Year* (?) **Amount* (?)**
 2024 \$ 6,900.00

Funding Source*
 General Revenue (GR)

Contract Description / Type* (?)

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

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

Adding IDD Unit for Apprentices (15 apprentices x \$60)

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Vendor has provided Lab services for the agency for the past three years (Medical/UDS/Bloodwork).

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ▲

Name*

Alyson Cooper

Address*

Street Address

P. O. Box 201

Address Line 2

City

Houston

Postal / Zip Code

7701-0201

State / Province / Region

TX

Country

USA

Phone Number*

936-661-2061

Email *

acooper@nlucc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 0.00	543024

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 900.00	540508

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

Provide Rate and Rate Descriptions if applicable* (?)

RATE & RATE DESCRIPTION:
 \$60.00 DRUG/ALCOHOL SCREENS (= \$35.00 DRUG
 + \$25.00 ALCOHOL)
 \$50.00 X-RAY SERVICES
 WORKERS' COMPENSATION TREATMENT: VARIES.
 BASED ON TDI-TWC FEE SCHEDULE

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name MacKinney, Egla	Submission Date 9/22/2023
--	-------------------------------------

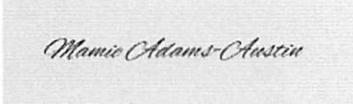
Budget Manager Approval(s)

Approved by



Approval Date
9/22/2023

Approved by



Approval Date
9/22/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kendra D. Thomas

Approval Date

9/26/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/26/2023



Executive Contract Summary

Contract Section

Contractor*

Tejas Behavioral Health Management Association

Contract ID #*

7739

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/17/2023

Parties* (?)

Tejas Behavioral Health Management Association and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 31,000.00

Increase Not to Exceed*

\$ 32,475.00

Revised Total Not to Exceed (NTE)*

\$ 63,475.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 63,475.00

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

Need different software for Import/Roster Manager

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21-FY23
MCO Generator Software
Currently developing Harris Center Credentialing Solution

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Tejas - Quote for Symplr CAQH Import.pdf 86.17KB

Vendor/Contractor Contact Person

Name*

Paige Morris

Address*

Street Address

801 S Hwy 183

Address Line 2

#2354

City

Austin

Postal / Zip Code

78741

State / Province / Region

TX

Country

US

Phone Number*

512-705-0565

Email*

paige.morris@tejashma.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 32,475.00	551002
Budget Manager Campbell, Ricardo	Secondary Budget Manager Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

See attached quote

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

9/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

9/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2023



Executive Contract Summary

Contract Section



Contractor*

Waste Mangement of Texas

Contract ID #*

2022-0455

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Waste Management of Texas and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$251,000.00)
- Board Approval (Total NTE Amount is \$251,000.00+)
- 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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 70,372.00

Increase Not to Exceed*

\$ 7,876.00

Revised Total Not to Exceed (NTE)*

\$ 78,248.00

Fiscal Year* (?) 2024 Amount* (?) \$ 78,248.00

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* (?)

Addition of services for the HUD properties total of \$7876.00
1865 -- 6400 Bowling Green - \$192x11 = \$2112.00
1876 - 1909 W Little York - \$169x11 = \$1859.00
1857 - 2208 Cedar Bayou - \$190 x11 = \$2090.00
1866 - 10955 Kipp Way - \$165x11 = \$1815.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

multiple years to present

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

WM HUD Pricing.pdf 412.55KB

Vendor/Contractor Contact Person

Name*

Waste Management of Texas / Ryan Ellis

Address *

Street Address

520 East Corporate Drive

Address Line 2

City

Lewisville

Postal / Zip Code

75057-6400

State / Province / Region

TX

Country

US

Phone Number *

2816028365

Email *

rellis@wm.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1899	\$ 7,876.00	569006
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

see attached proposal/costs - adding \$7876.00 and amending total NTE to \$78,248.00

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Harper, Sarah

Submission Date

9/19/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

9/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

9/19/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

9/19/2023



Executive Contract Summary

Contract Section

Contractor*

Qualtrics LLC

Contract ID #*

6845

Presented To*

- Resource Committee
 Full Board

Date Presented*

11/8/2022

Parties* (?)

Qualtrics LLC and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

8/5/2022

Contract Term End Date* (?)

8/4/2023

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

one year

Current Contract Amount*

\$ 26,001.15

Increase Not to Exceed*

\$ 1,300.06

Revised Total Not to Exceed (NTE)*

\$ 27,301.21

Fiscal Year* (?) 2023 **Amount*** (?) \$ 27,301.21

Funding Source*
General Revenue (GR)

Contract Description / Type* (?)

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

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

To amend funds for the shortage of the total renewal quote for Employment Engagement Technology software for surveys

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

8/5/2021 to 8/4/2022: Employment Engagement Technology software for surveys

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Matthew Donofrio

Address*

Street Address
333 West River Park Drive
Address Line 2

City

Provo

Postal / Zip Code

84604-5787

State / Province / Region

UT

Country

US

Phone Number*

801-709-2160

Email *

ar@qualtrics.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2301	\$ 1,300.06	553002
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Loera, Angelica	

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Britt, Lance

Submission Date

10/11/2022

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

10/11/2022

Contract Owner Approval

Approved by

Lance Britt

Approval Date

10/11/2022

Contracts Approval

Approve *

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

Approved by *

Shaskyia Behn

Approval Date *

10/18/2022

EXHIBIT R-12

OCTOBER 2023
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section

Contractor*

Grambling State University

Contract ID #*

NA

Presented To*

- Resource Committee
 Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center for Mental Health and IDD & Grambling State University Department of Kinesiology, Sport & Leisure Studies

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* (?)

8/1/2023

Contract Term End Date* (?)

8/31/2028

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 Grambling State University Department of Kinesiology, Sport & Leisure Studies 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*

Grambling State University Department of Kinesiology, Sport & Leisure Studies

Supporting Documentation Upload (?)

REC 416-Internship-Breleisha Gilbert -Spring 2023.doc 133KB

Vendor/Contractor Contact Person ▲

Name*

Breleisha Gilbert Ph.D., CTRS

Address*

Street Address

403 Main Street

Address Line 2

City

Grambling

Postal / Zip Code

71245

State / Province / Region

Louisiana

Country

US

Phone Number*

318-274-6280

Email*

gilbertbr@gram.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	8/23/2023

Budget Manager Approval(s) 

Approved by

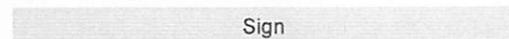


Approval Date
8/24/2023

Procurement Approval 

File Upload (?)

Approved by

**Approval Date**Contract Owner Approval 

Approved by



Approval Date
8/24/2023

Contracts Approval

Approve*

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

Approved by*



Approval Date*
9/22/2023



Executive Contract Summary

Contract Section ▲

Contractor*

Our Lady of the Lake University

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

The Harris Center for Mental Health and IDD and Our Lady of the Lake University Counseling 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 <input style="width: 200px;" type="text"/> |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

9/30/2028

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- 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 Our Lady of the Lake University Counseling 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*

Our Lady of the Lake University Counseling Program

Supporting Documentation Upload (?)

MAC Clinical Manual 2022 (Prac&Intern).pdf 4.83MB

Vendor/Contractor Contact Person

Name*

Melissa Shiplett-Jupe

Address*

Street Address

411 S.W. 24th St.

Address Line 2

City

San Antonio

Postal / Zip Code

78207

State / Province / Region

TX

Country

US

Phone Number*

(210) 434-6711 ext: 406

Email*

mshiplett-jup@ollusa.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	9/6/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

9/7/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

9/7/2023

Contracts Approval

Approve*

- Yes
 No, reject entire submission
 Return for correction

Approved by*

Belinda Stude

Approval Date*

9/13/2023



Executive Contract Summary

Contract Section



Contractor*

Bloom Community

Contract ID #*

2023-0763

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Bloom Community, The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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* (?)

Bloom is committed to providing sustainable and engaging wellness programming in partnership with IDD service providers.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

9/1/2022-8/31/2023

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Bloom Fitness

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

John Watson

Address*

Street Address

2047 W. Creek Lane

Address Line 2

Unit 608

City

Houston

Postal / Zip Code

77027

State / Province / Region

Texas

Country

USA

Phone Number*

7139622260

Email*

john@bloomfitness.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

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

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

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

Requester Name	Submission Date
Anthony, Patrina	9/8/2023

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evantho Collins

Approval Date

9/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/8/2023



Executive Contract Summary

Contract Section

Contractor*

Civic Heart Community Services (formerly Change Happens)

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/17/2023

Parties* (?)

Civic Heart Community Services (formerly Change Happens) 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

- 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* (?)

9/8/2023

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* (?)

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

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

This agreement will allow SUDOP to collaborate with Civic Heart Community Services (formerly Change Happens) for Substance Use Disorder (SUD) and Mental Health (MH) services with the Harris Center. The SUD clients are acquired from outreach, engagement, referral, and given the opportunity for retention through linkage to treatment for SUD, MH, and Medical Services to Texas residents living with a SUD and MH. Also it allows all clients with SUD priority access to psychiatric and residential treatment within Harris County.

Director: Geoffrey Ball

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

This Civic Heart Community Services (formerly Change Happens)

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

Dr. Sujeeta Menon

Address*

Street Address

3131 Emancipation Avenue

Address Line 2

Suite 400

City

Houston

Postal / Zip Code

77004-3110

State / Province / Region

TX

Country

US

Phone Number*

346.212.5778

Email*

smenon@civicheart.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

9/8/2023

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

9/8/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

9/8/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

9/13/2023

EXHIBIT R-13

Transforming Lives



Financials by Clinic + NPC

FY 2023



October 10, 2023

Presented By: Vanessa McKeown, Chief Financial Officer

Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 8,966
- **FTEs** 153
- **Facility Size** 40,000 sq ft
- **Annual Patient Visits** 8,966
- **Average Monthly Patient Volume** 747
- **Average No Show** 38%
- **Average Third Next Available** 1.1 Day
- **Average Patient Satisfaction** 82%

FYTD 2023 Financial Performance		
+ Revenues	\$	14,366,697
- Expenses		19,801,587
= Gross Margin	(\$	<u>5,434,890</u>)



Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 4,518
- **FTEs** 76
- **Facility Size** 18,000 sq ft
- **Annual Patient Visits** 4,518
- **Average Monthly Patient Volume** 377
- **Average No Show** 39%
- **Average Third Next Available** 1.7 Day
- **Average Patient Satisfaction** 76%

FYTD 2023 Financial Performance

+ Revenues	\$	6,743,841
- Expenses		11,153,189
= Gross Margin	(\$	4,409,348)



Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 9,706
- **FTEs** 170
- **Facility Size** 45,000 sq ft
- **Annual Patient Visits** 9,706
- **Average Monthly Patient Volume** 809
- **Average No Show** 34%
- **Average Third Next Available** 1.0 Day
- **Average Patient Satisfaction** 85%

FYTD 2023 Financial Performance		
+ Revenues	\$	16,307,677
- Expenses		18,612,2103
= Gross Margin	(\$	<u>2,304,533)</u>

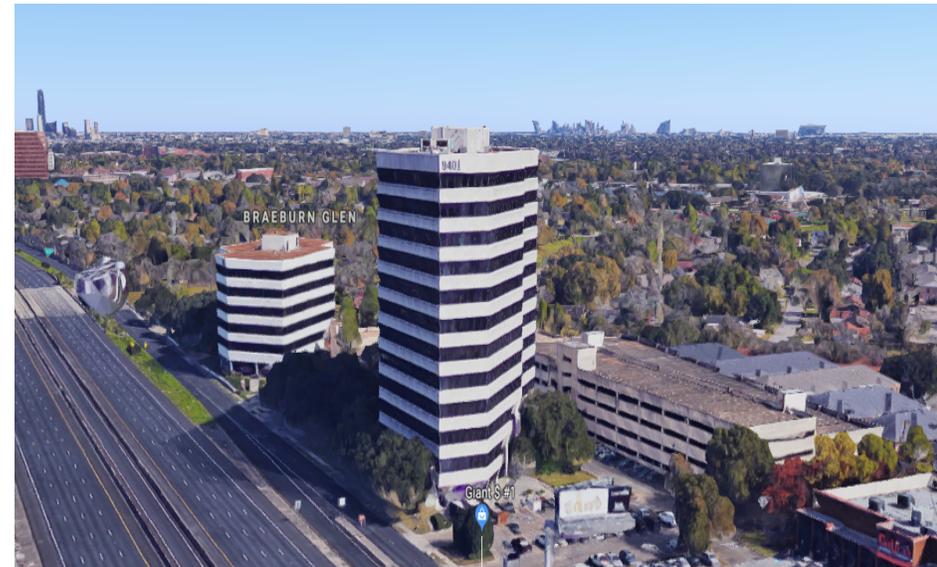


Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 11,337
- **FTEs** 176
- **Facility Size** 37,770 sq ft (clinic space)
- **Annual Patient Visits** 11,337
- **Average Monthly Patient Volume** 945
- **Average No Show** 36%
- **Average Third Next Available** 1.2 Day
- **Average Patient Satisfaction** 85%

FYTD 2023 Financial Performance

+ Revenues	\$	16,227,581
- Expenses		22,128,437
= Gross Margin	(\$	<u>5,900,856)</u>



Neuro-Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 7,543
- **FTEs** 156
- **Facility Size** 37,308 sq ft
- **Annual Patient Visits** 11,337
- **Average Monthly Patient Volume** 1,264
- **Average Patient Satisfaction** 87%

FYTD 2023 Financial Performance		
+ Revenues	\$	14,134,461
- Expenses		22,287,300
= Gross Margin	(\$	8,152,839)



FY 2023 Detailed Financials

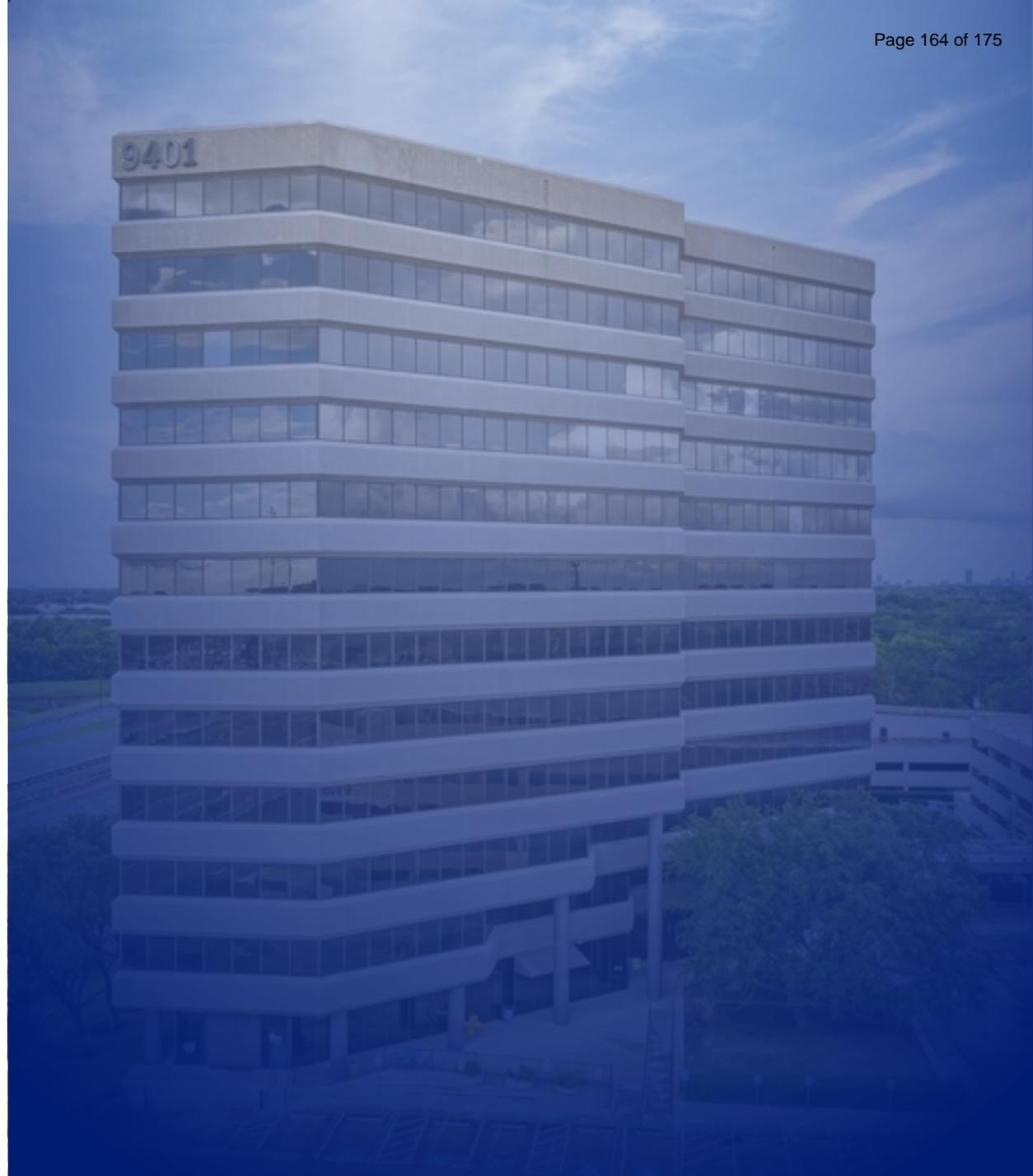
	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	204,751	49,876	353,451	330,696	6,146,437
PAP / Samples	2,586,838	1,913,700	2,261,863	1,900,611	32,643
State General	7,860,006	2,986,943	9,049,380	9,240,858	9,001,105
State Grants	2,364,357	743,547	-	-	-
Federal Grants	673,689	-	2,358,754	2,674,059	-
3rd Party Billings	677,057	1,049,775	2,284,228	2,081,357	(1,045,725)
Total Revenues	14,366,697	6,743,841	16,307,677	16,227,581	14,134,461
Expenses					
Salaries and Fringe	14,606,350	7,260,799	13,618,970	17,182,967	19,735,363
Travel	39,306	12,552	61,048	98,039	22,515
Contracts and Consultant	26,767	8,680	30,763	174,102	850,103
Supplies and Drugs	3,596,837	2,384,837	3,061,991	2,593,914	388,009
Equipment	543,369	940,298	961,934	1,169,647	423,004
Building	755,926	339,840	608,769	600,404	453,734
Vehicle	-	45,597	2,546	3,719	16,647
Telephone and Utilities	133,666	76,239	184,528	218,299	44,783
Insurance, Legal, Audit	28,695	20,027	28,864	40,748	37,983
Other	50,567	61,040	22,974	37,038	314,744
Claims Denials	20,106	3,279	29,823	9,561	414
Total Expenses	19,801,587	11,153,189	18,612,210	22,128,437	22,287,300
Gross Margin	\$ (5,434,890)	\$ (4,409,348)	\$ (2,304,533)	\$ (5,900,856)	\$ (8,152,839)

EXHIBIT R-14

Supplier Diversity Report

Q1 + Q2 + Q3 + Q4 FY2023

Presented by: Vanessa McKeown, CPA
Oct 17, 2023



Overview

- RFP Advertisement – Examples
- HUB Spent Report

RFP Advertisements - Examples

8 | June 29, 2023 | DEFENDER NETWORK

DN Education

HISD: What went wrong?

By Tannietha Sinha

The Houston Independent School District has been in upheaval since the Texas Education Agency intervened on June 1. While pinning blame has long been an official opinion of the district, it has varied in need of change.

"The goal is obviously to get the district back on track and make sure that the district meets the three established criteria as quickly as possible, so that the locally elected board can resume their role as the leadership team at the district," said Jake Kobersky, director of media relations at TEA. "This isn't Austin running HISD, it's still Houston ISD, a Houston-run school system."

Kobersky stated that the TEA, under no circumstance, is a "takeover" but rather, a "temporary intervention." He believes a takeover denotes the agency is running HISD, which is not the case. According to the TEA, the new management team and superintendent will aim to get "the district pointed in the right direction to make progress very quickly, to address some of the resource and educational disparities that have persisted in the district and to allow an equal playing field for students in the district."

The agency will aim to ensure that the district reaches a point when the elected board of trustees can transition back to their position, Kobersky added.

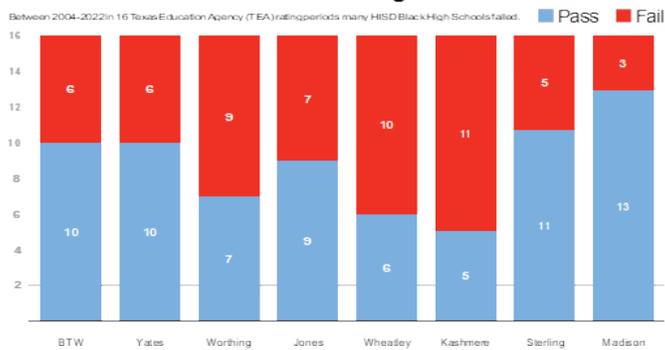
The Defender took a look at the numbers to see the reason for the TEA "intervention," if HISD had it coming and how Black majority schools were faring for the last two decades.

Here's what we found: High schools like Kashmere, Worthing and Wheatley have been underperforming, according to TEA data.

With multiple negative ratings like "academically unacceptable" and "improvement required" and grades below "C" since 2019.

In 2019, Kashmere received acceptable ratings for five of 11 years with cooperator, while Wheatley reached seven con-

Failure of HISD Black High Schools*



*Note: No Ratings during 2019 Hurricane Harvey | 2020 COVID | 2021 State Disaster Source: Texas Education Agency (TEA) mandatory action.

In 2012, no accountability ratings were assigned and in 2018, the ratings changed to either "Met Standard" or "Rated: Harvey Provision."

In 2020, the district and schools did not receive a rating due to the COVID-19 pandemic and in 2021, the ratings were withheld, with all reports stating "Not Rated: Declared State of Disaster."

In 2021, the eight Black majority schools received the same rating - "Not Rated: Declared State of Disaster."

In 2022, in stations like Yates and Kashmere High School received the "Not Rated: Declared State of Disaster" status, which is under the Accountability System Impact, and

secutive unacceptable ratings that triggered

CLASSIFIED

NOTICE TO BIDDERS
The Metropolitan Transit Authority of Harris County, Texas (MET TCO) is planning to issue the procurement documents for this advertisement.
RFP No. 402200156: Roof Replacement for METRO Central Station Warehouse Substation is expected to be available on or about 08/02/2023.
RFP No. 402200156: Roof Replacement for METRO Manufacturing Building at 1000 Main Street, Station 1 is expected to be available on or about 08/02/2023. Prospective bidders/proposers can view and download these indications by visiting MET TCO website at <https://www.tceq.state.tx.us/procurement/noticeofbid.aspx>. If you are unable to download the documents or are having difficulty, please contact 713-615-6125 or email property.services@metrotco.org.

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD REQUEST FOR COMPETITIVE SEALED PROPOSAL 6168 SOUTH LOOP EAST ST APARTMENT S

The Harris Center for Mental Health and IDD is requesting Competitive Sealed Proposals pursuant to Chapter 2269 of the Texas Government Code and 2 CFR Part 200 from qualified construction firms for construction of an apartment complex for consumers served by The Harris Center for Mental Health and IDD. Federal labor standards provisions including but not limited to HUD Section 5, Davis Bacon and Related Acts, and City of Houston MMBE and Pay or Play will be enforced. The site will be 6168 South Loop East, Houston, 77057. Project Number: PHR-PY23-262.

Specifications may be secured from The HARRIS CENTER, Purchasing Services located at 9401 SW Freeway, Houston, Texas 77074, telephone (713) 970-7279, The HARRIS CENTER website www.theharriscenter.org or the Electronic State Business Daily Site <https://portal.texas.gov/ebsd> beginning Monday, July 3, 2023, at 9:00 a.m. CST at 9401 Southwest Freeway, Room 104, Houston, TX 77074. A public opening of the proposals will occur immediately following the proposal submission deadline at 9401 SW Freeway, Houston, Texas 77074. Any questions pertaining to this solicitation should be addressed in writing to Sharon Bruneur, C.P.M., Purchasing Manager, Sharon.Bruneur@theharriscenter.org, James Blunt, C.P.M., James.Blunt@theharriscenter.org, and Tina Cook, MBA, CTCID, Director of Purchasing, Tina.Cook@theharriscenter.org or fax to (713) 970-7662. Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The HARRIS CENTER reserves all rights to postpone, accept or reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests, and is not obligated to accept the lowest proposal. The solicitation (CSP) is subject to addenda, including but not limited to, an extension of the submission deadline, communicated through www.theharriscenter.org.

Del 29 de Junio al 5 de Julio 2023

CLASIFICADOS

13

Clases De Música Para Niños, Jóvenes y Adultos
Guitarra eléctrica y acústica, teclado, bajo, batería, canto, acordeón y teoría musical para todos los instrumentos y estilos musicales.
Llama al 832-800-0308.

¡ATENCIÓN! OFERTA DE NEGOCIO.
Compañía constructora de casas en Florida y Georgia busca a propietarios de terrenos disponibles y pagados para incursionar en un mercado caliente, donde hay un déficit habitacional de más de 75,000 casas en los dos estados y miles de compradores calificados en espera de una buena y asequible vivienda.
Le construimos, arriba de su terreno, casas, townhouses o duplexes, sin poner usted un solo centavo y los vendemos o compartiendo las utilidades, según acuerdo bajo contrato.
Nosotros lo ponemos todo, los permisos, la construcción de la casa y la venta de la misma, y 6 meses después de la firma del contrato, le garantizamos su utilidad efectiva.
Tenemos contratistas y financistas asociados, así como equipos de venta de bienes raíces, en toda la Florida y Georgia.
Para más información, llamar a ANTONIO CALATAYUD, Presidente, **ESENCIA INTERNATIONAL CORPORATION, 786-310-9707.**

88 The HARRIS CENTER for Mental Health and IDD
THE HARRIS CENTER FOR MENTAL HEALTH AND IDD REQUEST FOR COMPETITIVE SEALED PROPOSAL 6168 South Loop East Apartments
The Harris Center for Mental Health and IDD is requesting Competitive Sealed Proposals pursuant to Chapter 2269 of the Texas Government Code and 2 CFR Part 200 from qualified construction firms for construction of an apartment complex for consumers served by The Harris Center for Mental Health and IDD. Federal labor standards provisions including but not limited to HUD Section 5, Davis Bacon and Related Acts, and City of Houston MMBE and Pay or Play will be enforced. The site will be 6168 South Loop East, Houston, 77057. Project Number: PHR-PY23-262.
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This solicitation (CSP) is subject to addenda, including but not limited to, an extension of the submission deadline, communicated through www.theharriscenter.org.

GRACIAS POR RECICLAR

- Latas
- Cartones
- Frascos y botellas de vidrio
- Cajas de Carton y Papel
- Envases y botellas de plástico

Los materiales aceptados pueden variar. Consulte con su programa de reciclaje local.

Presentado por la Comisión de Calidad Ambiental de Texas y el Consejo del Área de Houston-Galveston

Gráficos proporcionados por La Asociación de Reciclaje

EL EMPLEO QUE NECESITAS ESTÁ AQUÍ
Empresa en crecimiento está en búsqueda de personas proactivas con deseos de superación, ofrecemos entrenamientos para los puestos vacantes en áreas de telemarketing, telemarketing, cobranzas, atención al cliente, ventas.
LLAMA HOY MISMO al 713-553-7116
Envía tu curriculum a Caminoalexito42@gmail.com

Manueros Trucking está solicitando choferes para 18 wheels dump truck. Se requiere: Licencia CDI, Experiencia mínima de 2 años y Disponibilidad para trabajar de Lunes a Sábado. (Se paga por porcentaje). Houston Tx (área de Pasadena)

SERVICIO DE ELECTRICIDAD EN HOUSTON TX
Servicio de Energía Confiable Para tu Hogar!
-Servicio Nuevo!
-Cámbiate de Compañía
-Planes Mesuales Fijos
-Precios de Kwh. Justos
-Activación Rápida
-No Seguro - No Crédito

ESTIMADOS GRATIS EN REPARACIONES \$100 OFF

¡Deja el PRE-PAGO y cámbiate a un mejor plan de energía hoy!
Llámanos para más información

Q1 + Q2 + Q3 + Q4 FY2023 HUB Report (1 of 2)

Vendor Name	FY2023 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	857,358	Janitorial services	x	x	x
Rekruters	618,489	IT staffing	x	x	x
Innovative Network	235,627	Networks, storage & cloud migration	x	x	x
Webhead	219,633	Technology Company	x	x	x
Metropolitan Landscape*	205,863	Landscape	x	x	x
Physician Resources, INC	202,519	Temporary Staffing and Direct Hire Placement	x	x	x
Ascend HR	199,061	Recruitment	x	x	x
Elite Personnel Consultants	177,879	Personnel staffing		x	x
Right Now Pest	131,234	Pest Control and Exterminator	x	x	x
Innovative Solution*	100,000	PPE	x	x	x
SHI Government Solutions, INC	92,855	Computer Software &, Hardware	x	x	x
PPG Global LLC	90,666	PPE	x	x	x
The Warring Group	72,000	PR/Media Relations	x	x	x
TCB Services	56,102	Reseller of Computer Hardware and Software Products	x	x	x
Lab USA	53,199	Medical Laboratory Testing	x	x	x
A-Rocket Moving & Storage	40,454	Moving services	x	x	x
Crystal Communications Ltd	36,023	Data, IP, and video communications systems integratio	x	x	x
Dura Pier Facilities Services, LTD	21,953	Facility services - construction	x	x	x
RAM Telecom LLC	20,150	Construction Management	x	x	x
Modern Psychological & Allied	17,500	Psychological services	x	x	x
E&C Engineers & Consultants	9,680	Engineering analysis, consulting and design	x	x	x
Landtech	7,850	Surveying	x	x	x
MasterWord Services INC	4,557	Translation and interpretation services	x	x	x
Viking Fence	3,210	Environmental Remediation and Abatement	x	x	x
Houston Defender	2,755	African-American Newspaper	x	x	x
Next Level Urgent Care*	2,470	Urgent care/workers' comp	x	x	x
Rey De La Reza Architects	1,495	Architecture services	x	x	x
Total HUB Spend	\$ 3,480,584				

* Did not renew HUB certification during FY2023

Vast majority of the Agency's Historically Underutilized Business vendors are located in the Greater Houston area

Q1 + Q2 + Q3 + Q4 FY2023 HUB Report (2 of 2)

- Q1 + Q2 + Q3 + Q4 FY2023 HUB spend = **\$3,480,584**
- Q1 + Q2 + Q3 + Q4 FY2023 discretionary spend = **\$21,734,040**
- HUB spend % = **16%** (Reduction in % is due to less PPE spend)
- Exclusion categories from discretionary spend
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easterseals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*
 - *Employee benefits*
 - *Consumer-chosen individuals for respite services*

Thank you.

EXHIBIT R-15

Transforming Lives



Revenue Management Metrics



July 18, 2023

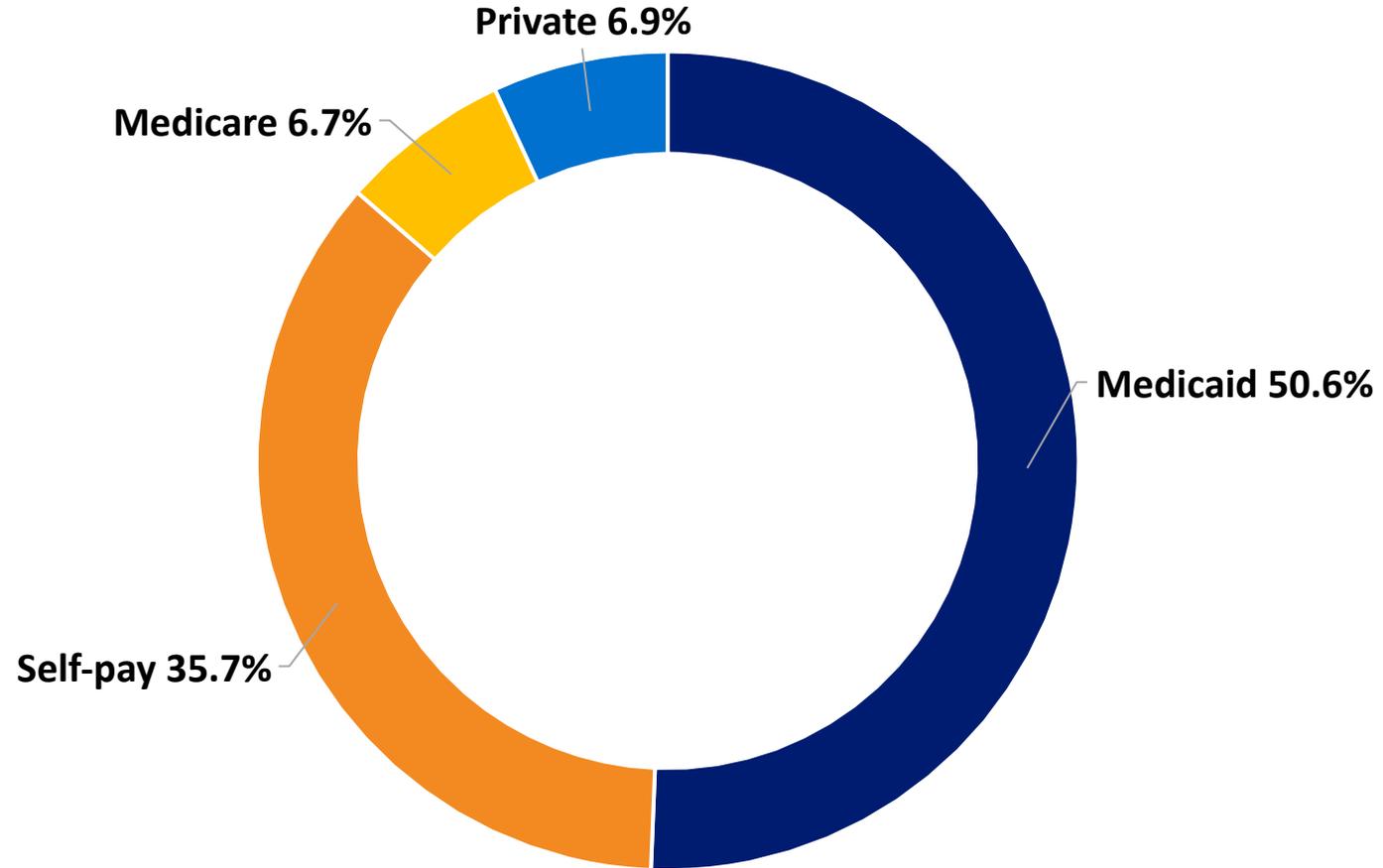
Presented By: Vanessa McKeown, Chief Financial Officer



Overview

- **Payor Mix**
- **Revenue Cycle Performance Metrics**
 - Days in Accounts Receivable
 - Claims and Collections

Payor Mix

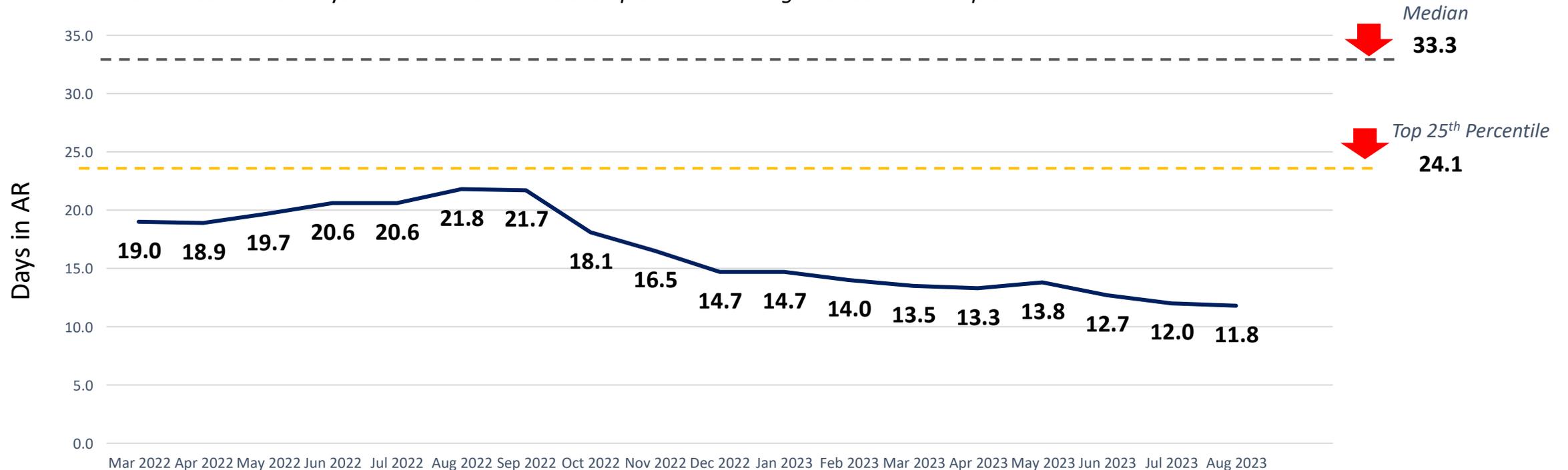


Note: Payor Mix based on patient visit coverage in Q4 FY2023

Revenue Cycle Performance Metrics

Days in Accounts Receivable

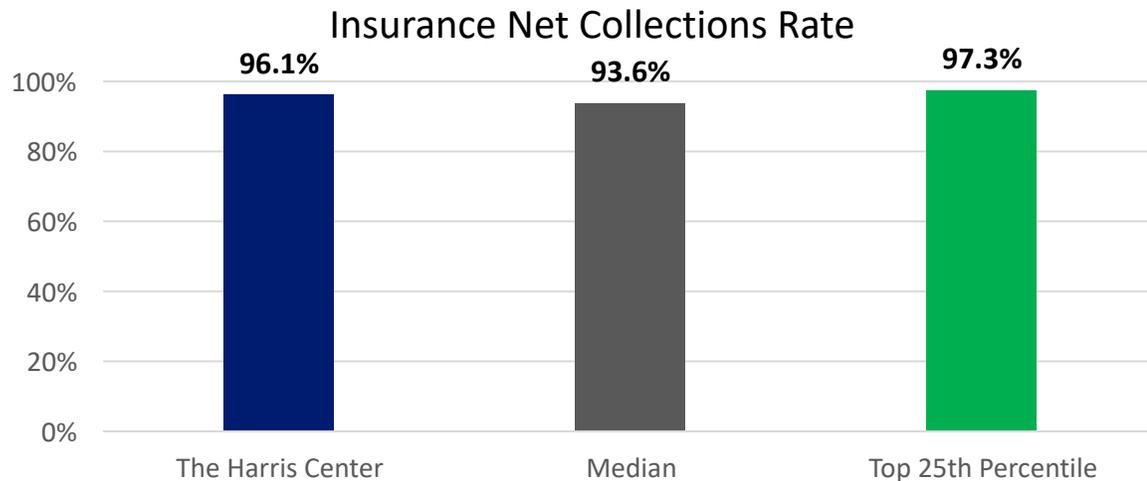
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



- *Transition to Epic EHR took place in April 2021*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (207 service areas)*

Claims and Collections

Average Monthly Count of Claims				
FY2023	FY 2022	FY 2021	FY 2020	FY 2019
32,490	32,020	30,761	32,920	32,559



Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	96%
Managed Medicaid	98%
Traditional Medicare	80%
Managed Medicare	75%
MMP	87%
CHIP	95%
Commercial	77%

* Q4 FY2023

- *Insurance Net Collections Rate is the ratio of matched insurance payments to net insurance resolution activity (payments and adjustments, not including allowances) for charges that went to zero active AR within the prior quarter (91 days).*
- *The data source for Insurance Net Collections Rate is the Epic Financial Pulse reports.*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations.*