



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

Full Board Meeting
January 23, 2024
9:00 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, November 14, 2023
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
- VI. REVIEW AND TAKE ACTION**
 - A. Approve FY'24 Year-to-Date Budget Report-December
(*EXHIBIT F-2*)
 - B. January 2024 Contract Amendments Over 250K
(*EXHIBIT F-3*)
 - C. January 2024 Contract Renewals Over 250K
(*EXHIBIT F-4*)
 - D. January 2024 Interlocal Agreements
(*EXHIBIT F-5*)
 - E. Award Recommendation-Community Psychiatric Hospital Beds RFP
(*EXHIBIT F-6 Vanessa McKeown*)
 - F. Proposed 2024 Board Calendar
(*EXHIBIT F-7 Wayne Young*)
- VII. CONSENT AGENDA**
 - A. The Harris Center System Quality, Safety, and Experience Performance Improvement Plan FY 2024
(*EXHIBIT F-8*)
 - B. All Contracts
(*EXHIBIT F-9*)
 - C. Corporate Compliance Documentation and Claims Integrity Plan
(*EXHIBIT F-10*)
 - D. Financial Assessment
(*EXHIBIT F-11*)
 - E. Licensure, Certification and Registration
(*EXHIBIT F-12*)

- F. Mailing Services
(EXHIBIT F-13)
- G. Medical Peer Review Policy
(EXHIBIT F-14)
- H. Pharmaceutical Representatives Policy
(EXHIBIT F-15)
- I. Pharmacy and Unit Medication/Drug Inventory
(EXHIBIT F-16)
- J. Plan of Care
(EXHIBIT F-17)
- K. Reporting Automobile Accidents
(EXHIBIT F-18)
- L. Supervision of Peer Specialists
(EXHIBIT F-19)

VIII. REVIEW AND COMMENT

- A. Federally Qualified Health Center Look-A-Like (FQHC-LAL)
(EXHIBIT F-20 Trudy Leidich)
- B. DFPS Service Delivery
(Wayne Young)

IX. BOARD CHAIR'S REPORT

X. EXECUTIVE SESSION

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

• **In accordance with §551.071, Consultation with Attorney regarding pending or contemplated litigation or a settlement offer related to a contract dispute with a HVAC contractor. Michelle Morris, Rogers, Morris and Grover and Kendra Thomas, General Counsel**

• **In accordance with §551.071 of the Texas Government Code, consultation with attorney on a legal matter related to the financing of capital improvement projects and lines of credit or bond sales in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct to the State Bar of Texas clearly conflicts with the Open Meetings Act. Kendra Thomas, General Counsel, Vanessa McKeown, Chief Financial Officer, and Karlos Allen, Dir. of PFM**

• **In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and Committee appointments. Mr. James Lykes, Chair of Governance Committee and Dr. R. Gearing, Chair of the Harris Center Board of Trustees**

• **In accordance with §§551.076 and 551.089 of the Texas Government Code, Discussion about security incident, network security assessment and implementation of security devices. Mustafa Cochinwala, Chief Information Officer, Rick Hurst, Dir. of IT Infrastructure, Wes Farris, Dir. Of Information Security and Enterprise Architecture, and Rita Alford, Dir. of Privacy**

• **In accordance with §551.071 of the Texas Government Code, to consult with attorney in Executive session and seek advice and guidance on legal matters. Kendra Thomas, General Counsel and Paul Lamp, Partner, Spalding Nichols Lamp Langlois**

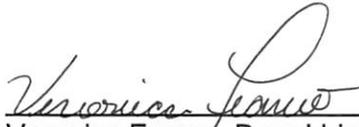
XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. Updates in Telepsychiatry Presentation-Dr. Pastusek
(EXHIBIT F-21)
- B. January 2024 New Contracts 100K-250K
(EXHIBIT F-22)
- C. January 2024 Contract Amendments 100K-250K
(EXHIBIT F-23)
- D. January 2024 Contract Renewals 100K-250K
(EXHIBIT F-24)
- E. January 2024 New Contracts Under 100K
(EXHIBIT F-25)
- F. January 2024 Contract Amendments Under 100K
(EXHIBIT F-26)
- G. January 2024 Contract Renewals Under 100K
(EXHIBIT F-27)
- H. January 2024 Affiliation Agreements, Grants, MOU's and Revenues
(EXHIBIT F-28)

XIV. ADJOURN



Veronica Franco, Board Liaison
Robin E. Gearing, PH.D., Chair, Board of Trustees
The Harris Center for Mental Health and IDD



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees of The Harris Center for Mental Health and IDD, an Agency of the State established by the Harris County Commissioners Court under provisions of Chapter 54 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING: Conference Room 109
9401 South West Freeway
Houston, Texas 77044

TYPE OF MEETING: Regular

DATE: November 14, 2020

**TRUSTEES
IN ATTENDANCE:**

Mr. Shaukat Aaria-Chair
Dr. J. Moore-Vice Chairperson
Dr. Robin Gearing PhD-Vice Chairperson
Dr. George Santos-Secretary
Mr. Gerald Thomas
Mr. Jim Byrnes
Mrs. J. Hellums
Dr. Ma Miller
Mrs. Natali Hurtado.

TRUSTEES ABSENT: Sheriff Donale

I. Declaration of Quorum

Mr. S. Aaria-Chair called the meeting to order at 9:09 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

No public comments

III. Approval of Minutes

MOTION BY: MOORE SECOND: GEARING

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, October 24, 2020 as presented under exhibit 1 are approved.

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

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

V. Committee Reports and Action were presented by the respective chairs:

- A. Resource Committee Report and/or Action- □. □ omac□Chair
Mr. □a□aria provided an overvie□ of the topics discussed and the decisions made at the Resource Committee meeting on □ovem□er □□202□
- . □uality Committee Report and/or Action-□. Santos□Chair
Dr. Santos provided an overvie□ of the topics discussed and the decisions made at the □uality Committee meeting on □ovem□er □□202□
- C. □overnance Committee Report and/or Action-□ □y□es□Chair
Mr. □y□es provided an overvie□ of the topics discussed and the decisions made at the □overnance Committee meeting on □ovem□er □□202□
- . □oundation Report and/or Action-□ □y□es□Chair
Mr. □y□es provided the □oard of Trustees □ith an update a□out the □oundation.

VI. Consent Agenda

- A. Approve FY'24 □ear-to-Date □udget Report-Octo□er
- . □ovem□er 202□Contract Amendments Over 250□
- C. □ovem□er 202□Interlocal Agreements Over 250□

MOTION: Mrs. Hellums moved to approve Consent Agenda items A-B

SECOND: Mr. Lykes seconded the motion

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

MOTION: Mr. Lykes moved to approve Consent Agenda item C

SECOND: Mrs. Hurtado seconded the motion

Dr. Gearing recused himself from the discussion and vote on the November 2023 Interlocal Agreements.

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

VII. REVIEW AND COMMENT

- A. **RDLR Presentation**-RD□R representatives presented the □ull □oard

VIII. Executive Session-Mr. □a□aria announced the □oard □ould convene into □□ecutive Session at 10:49 am for the follo□ing purpose:

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
December 31, 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 presentaiton 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
December 31, 2023
unaudited/budget-basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 28,398,006	\$ 29,068,656	\$ 670,650
Expenditures	28,230,601	34,446,937	(6,216,336)
Change in net assets	\$ 167,405	\$ (5,378,281)	\$ (5,545,686)
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital, net		(168,110)	(168,110)
Other sources and uses		9,357	9,357
	<u>\$ 84,072</u>	<u>\$ (5,537,033)</u>	<u>\$ (5,621,105)</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 114,548,145	\$ 108,626,951	\$ (5,921,194)
Expenditures	114,162,043	110,086,555	4,075,488
Change in net assets, operations	\$ 386,102	\$ (1,459,604)	\$ (1,845,706)
Debt payment	\$ (333,333)	\$ -	\$ 333,333
Capital, net		(1,065,328)	(1,065,328)
Other sources and uses		36,213	36,213
	<u>\$ 52,769</u>	<u>\$ (2,488,719)</u>	<u>\$ (2,541,488)</u>

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
December 31, 2023

unaudited/budget-basis reporting

	For the Month of				Fiscal Year to Date				
	Budget	Actual	Variance \$	%	Budget	Actual	Variance \$	%	
Operating Revenue									
State General Revenue	\$ 10,170,152	\$ 9,956,435	\$ (213,717)	-2%	\$ 40,611,529	\$ 39,718,936	\$ (892,593)	-2%	
Harris County and Local	5,439,104	6,163,759	724,655	13%	21,761,143	20,460,614	(1,300,529)	-6%	A
Federal Contracts and Grants	4,026,129	4,733,584	707,455	18%	16,129,490	13,621,356	(2,508,134)	-16%	B
State Contract and Grants	870,816	506,361	(364,455)	-42%	4,478,762	2,080,983	(2,397,779)	-54%	C
Third Party Billing	2,766,559	3,118,850	352,291	13%	11,066,235	12,130,123	1,063,888	10%	D
Charity Care Pool	3,340,350	3,340,350	-	0%	13,361,404	13,361,404	-	0%	
Directed Payment Programs	726,251	193,253	(532,998)	-73%	2,905,004	2,757,074	(147,930)	-5%	
PAP	833,578	771,044	(62,534)	-8%	3,334,314	3,343,729	9,415	0%	
Interest Income	225,066	285,018	59,952	27%	900,264	1,152,732	252,468	28%	E
Operating Revenue, total	\$ 28,398,006	\$ 29,068,656	\$ 670,650	2%	\$ 114,548,145	\$ 108,626,951	\$ (5,921,194)	-5%	
Operating expenditures									
Salaries and Fringe Benefits	\$ 19,939,781	\$ 24,496,260	\$ (4,556,480)	-23%	\$ 80,154,812	\$ 79,553,867	\$ 600,945	1%	
Contracts and Consultants	2,078,858	1,141,534	937,324	45%	8,366,133	5,108,435	3,257,698	39%	F
Contracts and Consultants-HPC	2,322,734	2,740,763	(418,029)	-18%	9,290,936	9,693,086	(402,150)	-4%	
Supplies and Drugs	1,525,334	3,151,061	(1,625,727)	-107%	6,103,389	8,100,399	(1,997,010)	-33%	G
Purchases, Repairs and Maintenance of:									
Equipment	561,102	783,485	(222,383)	-40%	2,245,498	1,590,488	655,010	29%	
Building	302,088	263,762	38,326	13%	1,903,790	530,852	1,372,938	72%	H
Vehicle	86,370	97,955	(11,585)	-13%	345,630	254,807	90,823	26%	
Telephone and Utilities	311,955	281,984	29,971	10%	1,247,807	941,424	306,383	25%	
Insurance, Legal and Audit	164,537	92,399	72,138	44%	674,918	522,396	152,522	23%	
Travel	175,816	175,642	174	0%	766,226	472,945	293,281	38%	
Other	762,025	1,222,092	(460,067)	-60%	3,062,904	3,317,856	(254,952)	-8%	
Operating Expenditures, total	\$ 28,230,601	\$ 34,446,937	\$ (6,216,336)	-22%	\$ 114,162,043	\$ 110,086,555	\$ 4,075,488		
Change in Net Assets, before Other Sources	\$ 167,405	\$ (5,378,281)	\$ 5,545,686		\$ 386,102	\$ (1,459,604)	\$ 1,845,706		
Other Sources									
Debt payment	\$ (83,333)	\$ -	\$ (83,333)		\$ (333,333)	\$ -	\$ 333,333		
Capital outlay	-	(168,110)	168,110		-	(1,065,328)	(1,065,328)		
Insurance proceeds	-	9,357	(9,357)		-	26,943	26,943		
Proceeds from Sale of Assets	-	-	-		-	9,270	9,270		
Change in Net Assets, all Sources	\$ 84,072	\$ (5,537,033)	\$ 5,621,105		\$ 52,769	\$ (2,488,719)	\$ (2,541,488)		

The Harris Center for Mental Health and IDD
Balance Sheet
December 31, 2023
unaudited/budget-basis reporting

	<i>unaudited</i>			
	August-23	December-23	Change	
ASSETS				
Current Assets				
Cash and Cash Equivalents				
Cash and Petty Cash	\$ 10,483,323	\$ 11,775,594	\$ 1,292,271	
Cash Equivalents	64,953,497	60,045,071	(4,908,426)	
Cash and Cash Equivalents, total	<u>\$ 75,436,820</u>	<u>\$ 71,820,665</u>	<u>\$ (3,616,155)</u>	AA
Inventory and Prepaid	\$ 5,277,780	\$ 10,451,446	\$ 5,173,665	
Accounts Receivable:				
Other	22,435,204	51,363,786	28,928,582	BB
Patient, net of allowance	5,104,889	5,542,036	437,147	
Current Assets, total	<u>\$ 108,254,693</u>	<u>\$ 139,177,932</u>	<u>\$ 30,923,239</u>	
Capital Assets				
Land	\$ 12,694,280	\$ 12,694,280	\$ -	
Building and Building Improvements	46,595,256	46,595,256	-	
Furniture, Equipment and Vehicles	9,952,470	9,952,470	-	
Construction in Progress	24,267,898	24,267,898	-	
Capital Assets, total	<u>\$ 93,509,904</u>	<u>\$ 93,509,904</u>	<u>\$ -</u>	
Total Assets	<u><u>\$ 201,764,597</u></u>	<u><u>\$ 232,687,836</u></u>	<u><u>\$ 30,923,239</u></u>	
LIABILITIES AND NET ASSETS				
Unearned Income	\$ 2,776,718	\$ 37,370,001	\$ 34,593,283	CC
Accounts Payable and Accrued Liabilities	26,681,317	25,499,618	(1,181,699)	DD
Long term Liabilities	779,780	780,716	936	
Liabilities, total	<u>\$ 30,237,815</u>	<u>\$ 63,650,335</u>	<u>\$ 33,412,520</u>	
NET ASSET				
Inventory and Capital Assets	\$ 93,906,000	\$ 93,654,093	\$ (251,908)	
Assigned	27,185,490	66,514,014	39,328,524	
Unassigned	56,357,876	11,358,113	(44,999,763)	
Change in net assets	(5,922,585)	(2,488,719)	3,433,866	
Net Assets, Total	<u>\$ 171,526,782</u>	<u>\$ 169,037,500</u>	<u>\$ (2,489,282)</u>	

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

The primary driver of the net unfavorable budget variance in Harris County and Local Revenue is several County programs revenue are under budget as of December.

B Federal Contract and grants

The primary driver of the net unfavorable budget variance in Federal Contract and grants is several program's revenue are under budget as of December.

C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to timing of estimates in billing contracts.

D Third party billing

Third party billing exceeds anticipated budget due to revenue generated in our pharmacies.

E Interest

Interest revenue continues to exceed budget estimates.

F Contracts and consultants

The variance in contracts and consultants is primarily attributed to the timing of payments for private beds and fluctuations in accrued estimates.

F Supplies

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

H Building

The primary driver of the net favorable variance in building costs is timing of building remodel costs budgeted for the Hospital to Home program.

Balance sheet

AA Cash and Investments

The decline in cash and cash equivalents is primarily due to the third payroll and related costs incurred in December 2023.

BB Accounts receivable, other

The primary driver of Accounts Receivable, other is the recognition of amounts owed from the County for the annual allocation and the Charity Care program.

CC Unearned income

Unearned income has increased due to the receipt of the second quarter performance contract award from HHSCH.

DD Accounts Payable and Accrued Liabilities

Accounts Payable and Accrued Liabilities has declined due to the remittance of payroll and related liabilities.

The Harris Center for Mental Health and IDD
Investment Portfolio
December 31, 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	\$ 24,063,543	\$ -	\$ -	\$ 85,306	\$ 24,148,849	40.2%	5.57%	5.595%
TexPool								
TexPool Prime	17,163,257	24,100,000	(9,000,000)	118,483	32,381,740	53.9%	5.60%	4.801%
TexPool General Fund	1,064,897	-	-	4,856	1,069,753	1.8%	5.37%	4.611%
TexPool Internal Service Fund	2,433,631	-	-	11,098	2,444,729	4.1%	5.37%	4.611%
<i>TexPool Sub-Total</i>	<i>20,661,785</i>	<i>24,100,000</i>	<i>(9,000,000)</i>	<i>134,437</i>	<i>35,896,222</i>	<i>59.8%</i>		<i>4.782%</i>
Total Investments	\$ 44,725,328	\$ 24,100,000	\$ (9,000,000)	\$ 219,743	\$ 60,045,071	100%		5.109%
Additional Interest-Checking Accounts					65,275			
Total Interest Earned				\$ 285,018				



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.57%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.30%
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
December 31, 2023

Vendor	Description	Monthly Not-To-Exceed*	Dec-23	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,852,397	\$7,510,265
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$7,361,380
UNUM	Life Insurance	\$300,000	\$0	\$621,890

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

Notes:

Vendor	Description	Monthly Not-To-Exceed*	Nov-23	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,999,743	\$5,657,868
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,407,370	\$7,361,380
UNUM	Life Insurance	\$300,000	\$413,175	\$621,890

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

Notes:

EXHIBIT F-3

JANUARY 2024 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section

Select Header For This Contract *

Administration

Contractor *

CyberOne, LLC (Okta)

Contract ID # *

2022-0597

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/16/2024

Parties * (?)

CyberOne LLC 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 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 style="background-color: #cccccc;" type="text"/> |

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

2/1/2022

Contract Term End Date * (?)

1/31/2025

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

Current Contract Amount *

\$ 215,000.00

Increase Not to Exceed *

\$ 59,635.36

Revised Total Not to Exceed (NTE) *

\$ 274,635.36

Fiscal Year* (?)

2024

Amount* (?)

\$ 274,635.36

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

Please add previous contract dates and what services were provided *

2022 and 2023 - same services

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

Yes No Unknown

Please provide an explanation *

N/A Contract Renewal

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center for Mental Health - OktaRNLwithAdaptive 31.72KB
MFA1Yr_DIR-TSO-4288.pdf

Vendor/Contractor Contact Person

Name *

Randy Blaylock

Address *

Street Address

6851 Communications Parkway

Address Line 2

City

Plano

Postal / Zip Code

75024-5991

State / Province / Region

TX

Country

US

Phone Number*

281-635-0789

Email*

Randy.Blaylock@CyberOneSecurity.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 270,637.87	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

12/1/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/4/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

12/8/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date

12/13/2023

Final Board Report Comments



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

Single Sign On, Adaptive MFA (Multifactor Authentication), End User Security, Sandbox and Premier Support, Application Access/Security

Product/Service Description

Identity and Access management Software, Licensing and Support Services (Okta IT Products)

Revised Comments For Board Report *

Amendment to increase the NTE for the annual renewal to enhance services for Single Sign on, Adaptive MFA (Multifactor Authentication), End-User Security and Sandbox and Premier Support Services. [Tag-on to DIR-TSO-4288 and DIR-CPO-4444].

Exclude this ECS from Board Report? *

Yes No



Executive Contract Summary

Contract Section



Contractor*

McKesson Medical Surgical, Inc.

Contract ID #*

7137

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

McKesson Medical Surgical, Inc and The Harris Center for Mental Health & 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* (?)

11/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 285,365.00

Increase Not to Exceed*

\$ 6,000.00

Revised Total Not to Exceed (NTE)*

\$ 291,365.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 6,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

ADDING TWO (2) UNITS TO THE EXISTING CONTRACT

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Many years.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Sarah Brady Zujic

Address*

Street Address

4250 Patriot Drive

Address Line 2

City

Grapevine

Postal / Zip Code

76051

State / Province / Region

TX

Country

US

Phone Number*

713-377-4677

Email*

sarah.brady@mckesson.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4780	\$ 3,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 3,000.00	547002

Budget Manager	Secondary Budget Manager
Williams-Wesley, Sheenia	Adams, Betty

Provide Rate and Rate Descriptions if applicable* (?)

VARIOUS RATES

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Arceneaux, Linda

Submission Date

10/30/2023

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

10/30/2023

Approved by

Sheenia Williams-Wesley

Approval Date

10/30/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Donae Walker

Approval Date

11/20/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

11/27/2023

EXHIBIT F-4

JANUARY 2024 RENEWALS OVER 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2020-0019

Contractor Name*

Future Com

Service Provided* (?)

Checkpoint Infinity Protection Software.

Renewal Term Start Date*

2/1/2024

Renewal Term End Date*

1/31/2025

Term for Off-Cycle Only (For Reference Only)

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 258,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 PO CT142317

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 300,000.00	553002
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 300,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Mustafa Cochunvala

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/4/2023

EXHIBIT F-5

JANUARY 2024 INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

Baylor College of Medicine

Contract ID #*

2022-0465

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/23/2024

Parties* (?)

Baylor College of Medicine 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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 166,728.32

Increase Not to Exceed*

\$ 3,399.04

Revised Total Not to Exceed (NTE)*

\$ 170,127.36

Fiscal Year* (?)
2024

Amount* (?)
\$ 170,127.36

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* (?)

Professional Residency Agreement

Contract Owner*

Dr. Muzquiz

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*

Danyalle Evans

Address*

Street Address

One Baylor Plaza - BCM 350

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

United States

Phone Number*

unknown

Email*

mckenzie.sluder@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2208	\$ 170,127.36	540504

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

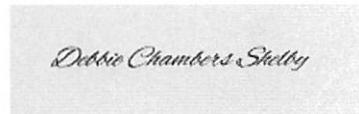
Provide Rate and Rate Descriptions if applicable* (?)
68.16 per hour for 24 hours/week

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

Requester Name	Submission Date
Evans, Danyalle	10/26/2023

Budget Manager Approval(s)

Approved by



Approval Date

10/26/2023

Contract Owner Approval

Approved by



Approval Date

10/27/2023

Contracts Approval

Approve*

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

Approved by*



Approval Date*

10/30/2023



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

7386

Presented To*

- Resource Committee
- Full Board

Date Presented*

5/17/2022

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$50,000.00)
- Board Approval (Total NTE Amount is \$50,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

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

2/1/2022

Contract Term End Date* (?)

2/28/2023

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

Fiscal Year* (?)

2022

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 **Interlocal Agreement**

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

This is A revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 22/23 Fiscal year (County FY). Contract to extend to Southside Place Police Department for 3 iPads.

Program Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Don McCall - Chief of Police for the Southside Place Police Department

Address*

6309 Edloe St.

Houston

TX

77005

US

Phone Number*

713-668-2341

Email*

police@southside-place.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 0.00	403024

Budget Manager

Oshman, Jodel

Secondary Budget Manager

Kornmayer, Kimberly

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Singh, Patricia

Submission Date

4/11/2022

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

4/11/2022

Contract Owner Approval

Approved by

KIM KORNMAYER

Approval Date

4/11/2022

Contracts Approval

Approve*

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

Approved by*

Shaskeyia Behn

Approval Date*

4/11/2022



Executive Contract Summary

Contract Section

**Contractor***

Houston Community College

Contract ID #*

2023-0807

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

Houston Community College & 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* (?)

12/1/2023

Contract Term End Date* (?)

12/31/2027

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 care coordination agreement serves to confirm that mutual understanding of The Harris Center for Mental Health and 100 and the following referral partner: Houston Community College.

Program Director: Sarah Strang

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided* currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Mahnaz Kolaini

Address*

Street Address

3200 Main Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

713-718-7449

Email*

mahnaz.kolaini@hcc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 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
12/5/2023

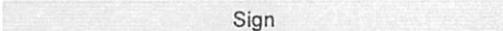
Budget Manager Approval(s)

Approved by


Approval Date
12/5/2023

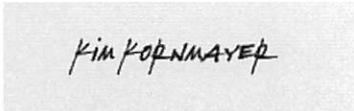
Procurement Approval

File Upload (?)

Approved by
 Sign

Approval Date

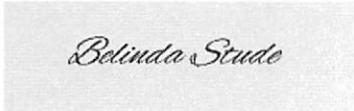
Contract Owner Approval

Approved by


Approval Date
12/5/2023

Contracts Approval

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

Approved by*


Approval Date*
12/5/2023



Executive Contract Summary

Contract Section



Contractor*

Texas Health and Human Services Commission

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

Texas Health and Human Services Commission 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

12/12/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

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* (?)

HHSC provided grant funding for a new MST team, separate ECS submitted for contract with MST company. This is the funding source contract.

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*

Agency has contracted with HHSC various of times.

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

HHSC

Supporting Documentation Upload (?)

Updated - Categorical Budget TX_HHSC_NCA_MST Cost Overlay	161.68KB
Template (v3)_Harris Center (1).xlsx	74.58KB
MST_Standard_TX HHSC Template_Harris Center (1).docx	39.97KB
MST Tentative Award Amount .png	

Vendor/Contractor Contact Person ▲

Name*

Kimberly Wied

Address*

Street Address

1100 West 49th Street

Address Line 2

City

Austin

State / Province / Region

TX

Postal / Zip Code

78751

Country

US

Phone Number*

512-696-3194

Email*

Kimberly.wied@hhs.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 692,045.00	00000
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	12/13/2023

Budget Manager Approval(s)

Approved by

Janai Lynette Smith

Approval Date

12/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Effie Ann Williams-Bricks

Approval Date

12/14/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

12/19/2023



Executive Contract Summary

Contract Section

**Contractor***

The University of Texas at Arlington School of Social Work

Contract ID #*

2023-0815

Presented To*

- Resource Committee
- Full Board

Date Presented*

12/6/2023

Parties* (?)

The University of Texas at Arlington School of Social Work & 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* (?)

12/1/2023

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University of Texas at Arlington School of Social Work to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

The University of Texas at Arlington School of Social Work

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Sharon Martin, LMSW

Address*

Street Address

501 W Mitchell St

Address Line 2

City

Arlington

Postal / Zip Code

76010

State / Province / Region

TX

Country

US

Phone Number*

817-272-2011

Email*

Sharon.Martin@uta.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

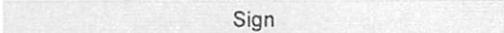
Requester Name	Submission Date
Daswani, Bianca	12/6/2023

Budget Manager Approval(s)

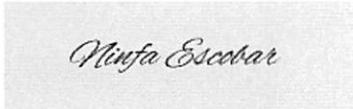
Approved by	Approval Date
	12/7/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	12/11/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	12/18/2023



Executive Contract Summary

Contract Section

**Contractor***

University of Houston Clear Lake (College of Business)

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

10/31/2023

Parties* (?)

The Harris Center for Mental Health and IDD and University of Houston Clear Lake College of Business

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* (?)

12/4/2023

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in University of Houston Clear Lake College of Business 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 Business

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Femi Ayadi, Ph.D.

Address*

Street Address

2151 W. Holcombe

Address Line 2

Suite 120, Room 125

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number*

281-212-1712

Email*

AyadiM@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

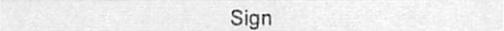
Requester Name	Submission Date
Daswani, Bianca	10/31/2023

Budget Manager Approval(s)

Approved by	Approval Date
	11/1/2023

Procurement Approval

File Upload (?)

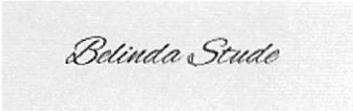
Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	11/20/2023

Contracts Approval

Approve*
 Yes
 No, reject entire submission
 Return for correction

Approved by*	Approval Date*
	12/7/2023



Executive Contract Summary

Contract Section

**Contractor***

University of Houston, on behalf of The Center for Mental Health Research and Innovation

Contract ID #*

7768

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

The Harris Center for Mental Health and IDD and University of Houston Tax Department

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 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 (?)

Current Contract Amount*

\$ 139,647.00

Increase Not to Exceed*

\$ 71,160.00

Revised Total Not to Exceed (NTE)*

\$ 210,807.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 210,807.00

Funding Source*

State

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* (?)

Paid FY23 invoices #OCG010813-CRB AND OCG010934-CRB from FY24 PO, increasing FY24 PO (CT143155) to ensure future invoices are covered.

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 (?)

Vendor/Contractor Contact Person

Name*

J Kovach

Address*

Street Address

5000 Gulf Freeway

Address Line 2

Room 109

City

Houston

Postal / Zip Code

77204-0907

State / Province / Region

TX

Country

US

Phone Number*

713-743-1704

Email*

jvkovach@uh.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2177	\$ 210,807.00	543053
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

Govan, Chekeshia

Submission Date

10/31/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

11/1/2023

Contract Owner Approval

Approved by

Lance Britt

Approval Date

11/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/28/2023



Executive Contract Summary

Contract Section



Select Header For This Contract *

Interlocal

Contractor *

University of Texas Health San Antonio - Department of Psychiatry and Behavioral Sciences

Contract ID # *

NA

Presented To *

- Resource Committee
- Full Board

Date Presented *

11/28/2023

Parties * (?)

University of Texas Health San Antonio - Department of Psychiatry and Behavioral Sciences
Centralized Training Infrastructure (CTI)

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 interlocal agreement for space rental

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

1/1/2024

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

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

University of Texas Health San Antonio - Department of Psychiatry and Behavioral Sciences

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

University of Texas Health San Antonio - Department of Psychiatry and Behavioral Sciences-Centralized Training Infrastructure

Address*

Street Address

University Plaza

Address Line 2

7526 Louis Pasteur, Suite 318.3Q

City

San Antonio

Postal / Zip Code

78229

State / Province / Region

TX

Country

US

Phone Number*

210-287-8096

Email*

castillod@uthscsa.edu

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Boswell, Jennifer	11/28/2023

Budget Manager Approval(s)

Approved by



Approval Date

11/29/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

11/29/2023

Contracts Approval

Approved by



Approval Date

11/29/2023

Final Board Report Comments

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

The purpose of this contract is to issue an interlocal agreement between The Harris Center and Centralized Training Infrastructure for use of our large conference room for an in-person Social Skills Training Aggression and Replacement Techniques (START) 2-day training in the late spring/early summer of 2024. This training is open to Texas LMHA staff. In return for the use of our space, CTI will provide us with up to 8 seats for our staff, at no cost, to attend the training. Prior to the pandemic, Centralized Training Infrastructure (CTI) hosted in-person workshops at local LMHAs, including the Harris Center.

Product/Service Description

Lease of Agency's Conference Room for Social Skills Training Aggression and Replacement Techniques (START)

Revised Comments For Board Report*

New Short-Term day Rental Interlocal Agreement between UTHSC's Centralized Training Infrastructure (CTI) and the Harris Center for use of the large conference room for in-person Social Skills Training Aggression and Replacement Techniques (START) 2-day training in the late spring/early summer of 2024. This training is open to Texas LMHA staff. In return for the use of space, CTI will provide Agency with up to 8 seats for Agency's staff, at no cost, to attend the training.

Exclude this ECS from Board Report?*

Yes No

EXHIBIT F-6

Community Psychiatric Hospital Beds - Project #FY24-0310

Presented by: Vanessa McKeown, CPA
January 16th, 2024



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Vendor Background	10 %
Vendor Knowledge of Mental Health Code and Involuntary Commitment Process	15 %
Vendor experience working with The Harris Center for Mental Health and IDD PES in the past with regards to inpatient care of PES patient referrals	50 %
Vendor Experience working with Continuity of Care	10 %
Vendor Bed Day Rate	15%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A
Evaluator 1	88
Evaluator 2	94
Evaluator 3	69
Evaluator 4	92
Evaluator 5	85
Average Evaluation Score	85.6

The total possible score is 100 points.

Request For Proposal – Pricing

	Price Per Bed/Per Day
Original RFP Pricing	\$757.00
BAFO Pricing (Best and Final Price)	\$ 757.00
Negotiated Price	\$700.00

Award Recommendation



Award Recommendation REQUEST FOR PROPOSAL Community Psychiatric Hospital Beds Project #FY24-0310

A Proposal Opening for Community Psychiatric Hospital Beds was held on Thursday, December 14, 2023.

Eight hundred seventy-nine (879) vendors were contacted. The specifications were posted on three (3) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC). One (1) proposal was received. One (1) deemed responsive and evaluated by the project team. The vendor who submitted a responsive proposal is Texas West Oaks Hospital, LP. DBA West Oaks Hospital.

After review of the Proposals, a Best and Final Offer (BAFO) was requested of the one (1) responsive vendor. This vendor submitted a BAFO with no price change. We entered into a negotiation and a decision was made on the final price.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Sharon Braumer, Purchasing Manager, Keena Pace, Director, Chief Operating Officer, Kim Korumayer, Vice President, Crisis Services, Cami Manley, Director Continuity of Care Services, Priscilla Ramirez, Budget Analyst, Evelyn Locklin, Director Emergency Services and Residential Programs.

Five (5) areas were evaluated: Vendor Background, Vendor Knowledge of Mental Health Code and Involuntary Commitment Process, Vendor experience working with The Harris Center for Mental Health and IDD PES (Psychiatric Emergency Services) in the past with regards to inpatient care of PES patient referrals, Vendor Experience working with Continuity of Care and Vendor Bed Day Rate. Based on the project team's evaluation of responses received, it is recommended to award the contract to Texas West Oaks Hospital, LP. DBA West Oaks Hospital.

The initial contract period is anticipated to begin upon award of contract for a one (1) base year with five (5) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$ 2,163,935.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the six years is \$12,983,610.00 funded annually. The Funding Source is 9223- 543044.

FY24 NTE- \$2,163,935
FY25 NTE- \$2,163,935
FY26 NTE- \$2,163,935
FY27 NTE- \$2,163,935
FY28 NTE- \$2,163,935
FY29 NTE- \$2,163,935

DocuSigned by:
Rosalind Armstrong
Rosalind Armstrong, BSBA
Buyer II

DocuSigned by:
Nina Cook
Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Vanessa McKeown
Vanessa McKeown, CPA
Chief Financial Officer

Thank you.

EXHIBIT F-7

*The HARRIS CENTER for
Mental Health and IDD*
Updated Board of Trustees Meetings
DRAFT
2024

<u>JANUARY 2024</u>	<u>FEBRUARY 2024</u>	<u>MARCH 2024</u>	<u>APRIL 2024</u>	<u>MAY 2024</u>	<u>JUNE 2024</u>
16 – Resource Committee 16 – Quality Committee 16 – Program Committee 16 – Audit Committee 23 – Governance 23 – Board Meeting	20 – Resource Committee 20 – Quality Committee 20 – Program Committee 20 – Audit Committee 27 – Board Meeting	19 – Resource Committee 19 – Quality Committee 19 – Program Committee 19 – Governance 26 – Board Meeting 26 - Board Retreat	16 – Resource Committee 16 – Quality Committee 16 – Program Committee 16 – Audit Committee 23 – Board Meeting	21 – Resource Committee 21 – Quality Committee 21 – Program Committee 21 – Governance 28 – Board Meeting	18 – Resource Committee 18 – Quality Committee 18 – Program Committee 18 – Governance 25 – Board Meeting
<u>JULY 2024</u>	<u>AUGUST 2024</u>	<u>SEPTEMBER 2024</u>	<u>OCTOBER 2024</u>	<u>NOVEMBER 2024</u>	<u>DECEMBER 2024</u>
16 – Resource Committee 16 – Quality Committee 16 – Program Committee 16 – Audit Committee 23 – Board Meeting 29 – Board Budget Meeting	20 – Resource Committee 20 – Quality Committee 20 – Program Committee 20 – Governance 27 – Board Meeting	17 – Resource Committee 17 – Quality Committee 17 – Program Committee 17– Governance 24 – Board Meeting	15 – Resource Committee 15 – Quality Committee 15 – Program Committee 15 – Audit Committee 22 – Board Meeting 22 – Annual Board Training	5 – Resource Committee 5 - Quality Committee 5 – Program Committee 5 – Governance 12 – Board Meeting**	17- Full Board ** (as needed)

The Resource Committee Meetings are normally held at, **8:30** a.m., Quality Committee Meetings are normally held at **9:30** a.m. and the Program Committee Meetings are normally held at **11:00** a.m. on the 3rd Tuesday

The Audit Committee Meetings are normally held at **12:00** p.m. on the 3rd Tuesday in January, April, July, and October.

The Governance Committee Meetings are normally held the 3rd Tuesday as needed at at 12:00pm..

Full Board Meetings are normally held the 4th Tuesday of each month at **8:30** a.m.

** The November Committees and Board and the December Board Meeting are usually moved up early due to the Holidays.
Meetings held in the Board Room (#109) at 9401 Southwest Freeway

EXHIBIT F-8



Status **Pending** PolicyStat ID **14358146**



Origination	N/A	Owner	Luc Josaphat: Director of Quality Assurance
Last Approved	N/A	Area	General Administration
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

The Harris Center System Quality, Safety and Experience Performance Improvement Plan FY 2024

~~The Harris Center~~

The Harris Center System Quality, Safety and Experience Performance Improvement Plan
FY 2024

Introduction

~~The Quality, Safety, and Experience Plan (previously named The Harris Center's Annual PI Plan) is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.~~

The Quality, Safety, and Experience Plan (previously named The Harris Center's Annual PI Plan) is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and

IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.

Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

~~improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.~~

Mission

~~We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.~~

We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

FY 2024 Goals

- ~~1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes.

 - ~~o Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.)~~
 - ~~o Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).~~~~
- ~~2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care

 - ~~o Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.~~~~

~~3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout~~

~~The Harris Center organization, including all entities.~~

~~o Enhance current committee structure to cover broad quality and safety work through~~

~~1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes. Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.). Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).~~

~~2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care. Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.~~

~~3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout~~

~~The Harris Center organization, including all entities. Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee). Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites. Develop and strengthen internal learning collaborative process to align with the Harris Center strategic plan for care pathways. IDD Care Pathway.~~

3-Year Long Term Goals (FY 2027)

- : Zero preventable serious safety events
- : Top quartiles for staff and provider engagement
- : Top quartiles for patient satisfaction
- : Increased access (numbers served)
- : Improved outcomes
- : Equitable care delivery
- : Exemplar in Quality and Safety for Behavioral Health with national recognition Governance Structure

Governing Body

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of

the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

Leadership

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

Professional Review Committee (PRC)

The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:

- Medical Peer Review
- Pharmacy Peer Review
- Nursing Peer Review
- Licensed Professional Review
- Closed Record Review
- Internal Review Board
- System Quality, Safety and Experience Committee Membership:
 - Chief Executive Officer (Ex-Officio)
 - Chief Medical Officer (Chair)
 - Chief Operating Officer
 - Chief Nursing Officer
 - Chief Administrative Officer
 - Legal Counsel

- Divisional VPs and (CPEP, MH)
- VP, Clinical Transformation and Quality
- Director Risk Management/ERM
- Director of Pharmacy Programs

~~the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee)~~

~~o Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites.~~

~~o Develop and strengthen internal learning collaborative process to align with the Harris Center strategic plan for care pathways.~~

~~▪ IDD Care Pathway~~

~~3-Year Long Term Goals (FY 2027)~~

- ~~▪ Zero preventable serious safety events~~
- ~~▪ Top quartiles for staff and provider engagement~~
- ~~▪ Top quartiles for patient satisfaction~~
- ~~▪ Increased access (numbers served)~~
- ~~▪ Improved outcomes~~
- ~~▪ Equitable care delivery~~
- ~~▪ Exemplar in Quality and Safety for Behavioral Health with national recognition~~

~~Governance Structure~~

~~Governing Body~~

~~The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating,~~

~~analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan.~~

~~The~~

~~Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of~~

~~all areas of clinical risk and clinical improvement to patients, employees, and medical staff.~~

~~Leadership~~

~~The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering~~

the improvement of healthcare services that are responsive to both community and patient needs

that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

The Executive Session of the Quality Committee of the Board is the forum for presenting closed

record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

Professional Review Committee (PRC)

The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing

evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:

Oversight:

- Medical Peer Review
 - Pharmacy Peer Review
 - Nursing Peer Review
 - Licensed Professional Review
 - Closed Record Review
 - Internal Review Board
 - System Quality, Safety and Experience Committee
- Membership:
- Chief Executive Officer (Ex-Officio)
 - Chief Medical Officer (Chair)
 - Chief Operating Officer
 - Chief Nursing Officer
 - Chief Administrative Officer
 - Legal Counsel
 - Divisional VPs and (CPEP, MH)
 - VP, Clinical Transformation and Quality
 - Director Risk Management/ERM
 - Director of Pharmacy Programs

System Quality, Safety and Experience Committee

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant

barriers

for implementation for quality, safety, and experience initiatives across Harris Center programs.

The Committee is composed of Harris Center leadership, including operational and medical staff.

The Committee will approve annual system-wide quality and safety goals and review progress.

The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental

projects through The Harris Center's quality training program or other performance improvement

training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve

standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and

Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees

and/or processes: (Appendix A)

Oversight:

- Pharmacy and Therapeutics Committee
 - Infection Prevention
 - System Accreditation
 - All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
 - Approval of Care Pathways
 - Patient Experience / Satisfaction
- Membership:
- Chief Executive Officer (Ex-Officio)
 - VP, Clinical Transformation and Quality (Co-Chair)
 - Chief Nursing Officer (Co-Chair)
 - Chief Medical Officer
 - Chief Operating Officer
 - Legal Counsel
 - Division Medical VPs and Medical Directors
 - Chief Administrative Officer
 - Director Risk Management / Audit
 - Director of Compliance
 - Chief Financial Officer
 - Director Health Analytics

- Director, Clinical Transformation, and Innovation
- Director of Quality Assurance
- Director of Pharmacy Programs
- Director of Integrated Care
- Nursing Directors
- Infection Control Director

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission

of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced-Based or "Best Practice"
- Required by regulatory agency or contract requirements
- Methodologies
- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinel events
- Failure Mode and Effects Analysis (FMEA) is a proactive tool performed for analysis of a

high-risk process/procedure performed on an as needed basis (at least annually)

Data Management Approach and Analysis

Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance.

Reports are generated and reviewed with the quality improvement team. Ongoing review of organization-wide performance measures are reported to committees described in the Quality,

~~Safety and Experience governance structure.~~

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees and/or processes: (Appendix A)

- : [Pharmacy and Therapeutics Committee](#)
- : [Infection Prevention](#)
- : [System Accreditation](#)
- : [All PI Councils and internal learning collaboratives \(e.g., Zero Suicide, Substance Use Disorders\)](#)
- : [Approval of Care Pathways](#)
- : [Patient Experience / Satisfaction Membership:](#)
 - o [Chief Executive Officer \(Ex-Officio\)](#)
 - o [VP, Clinical Transformation and Quality \(Co-Chair\)](#)
 - o [Chief Nursing Officer \(Co-Chair\)](#)
 - o [Chief Medical Officer](#)
 - o [Chief Operating Officer](#)
 - o [Legal Counsel](#)
 - o [Division Medical VPs and Medical Directors](#)
 - o [Chief Administrative Officer](#)
 - o [Director Risk Management / Audit](#)
 - o [Director of Compliance](#)
 - o [Chief Financial Officer](#)
 - o [Director Health Analytics](#)
 - o [Director, Clinical Transformation, and Innovation](#)

- [Director of Quality Assurance](#)
- [Director of Pharmacy Programs](#)
- [Director of Integrated Care](#)
- [Nursing Directors](#)
- [Infection Control Director](#)

[The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.](#)

- [High-risk, high-volume, or problem-prone practices, processes, or procedures](#)
- [Identified risk to patient safety and medical/healthcare errors](#)
- [Identified in The Harris Center Strategic Plan](#)
- [Identified as Evidenced Based or "Best Practice"](#)
- [Required by regulatory agency or contract requirements Methodologies](#)
- [The Model for Improvement \(Appendix B\) and other quality frameworks \(e.g., Lean, Six Sigma\) are used to guide quality improvement efforts and projects](#)
- [A Root Cause Analysis \(RCA\) is conducted in response to serious or sentinel events](#)
- [Failure Mode and Effects Analysis \(FMEA\) is a proactive tool performed for analysis of a high-risk process/procedure performed on an as needed basis \(at least annually\)](#)
- [Data Management Approach and Analysis](#)

[Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.](#)

Reporting

[Quality, Safety and Experience metrics are routinely reported to the Quality, Safety and Experience Committee. Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.](#)

~~[Experience Committee. Quality, Safety and Experience Committee is notified if an issue is](#)~~

~~identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.~~

Evaluation and Review

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

~~effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.~~

~~Committee Oversight~~

The Model for Improvement

Forming the Team:

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.

~~effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.~~

Setting Aims:

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

~~measurable; it should also define the specific population of patients that will be affected.~~

Establishing Measures:

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

~~leads to an improvement.~~

Selecting Changes

~~All~~ improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

~~improvement. Organizations therefore must identify the changes that are most likely to result in improvement.~~

Testing Changes

~~The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in~~

~~the real work setting – by planning it, trying it, observing the results, and~~

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for ~~action oriented~~ action oriented learning.

Implementing Changes ~~After testing a change on a small scale, learning;~~

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.

~~team can implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.~~

Spreading Changes ~~After successful implementation of a change or;~~

After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

~~spread the changes to other parts of the organization or in other organizations.~~

Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.

~~Approach to Enhancing Organizational Performance.~~

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. The New Economics for Industry, Government, and Education. Cambridge, MA: The MIT Press; 2000.]

~~with "Study." [See Deming WE. The New Economics for Industry, Government, and Education. Cambridge, MA: The MIT Press; 2000.]~~

Root Cause Analysis (RCA):

~~The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think~~

~~is the cause, however, is sometimes just another symptom.~~

~~One way to identify the root cause of a problem is to ask "Why?" five times. When a problem presents itself, ask "Why did this happen?" Then, don't stop at the answer to this first question. Ask "Why?" again~~

~~and again until you reach the root cause.~~

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom. One way to identify the root cause of a problem is to ask "Why?" five times. When a problem presents itself, ask "Why did this happen?" Then, don't stop at the answer to this first question. Ask "Why?" again and again until you reach the root cause.

Failure Modes and Effects Analysis (FMEA):

~~FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where,~~

~~how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures — especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record~~

~~the following:~~

-
-
-
-

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures — especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

Steps in the process

Failure modes (What could go wrong?)

Failure causes (Why would the failure happen?)

Failure effects (What would be the consequences of each failure?)

~~Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes~~

Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis

on prevention may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

~~may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process~~

~~prior to implementation and in assessing the impact of a proposed change to an existing process.~~

Attachments

[Board Approved System Quality Safety and Experience Plan 2024.cleaned \(1\).pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	12/2023
Legal	Kendra Thomas: Counsel	11/2023
Department Review 2	Luming Li: Chief Medical Ofcr (1101 1817)	11/2023
Department Review	Gertrude Leidich: Vice President Clinical Transformation and Quality	10/2023
Initial	Luc Josaphat: Director of Quality Assurance	10/2023

EXHIBIT F-9



Status **Pending** PolicyStat ID **14819517**



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

Owner	Kendra Thomas: Counsel
Area	General Administration
Document Type	Agency Policy

GA.A.6 All Contracts

1. PURPOSE:

The purpose of this policy is to protect the business interests of The Harris Center and ensure that any commitment of The Harris Center's financial resources and all contracts obligating The Harris Center are properly reviewed, prepared, approved and executed by authorized personnel.

2. POLICY:

It is the policy of The Harris Center for the Contract Services department under the supervision of the General Counsel to conduct the legal review and preparation of all contracts. All purchases of goods and services shall be made pursuant to a contract. Funds will only be disbursed through properly completed and approved contracts and amendments.

3. APPLICABILITY/SCOPE:

This policy applies to all contracts for goods and services awarded by The Harris Center and to which The Harris Center is a party, regardless of whether they have been drafted by The Harris Center or a third party. Contracts include, without limitation, all agreements, licenses, leases, [purchase orders](#), promissory notes, assignments, powers of attorney, terms and conditions, memorandum of understanding, letters of intent, settlements, releases, waivers, renewals, amendments, or modifications to existing contracts, and other similar documents.

This policy applies to all employees of the Harris Center (including Trustees, officers, managers, directors and Executive Leaders). All employees shall comply with the policy and procedures for initiating, reviewing, and executing any contract to which The Harris Center is a party.

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

Executive Contract Summary

5. PROCEDURE:

[All Contracts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Contracts Management for Local Authorities, 25 Tex. Admin. Code, Subchapter B
 Uniform Grant and Contract Management Act, Tex. Government Code, Chapter 783
 Texas Health & Safety Code, Chapter 250, §§533.007, 533.035, 534.052, 534.055, 534.061, 534.065, and 534.066.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Legal Review	Kendra Thomas: Counsel	12/2023
Initial Assignment	Kendra Thomas: Counsel	12/2023

EXHIBIT F-10



Status **Pending** PolicyStat ID **14467682**



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

Owner	Demetria Lockett
Area	Plans
Document Type	Agency Plan

EM.P.4 Corporate Compliance Documentation and Claims Integrity Plan

Corporate Compliance Documentation and Claims Integrity Plan

I. PURPOSE:

- A. It is the practice of The Harris Center for Mental Health and IDD (The Harris Center) to obey the law and to follow ethical business and service practices, especially as it pertains to quantitative and qualitative documentation requirements of professional services and fee and claims billing. The Harris Center requires its employees, volunteers, and contract providers to be fully informed about and in compliance with all applicable laws, regulations, and regulatory requirements.
- B. The Harris Center has developed a fraud and abuse compliance program that sets out the responsibilities and obligations of all employees, volunteers, and contract providers regarding submissions for reimbursement to Medicare, Medicaid, and other government payers for services rendered by The Harris Center and any of its employees, volunteers and contract providers, subsidiaries, divisions, and contractors. In addition, this Policy is intended to apply to all business arrangements with physicians, vendors, contract providers, and other persons who may be impacted by federal or state laws relating to claims of fraud and abuse.
- C. In order to support this commitment, The Harris Center has established the following:
 1. Designation of ~~a~~the Compliance Director as The Harris Center ~~official (Compliance Director)~~employee responsible for directing the effort to enhance compliance, including

implementation of the Policy.

Demetria Lockett

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Phone: 713-970-3432

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2. Incorporation of standards and procedures that guide The Harris Center employees, volunteers, contract providers, and others involved with operational practices and administrative guidelines;
3. Identification of legal issues that may apply to business relationships;
4. Development of compliance initiatives/requirements at the unit level;
5. Coordinated training of clinical and administrative staff, volunteers, and contract providers concerning applicable compliance requirements and The Harris Center procedures;
6. A uniform mechanism for employees, volunteers, and contract providers, to raise questions and receive appropriate guidance concerning operational compliance issues;
7. Regular review and audit to assess compliance to identify issues requiring further education and to identify potential problems;
8. A process for employees, volunteers, and contract providers to report possible compliance issues and for such report to be fully and independently reviewed by the Corporate Compliance Director;
9. Enforcement of standards through well-publicized disciplinary guidelines.
10. Formulation of corrective action **Policies** **Plans** to address any compliance problems which are identified;
11. Regular review of the overall compliance effort to ensure that operational practices reflect current requirements that other adjustments are made to improve The Harris Center operations;
12. Coordination between The Harris Center departments and divisions and contract providers to ensure effective compliance in areas where activities might overlap.

II.SCOPE

- A. This **Policy** **Plan** applies to all The Harris Center staff, volunteers, contractors, and service activities and administrative actions governed by federal and state regulations related to health care providers.
- B. It is the intent of The Harris Center that the scope of all documentation and claims compliance policies, and procedures should promote integrity, support objectivity and foster trust between providers and clients and payors.

III.Compliance Director

- A. The primary responsibility for implementing and managing The Harris Center 's compliance Policy shall be assigned to The Harris Center Compliance Director. The Compliance Director will report documentation, ethical or compliance issues to the Chief Executive Officer (CEO), to the General Counsel, ---directly to the Board of Trustees. The Harris Center Board of Trustees endorses this activity and requires that all The Harris Center staff, volunteers, contract

providers and affiliates to comply with state and federal guidelines related to billing and claims as well as federal and state laws related to fraud, waste and abuse.

- B. The Compliance Director will, with oversight of the CEO of The Harris Center and General Counsel ~~where appropriate~~, perform the following activities:
1. Review and amend as necessary, the Code of Conduct for all The Harris Center employees, volunteers and contract providers.
 2. Assist in the review, revision, and formulation of appropriate guidelines for all activities and functions of The Harris Center, which involve issues of compliance.
 3. Develop methods to ensure The Harris Center employees, volunteers and contract providers and vendors are aware of The Harris Center Code of Conduct and Corporate Compliance Policy and understand the importance of compliance.
 4. Developing and delivering educational and training programs.
 5. Coordinate compliance reviews and audits in accordance with The Harris Center procedures.
 6. Receive and investigate instances of suspected compliance issues, as set forth in Sections IX, X and XI of this Policy.
 7. Assist in the development of appropriate corrective actions as set forth in Section XI of this Policy.
 8. Prepare Annual Compliance Review, as set forth in Section XII of this Policy.
 9. Prepare Annual Corporate Compliance Work Policy, as set forth in Section XIII of this Policy
 10. Prepare proposed revisions to the Compliance Policy, as set forth in Section XIV of this Policy.
 11. Provide other assistance as directed by the [Harris Center Board of Trustees, General Counsel](#), CEO and COO.

IV. STAFF TRAINING

- A. All staff, volunteers and contract providers providing services or involved in the billing and claims process must participate in billing and claims compliance training. This training shall be documented and all staff must demonstrate competency before they are allowed to submit bills and claims of services rendered. Individual staff are responsible for maintaining compliance with The Harris Center billing and claims procedures and their managers are required to assure staff under their supervision is performing as required. The Harris Center has also adopted a Code of Conduct to guide all of its business activity.
- B. All new hires receive Corporate Compliance training at new employee orientation. They demonstrate corporate competence and acknowledge the Code of Conduct as a condition of The Harris Center employment. All staff will take Corporate Compliance training (self-study), demonstrate corporate citizenship and acknowledge the Code of Conduct annually thereafter. Management staff may request additional Corporate Compliance training at any time. At a minimum the training shall include:
1. A review of The Harris Center 's Corporate Compliance program,

2. An overview of the fraud and abuse laws as they relate to the claim development and submission process;
3. An overview of the federal agencies that take the lead in combating fraud, waste and abuse;
4. An overview of the fraud, waste and abuse laws as they relate to prohibitions against payments for referrals, kickbacks and rebates and other illegal inducements;
5. The consequences to both individuals and The Harris Center of failing to comply with applicable laws.

C. Documentation of Corporate Compliance Training.

The Harris Center shall document the training provided (class or self- study) to each employee, volunteer and contract provider. The documentation shall include the name of the employees, volunteers and contract providers, the date and duration of the educational activity or program; and a brief description of the subject matter of the education.

All training materials and curriculum directed to address regulatory compliance issues will be reviewed and updated as needed by the Compliance Director.

V. PHYSICIAN CONTRACTS

- A. It is the policy of The Harris Center that all Federal and state anti-kickback and physician self-referral laws, which prohibit the offer or payment of any compensation to any party for the referral of clients, be followed. All physician contracts as applicable shall be reviewed and approved by legal counsel prior to the execution to avoid violation of federal anti-kickback or self-referral laws.
- B. To comply with applicable laws regarding client referrals, The Harris Center :
 1. Shall comply with the polices governing gifts set forth in The Harris Center Employee Handbook;
 2. Shall not submit nor cause to be submitted a bill or claim for reimbursement for services provided pursuant to a prohibited referral.

The Harris Center also shall ensure that any physician with whom an agreement is executed, and/or who serves as an attending physician in the facility, has current valid licenses as required by law and has not been excluded from participation in the Medicare and Medicaid programs.

VI. DOCUMENTATION AND CLAIMS AUDITS

- A. Ongoing review and audit of all The Harris Center operations, including contracted services will occur and will be coordinated by The Harris Center Compliance Director. Such reviews and audits will be regular and ongoing, the results of which will be reported to The Harris Center 's CEO.
- B. The Harris Center Compliance Director may, after consultation with the CEO and The Harris Center's legal counsel, engage external experts to perform focused reviews as needed. Monitoring shall occur at the provider level as well as with through third party review coordinated by the Compliance Director. Billing and claims issues identified through reviews shall be reported by T he Harris Center Compliance Director to the CEO and The Harris Center

's legal counsel and others as needed.

- C. In order to assure compliance with Medicare/Medicaid and other government funded healthcare payment programs, The Harris Center has adopted a billing audit procedure to assist in its efforts to monitor the accuracy of claims. This procedure is adopted to ensure that representative claims from all The Harris Center 's individual and institutional providers are periodically reviewed in a manner which will enable The Harris Center to promptly identify deficiencies in the claim development and submission process, which could result in inaccurate claims.

D. AUDIT PROCESS

The Harris Center will conduct audits on a regular basis. The audits will be executed in accordance with the policies and procedures contained in the applicable auditing tool or protocol utilized by The Harris Center . The Harris Center will devote such resources as are reasonably necessary to ensure that the audits are initiated by persons with appropriate knowledge and experience to reflect changes in applicable laws and regulations.

E. AUDIT POLICY

1. **Chart Audits.** It is the policy of The Harris Center and the responsibility of each department manager to ensure that employees, volunteers and contract providers who have a direct impact on the claim development and submission to process are provided adequate and appropriate training. One mechanism for ensuring the accuracy of The Harris Center 's claims is to ensure that each new employee, volunteers and contract providers adequately understands the essential elements of his/her jobs functions. In furtherance of this objective, it is the policy of The Harris Center to review the work of employees, volunteers and contract providers in the manner set forth below:
2. **Billers and Coders.** Each employee, volunteer and contract provider whose principle function includes the billing or coding of claims to be submitted to the Medicare or Medicaid program shall have all of such employee's, volunteer's and contract provider's claim related work reviewed by the employee's, volunteer's and contract provider's supervisor for a period of not less than 15 days following the commencement date, or such later date as the manager is satisfied that the accuracy of the employees, volunteers and contract provider's claims justify cessations of the reviews.
 - a. **Clinical Staff.** Patient care providers shall be provided written guidelines with respect to documentation services rendered by such providers at least one (1) time during the first 60 days of employment of client care personnel, the providers (manager, supervisor, or other appropriate persons) shall review all of the provider's documentation to ensure that the provider is accurately and completely documenting the services rendered by the provider. For the purpose of this policy, the term provider includes physicians, nurses, allied health professionals and other persons who may document the delivery of services in The Harris Center 's records (including medical records).
 - b. **Periodic Audits.** The Harris Center will conduct periodic audits of claims submitted to the Medicare and Medicaid programs. At a minimum, The Harris Center's audit activities shall consist of: (1) individual provider

audits – the audit of not less than 100 claims annually of a sample randomly selected within an individual program site. Focus audits may also be conducted on individual staff.

- c. **Complaint Audits/Focused Reviews.** Upon receipt of a credible allegation or complaint alleging improper or inaccurate billing practices at The Harris Center, The Harris Center shall undertake a review of the matter, including an extensive audit as dictated in The Harris Center Corporate Compliance Policy.

VII. COST REPORT SUBMISSIONS

- A. The Harris Center is required to submit various cost reports to federal and state governments in connection with its operation and to receive payment. Such reports will be prepared as accurately as possible and in conformity with applicable laws and regulations. If errors are discovered, billing personnel shall contact an immediate supervisor promptly for advice concerning how to correct the error(s) and notify the appropriate payor. In some instances, errors shall also be reported to The Harris Center Compliance Director if it is suspected that the error has affected The Harris Center-wide billing process or jeopardized The Harris Center's on-going participation in federally funded programs.
- B. In the preparation of cost reports for Medicare or Medicaid or any other state or federal cost reporting documents, all employees, volunteers, and contract providers involved in the preparation shall ensure that:
 - 1. Information provided for or used in the cost report is adequately supported by documentation.
 - 2. Non-allowable costs are properly identified and removed;
 - 3. Statistics are based on reliable information;
 - 4. Related parties are identified and their services treated in accordance with program rules; and
 - 5. Costs claimed in non-conformity with program rules, as interpreted by the Medicare or Medicaid program or the fiscal intermediary, either are disclosed in a letter accompanying the cost report or are in protested amounts.

VIII. REPORTING COMPLIANCE ISSUES

- A. Billing and claims shall be made only for services provided to clients, directly or under contract, pursuant to all terms and conditions specified by the government or third-party payor and consistent with industry practice. The Harris Center and its employees, volunteers, and contract providers shall not make or submit any false or misleading entries on any bills or claim forms, and no employees, volunteers, or contract providers shall engage in any arrangement or participate in such an arrangement at the direction of another employees, volunteers and contract providers (including any supervisor), that results in such prohibited acts. Any false statements on any bill or claim form shall subject the employees, volunteers, and contract providers to disciplinary action by The Harris Center, including possible termination of employment.
- B. False claims and billing fraud may take a variety of different forms, including but not limited to false statements supporting claims for payment, misrepresentation of material facts,

concealment of material facts, or theft of benefits or payments from the part entitled to receive them. The Harris Center and employees, volunteers, and contract providers shall specifically refrain from engaging in the following billing practices:

1. Making claims for items or services not rendered or not provided as claimed;
 2. Submitting claims to any payor, including Medicare and Medicaid, for services or supplies that are not medically necessary;
 3. Submitting claims for items or services that are not provided as claimed;
 4. Submitting claims to any payor, including Medicare and Medicaid, for individual items or services when such items or services either are included in The Harris Center's per diem rate or are of the type that may be billed only as a unit and not unbundled;
 5. Double billings (billing for the same item or service more than once);
 6. Paying or receiving anything of financial benefit in exchange for Medicare or Medicaid referrals (such as receiving non-covered medical products at no charge in exchange for ordering Medicare-reimbursed products); or
 7. Billing clients for services or supplies that are included in the per diem payment from Medicare, Medicaid, a managed care Policy or other payor.
 8. Submitting a false statement, false information, misrepresentation, or omitting pertinent facts to obtain greater compensation than the provider is legally entitled to.
 9. Submitting false statements, false information, or misrepresentation, or omitting pertinent facts on any application or any document requested as a prerequisite for payment.
- C. If an employee, volunteer or contract provider has any reason to believe that anyone (including themselves) is engaging in false billing practices, that employee, volunteer, or contract provider shall immediately report the practice to The Harris Center's Compliance Director [at 713-970-3432](tel:713-970-3432) or at www.fraudhl.com; 1-855-372-8345 (1-855-FRAUD-HL). All reports to The Harris Center [Compliance Director](#) shall remain confidential.
- D. Failure to act when an employee, volunteer or contract provider has knowledge that someone is engaged in false billing practices shall be considered a breach of that employee's, volunteer's or contract provider's responsibilities and shall subject him/her to disciplinary action by The Harris Center, including possible termination of employment and prosecution.
- E. Questions about operational issues should be directed to the person(s) having supervisory responsibility for a specific clinical provider, program or unit. Training materials will instruct The Harris Center employees, volunteers and contract providers that they need to report to The Harris Center's Compliance Director any activity that they believe to be inconsistent with The Harris Center's policies and or legal requirements. The materials will explain how the Compliance Director can be contacted.
- F. Employees, volunteers and contract providers must immediately report all known or suspected instances of documentation and claims fraud to the Compliance Director. Employees, volunteers and contract providers who become aware of potential violations of professional licensing and certification requirements are to report them immediately to their immediate supervisor and to the Compliance Director.

- G. The Qui Tam Act- Whistleblowers Protection Act protects all employees, volunteers and contract providers who report in good faith of known or suspected compliance issues. No employees, volunteers or contract providers shall be subjected to retaliation or harassment of any kind. Concerns about possible retaliation or harassment should be reported to the Compliance Director, who will immediately report to the CEO.
- H. The Harris Center Compliance Director will maintain a log of compliance concerns that are reported to the Compliance Office. All reports will be undertaken with a preliminary investigation, which will determine if a full investigation is warranted. In instances where a full inquiry is not warranted, the log should explain why no investigation was undertaken. This log will record the issue, the clinical providers, units, departments and/or organizations affected, the result of the any investigation and whether the issue has been addressed. The log reports should note any issues, which remain open. This log is to be treated as a confidential document and access will be limited to the Corporate Compliance Director and to the CEO.

IX. COMPLIANCE HOTLINE

The Harris Center has established a telephone "[FRAUD Hotline](#)" to permit compliance issues to be reported on a confidential basis. The Hotline [1-800-737-6789](#)[1-855-FRAUD-HL \(1-855-372-8345\)](#) available 24 hours a day, seven days a week. [Use the Company ID "Harris" to submit a report.](#)

X. INVESTIGATING COMPLIANCE ISSUES

- A. Whenever conduct is inconsistent with The Harris Center's Corporate Compliance operating procedures and is reported, The Harris Center's Compliance Director should determine whether there is reasonable cause to believe that a material compliance issue may exist. If a preliminary review indicates a problem may exist, an inquiry into the matter will be undertaken. Responsibility for conducting the review will be decided on a case-by-case basis. The results of the inquiry will be made available to the [General Counsel](#), CEO and COO.
- B. The Harris Center employees, volunteers, and contract providers will be expected to cooperate fully with inquiries undertaken pursuant to this Policy. To the extent practical and appropriate, efforts should be made to maintain the confidentiality of such inquiries and the information gathered.
- C. Investigation of all calls and reports of potential fraud shall occur according to the following guidelines:
 1. **Purpose of the Investigation.** The purpose of the investigation shall be to identify those situations in which the laws, rules, and standards of the Medicare and Medicaid programs may not have been followed; and to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed in a manner which violated Medicare or Medicaid laws, rules or standards; to identify individuals who may have knowingly or inadvertently violated the Codes of Conduct; to identify individuals who may have knowingly or inadvertently violated The Harris Center policies or procedures; to facilitate the correction of any practices not in compliance with the Medicare or Medicaid laws, rules and standards; to implement those procedures necessary to insure future compliance; to protect The Harris Center in the event of civil or criminal enforcement actions, and to preserve and protect The Harris Center 's assets.
 2. **Control of Investigations.** All reports received, whether by a manager of The Harris Center's

program component or directly through an internal audit shall be forwarded to the Compliance Director. The Compliance Director will be responsible for directing the investigation of the alleged problem or incident or recommending that legal counsel conduct the investigation. Under the direction of the CEO, in undertaking this investigation, the Compliance Director may solicit the support and assistance of legal counsel and internal or external auditors, and internal or external resources with knowledge of the applicable laws and regulations and required policies, procedures or standards that relate to the specific problem in question.

3. **Investigative Process.** Upon receipt of an employee's, volunteer's, or contract provider's complaint, report, or other information (including audit results), that suggests that the existence of a serious pattern of conduct in violation of the compliance policies, or applicable laws or regulations, an investigation under the direction and control of the Compliance Director shall be commenced. Steps to be followed in undertaking the investigation shall include at a minimum:
 - a. The Compliance Director will notify the CEO, General Counsel and the COO of the nature of the ~~compliant~~ complaint and the Compliance Director will conduct a preliminary investigation into the allegation to determine the level of investigation necessary based on the seriousness of the allegation. After the CEO, General Counsel and COO review the preliminary investigation, they will determine and advise the Compliance Director whether to proceed with a full formal investigation. In some instances, a complaint may be resolved with a simple phone call, while others will require a formal investigation. If the Compliance Director has reasonable cause to believe that a risk issue exists, the Compliance Director will report the issue to the CEO, General Counsel and COO, who will make a case-by-case decision as to whether an employee, volunteer, or contract provider should be removed from his/her work area during the investigation.
 - b. The investigation shall be commenced as soon as possible but in no more than five (5) business days following the receipt of the complaint or report. A full investigation will not exceed more than 30 business days. In instances where additional time is needed, a request by the Compliance Director with an explanation as to why may be sent to and approval may be granted by the CEO. The investigations shall include, as applicable, but need not be limited to:
 1. An interview of the complainant, the person who is the focus of the complaint, and other persons who may have knowledge of the alleged problem or process and a review of the applicable laws and regulations which might be relevant to or provide guidance with respect to the appropriateness or inappropriateness of the activity in question, to determine whether or not a problem actually exists.
 - a. If the preliminary review results in conclusions or findings that are permitted under applicable laws, regulations or policy or that the complained of act did not occur as alleged or that it does not otherwise appear to be a problem, the investigation shall be closed. The CEO, COO, and the person who is the focus of the investigation will be notified that the case has been closed.
 - b. If the preliminary investigation concludes that there is the existence of a serious pattern of conduct in violation of the

compliance Policy, improper billing occurring, that practices are occurring which are contrary to applicable law, inaccurate claims are being submitted, or that additional evidence is necessary, the investigation shall proceed to the next step—a full formal investigation. If a full formal investigation is required, the CEO, [General Counsel](#), COO and the appropriate Executive Management Team member shall be notified a formal investigation will be required.

2. The identification and review of representative bills or claims submitted to the Medicare/Medicaid programs to determine the nature of the problem, the scope of the problem, the frequency of the problem, the duration of the problem, and the potential financial magnitude of the problem.
3. Identifying witnesses, taking written statements, and interviews of the person or persons in the departments and institutions who appeared to play a role in the process in which the problems exists. The purpose of the interview will be to determine the facts related to the complained of activity, and may include, but shall not be limited to:
 - a. Individual understanding of the Medicare and Medicaid laws, rules and regulations.
 - b. Collecting documentary and demonstrative evidence such as medical records, financial records, Human Resource files and records, copies of contracts or agreements with employees, agents, vendors an external contractors which describe business relationships;
 - c. The identification of persons with supervisory or managerial responsibility in the process;
 - d. The adequacy of the training of the individuals performing the functions within the process;
 - e. The extent to which any person knowingly or with reckless disregard or intentional indifference acted contrary to the Medicare or Medicaid laws, rules or regulations;
 - f. The nature and extent of potential civil or criminal liability of individuals or The Harris Center ; and
 - g. Drawing conclusions and reporting investigative findings and preparation of a summary report which (1) defines the nature of the problem (2) summarizes the investigation process, (3) identifies any person whom the investigator believes to have either acted deliberately or with reckless disregard or intentional indifference toward the Medicare/Medicaid laws, rules and policies, (4) if possible, estimates the nature and extent of the resulting overpayment by the government, if any.
 - h. When an investigation is concluded, and a case has been confirmed, the Compliance Director will notify the CEO, [General](#)

Counsel, COO and the appropriate EMT-memberVP of the findings. The Federal False Claims Act requires that persons holding management positions be held responsible for awareness and practices of their staff. Persons in management positions may be held accountable for the foreseeable failure of staff to adhere to standards, policies, regulations and laws whether there is actual knowledge, deliberate ignorance or reckless disregard on the part of the management staff.

- i. When an investigation is concluded and a case has been found to be unconfirmed, inconclusive or unfounded, the Compliance Director will notify the CEO, General Counsel, COO, and the appropriate EMT-memberVP of the findings. The person who is the focus of the investigation will be notified that the case has been closed.
- j. Investigation reports will have one of the four findings:
 - i. Confirmed—An allegation that is supported by evidence collected during an investigation.
 - ii. Unconfirmed—Evidence collected during the investigation proved that the allegation did not occur.
 - iii. Inconclusive—Evidence collected during the investigation led to no conclusion or definite result due to a lack of witnesses or other relevant evidence.
 - iv. Unfounded—Allegation is determined not to be true prior to any investigation.

D. ORGANIZATIONAL RESPONSE

1. **Criminal Activity.** In the event The Harris Center uncovers what appears to be criminal activity on the part of any employees, volunteers, and contract providers or program component, it shall undertake the following steps.
 - a. Immediately stop all billing related to the problem in the unit(s) where the problem exists until such time as the offending practices are corrected.
 - b. Initiate appropriate disciplinary action against the person or persons whose conduct appears to have been intentional, willfully indifferent, or with reckless disregard for the Medicare and Medicaid laws. Appropriate disciplinary action shall include, at a minimum, the removal of the person from any position with oversight for or impact upon the claims submission or billing process and may include, in addition, suspension, demotion, and discharge.
 - c. Make reports to governmental authorities and law enforcement officials as appropriate.
2. **Non-Criminal Activity.** In the event the investigation reveals billing or other problems, that do not appear to be the result of conduct, that is intentional, willfully indifferent, or with reckless disregard for the Medicare and Medicaid laws, The Harris Center shall nevertheless undertake the following steps.
 - a. **Improper Payments:** In the event the problem results in duplicate payments by Medicare or Medicaid, or payments for services not rendered or provided other than

as claimed, it shall:

1. Correct the defective practice or procedure as quickly as possible;
 2. Calculate and repay to the appropriate governmental entity duplicate payments for improper payments resulting from the act or omission;
 3. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include, but is not limited to, reprimand, demotion, suspension and discharge.
 4. Promptly undertake a program of education at the appropriate business unit to prevent future similar problems.
- b. **No improper Payment:** In the event the problem has or does not result in an overpayment by the Medicare or Medicaid program, The Harris Center :
1. Correct the defective practice or procedure as quickly as possible.
 2. Initiate such disciplinary action, if any, as appropriate given the facts and circumstances. Appropriate disciplinary action may include but is not limited to, reprimand, demotion, suspension, and discharge.
 3. Promptly undertake a program of education at the appropriate business unit to prevent future similar problems.

E. STAFF DISCIPLINE

Employees, volunteers and contract providers may be subject to adverse personnel action for failing to participate in organizational compliance efforts, including but not limited to:

1. The failure of an employee, volunteer or contract provider to comply with The Harris Center policy and procedure and/or perform any obligation required of the employees, volunteers or contract providers relating to compliance with the program or applicable laws or regulations.
2. The failure to report suspected violations of compliance programs laws or applicable laws or regulations to an appropriate person; and
3. The failure on the part of a supervisory or managerial employee, volunteer, and contract provider to implement and maintain policies and procedures reasonably necessary to ensure compliance with the terms of the program or applicable laws and regulations.

~~Adverse personnel action~~ Disciplinary actions will follow The ~~Harris Center's existing employee, volunteer and contract provider's~~ Human Resources policies and procedures.

XI. CORRECTIVE ACTION POLICY

- A. Whenever a compliance issue has been identified, the Compliance Director has the responsibility and authority to take or direct appropriate action to address the issue. The corrective action will be set forth in writing. In developing the ~~corrective action~~ Corrective Action Policy, the Compliance Director should obtain advice and guidance from others as necessary, such as the CEO and COO and The Harris Center's legal counsel if needed. Information about corrective action ~~policies~~ plans shall be provided to the CEO and General Counsel.
- B. Corrective Action shall be pre-approved by, at a minimum, the CEO and General Counsel.

Corrective action should be designed to ensure not only that the specific issue at hand is addressed but also systems are placed in operation, which would prohibit the repeat of similar problems. Corrective actions may require certain functions to be reassigned, training to take place, restrictions on personnel, reassignment of duties, terminating contractual relationships, that repayment be made, or that the matter be disclosed externally. Corrective action may include recommendations that a sanction or disciplinary action be imposed. Moreover, if the Compliance Director believes that any non-compliance has been willful, that belief and the basis for it shall be reported to the CEO and ~~COO~~General Counsel. The Harris Center employees, volunteers, and contract providers who have engaged in willful billing and claims misconduct will be subject to disciplinary action up to and including termination and criminal prosecution.

XII. ANNUAL COMPLIANCE REVIEW

- A. On or before the end of each fiscal year, the Compliance Director will arrange for a review of The Harris Center's current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of The Harris Center are within standards.

XIII. ANNUAL REPORT (Memorandum of Record)

- A. On or before September 1, the Compliance Director shall prepare and distribute to the General Counsel and CEO a report describing the compliance efforts during the preceding fiscal year. The report shall include the following elements:
 1. A summary of the general compliance activities undertaken during the preceding fiscal year, including any changes made to the Compliance Policy;
 2. A summary of the Hotline log for the preceding fiscal year;
 3. A summary of the preceding fiscal year's Compliance Review;
 4. A description of actions taken to ensure the effectiveness of the training and education efforts;
 5. A summary of actions to ensure compliance with The Harris Center 's policy on dealing with excluded persons;
 6. Recommendations and result of recommendations for changes in the policy that might improve the effectiveness of The Harris Center 's compliance effort; and
 7. Any other information specifically requested by the General Counsel, CEO and the Board of Trustees.

XIV. REVISIONS TO THE INTEGRITY POLICY

- A. This Compliance Policy is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The Policy shall be regularly reviewed to assess whether it is working and effective. The Harris Center 's CEO shall have the authority to amend the Policy at any time.

XV. EXCLUDED PERSONS

- A. The Harris Center complies with 42 U.S.C. 1320a-7a(a)(6), which imposes penalties for "arranging (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in a Federal health care program for the provision

of items or services for which payment may be made under such a program". Accordingly, prior to employing or contracting with any provider for whom The Harris Center intends to submit bills to a Federal health program and on a monthly basis, The Harris Center confirms the provider has not been excluded from participation in federally funded programs. Those steps will include checking the provider's name against the HHS/OIG Cumulative Sanctions list and the GSA Debarred Bidders List. The Harris Center's Compliance Director will ensure that The Harris Center staff responsible for credentialing has addressed this with each new hire. The Harris Center will neither use nor hire a provider who is barred from participation in a federally funded program. If The Harris Center learns that any of its current providers (either as employees, volunteers or contract providers) has been proposed for exclusion or excluded, it will remove such persons from any involvement in or responsibility for Federal health insurance programs until such time that The Harris Center has confirmed the matter has been resolved.

XVI. REFERENCES:

- A. The Deficit Reduction Act-2005
- B. The Federal Anti-Kickback Statute
- C. The Stark Law
- D. The Texas Illegal Remuneration Statute
- E. Civil Money Penalties Statute
- F. The Federal False Claims Act
- G. The Medicaid Fraud Prevention Act
- H. Center for Medicare and Medicaid Services
- I. Office of the Attorney General
- J. U.S. Department of Justice / Federal Bureau of Investigation

XVII. ATTACHMENTS

Code of Conduct

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	12/2023
Legal	Kendra Thomas: Counsel	11/2023
Director Review	Demetria Lockett	09/2023

Initial	Christopher Webb: Audit	09/2023
Initial	Demetria Lockett	09/2023

EXHIBIT F-11



Status **Pending** PolicyStat ID **14496191**



Origination	09/2020	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

ACC.A.11 Financial Assessment

1. PURPOSE:

The purpose of this policy is to complete a financial assessment at intake and yearly thereafter to ensure compliance to the state rules and laws by establishing a uniform evaluation of a patient's financial status and residency that determines the patient's ability to pay by using a sliding fee scale.

2. POLICY:

It is the policy of the Harris Center to conduct and document a financial assessment for each patient within the first thirty (30) days of services. The Harris Center shall update the financial assessment for patients at least on a yearly basis and whenever the consumer reports any significant change in income, insurance, family size, or extraordinary expenses, in which case the financial will be updated before the yearly anniversary of the previous financial.

3. PROCEDURES:

[Financial Assessment](#)

4. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff, contractors, visitors, and people served.

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

- [Fee Schedule/Standard Charge](#)
- ~~[Charity Care Policy](#)~~ [FM25A Charity Care Policy](#)

~~6. PROCEDURES:~~

~~[Financial Assessment](#)~~

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Community Centers-Fees for Services, Tex. Health & Safety Code §534.017
- Local Mental Health Authorities Responsibilities, Charges for Community Services, 25 Tex. Admin. Code, Chapter 412, Subchapter C

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Departmental Review	Keena Pace: Exec	10/2023
Initial Assignment	Keena Pace: Exec	10/2023

EXHIBIT F-12



Status **Pending** PolicyStat ID **14133023**



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

Owner	Toby Hicks
Area	Human Resources

HR.A.14 Licensure, Certification and Registration

1. PURPOSE:

The purpose of this policy is to establish a method for ensuring current licensure, certification, or registration for The Harris Center for Mental Health and IDD (The Harris Center) employees is consistent with Federal and State laws, regulations and organizational standards.

2. POLICY:

Employees who hold job classifications that require professional and occupational licensure, certification, or registration must maintain those credentials in an active and current status as a condition of employment.

Employees who hold such job classifications will have their licensure, certification, or registration verified through the issuing agency prior to providing services and at the time of renewal.

[Violations of this policy or associated procedures may result in appropriate disciplinary actions in accordance with The Harris Center Code of Conduct/Ethics, Standards of Behavior, Employee Handbook and other applicable Harris Center policies, or as outlined in any procedure document related to this policy.](#)

3. APPLICABILITY/SCOPE:

All The Harris Center employees, volunteers and contractors that hold job classifications that require licensure, certification and/or registration.

4. PROCEDURES:

~~HR15B – Licensure, Certification and Registration Procedure~~ [Licensure, Certification and Registration Procedure](#)

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

~~HR2A – Credentialing and Privileging~~ [Credentialing and Privileging](#)

~~HR10A – Employment Eligibility Verification~~ [Employment Eligibility Verification](#)

~~HR15B – Licensure, Certification and Registration~~

Employee Handbook

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Competency and Credentialing, 36 Tex. Admin. Code ~~&~~§301.331

~~Violations of this policy or associated procedures may result in appropriate disciplinary actions in accordance with The Harris Center Code of Conduct/Ethics, Standards of Behavior, Employee Handbook and other applicable Harris Center policies, or as outlined in any procedure document related to this policy.~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Legal Review	Kendra Thomas: Counsel	12/2023
Department Review	Joseph Gorczyca	11/2023
Initial Assignment	Toby Hicks	10/2023

EXHIBIT F-13



Status **Pending** PolicyStat ID **14593116**



Origination 09/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 11/2022
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area General
 Administration
 Document Type Agency Policy

GA.A.4 - Mailing Services

1. PURPOSE:

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

2. POLICY:

The Harris Center will maintain a mailing permit by paying an annual fee to a third party vendor for the use of a mail metering service. The funding of said service is for the benefit of all recognized units of The Harris Center that have an assigned Unit Number issued by the Accounting Department. All business-related mail must be routed through the Mail Room for appropriate postage and shipping. Rates for shipping mail will be charged back to the Unit number that appears on the mailing medium e.g. envelope, box, etc.

Timely delivery, quality service and a worry free experience are what we value for our internal customers. We expect Units to assist in meeting these goals by ensuring outgoing mail items bear the approved Agency logo along with the Unit Number of the mailing department and a return address that includes an office number.

3. APPLICABILITY/SCOPE

All recognized Agency departments with a unit number assigned by the Accounting Department.

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

None

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

None

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Legal Review	Kendra Thomas: Counsel	11/2023
Initial Assignment	Kendra Thomas: Counsel	11/2023

EXHIBIT F-14



Status **Pending** PolicyStat ID **14831277**



Origination 04/2018
 Last Approved N/A
 Effective Upon Approval
 Last Revised 02/2023
 Next Review 1 year after approval

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

MED.A.3 - Medical Peer Review Policy

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

Medical Peer Review Procedure

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

Professional Review Committee

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Report and Confidentiality Requirements, Tex. Occupations Code, Subchapter A. §§160.001, et. seq.

Physician Assistants- Duty to Report; Medical Peer Review, Texas Occupations Code Subchapter A. §204.208

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Final Legal Review	Kendra Thomas: Counsel	12/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	12/2023
Initial Assignment	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	12/2023

EXHIBIT F-15



Status **Pending** PolicyStat ID **14433297**



Origination	02/2016	Owner	Gertrude Leidich: Vice President Clinical Transformation and Quality
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

MED.PHA.A.3 - Pharmaceutical Representatives Policy

1. PURPOSE:

To provide guidelines for the activities of pharmaceutical representatives as they relate to The Harris Center associated matters.

2. POLICY:

It is the policy of The Harris Center to ensure positive, constructive, and objective relationship activities between The Harris Center and Pharmaceutical Company representatives. Pharmaceutical Representative's access to clinical sites and The Harris Center personnel shall occur on a scheduled basis as approved by the Harris Center Chief Medical Officer or Divisional VPs of Medical Services. These activities include, but are not limited to, the review of product information, sponsorship of medical education, coordination of studies for new and existing drugs and products, and responses to requests for procurement or recall of specific products.

The Harris Center personnel are strictly prohibited from accepting any form of gifts, courtesies, meals, or remuneration in any amount from pharmaceutical company representatives. The Harris Center personnel are required to immediately report any form of employment with pharmaceutical companies, including payments for speaking fees, travel, or food, on behalf of pharmaceutical companies, to their immediate supervisor and complete the Outside Practice Questionnaire for Licensed or Non-Licensed Staff.

3. APPLICABILITY/SCOPE:

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

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

Outside Practice for Employees of the Harris Center form

Outside Practice for Non-licensed Personnel of the Harris Center form

5. PROCEDURES:

[Pharmaceutical Representatives Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Final Legal Review	Kendra Thomas: Counsel	10/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	10/2023
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	10/2023

EXHIBIT F-16



Status **Pending** PolicyStat ID **14490077**



Origination 07/2008
 Last Approved N/A
 Effective Upon Approval
 Last Revised 11/2023
 Next Review 1 year after approval

Owner Tanya White: Mgr
 Area Medical Services
 Document Type Agency Policy

MED.PHA.A.4 - Pharmacy and Unit Medication/Drug Inventory

1. PURPOSE:

To establish a uniform policy to control and account for all medications received, dispensed, and destroyed by the pharmacy.

2. POLICY:

It is the policy of The Harris Center to account for stock supplies of prescription drugs and at a minimum, conduct inventory twice per year. The Harris Center pharmacies shall maintain records of all pharmacy transactions in accordance with legal requirements. In order to control and account for all medication, these records shall include documentation of the receipt and delivery of prescription drugs as well as those dispensed.

The Harris Center units may maintain stock supplies of medications for consumer use as deemed appropriate by The Pharmacy and Therapeutics Committee. Any medication stocked by a unit will be the responsibility of the Unit's Lead Psychiatrist.

3. APPLICABILITY/SCOPE:

All Harris Center ~~Mental Health~~ **mental health** and IDD service sites, clinics, treatment programs, residential care programs, and pharmacies.

4. PROCEDURES

- A. [Clinic Pharmacies Inventory \(AMH\)](#)
- B. [Clinic Nurses' Station Inventory \(AMH\)](#) C. [IDD Residential Units' Inventory](#)

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

[MED.PHA.A.2 Medication Storage, Preparation, and Administration Areas](#)

~~6. PROCEDURES:~~

- ~~A. [Clinic Pharmacies Inventory \(AMH\)](#)~~
- ~~B. [Clinic Nurses' Station Inventory \(AMH\)](#)~~
- ~~C. [IDD Residential Units' Inventory](#)~~

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

- Controlled Substances Act, 21 U.S.C. §§827, 842, 958(d)
- Tex. Controlled Substances Act, Tex. Health & Safety Code §481.067
- Pharmacies-All Classes of Pharmacies-Inventory Requirements, 22 Tex. Admin. Code §291.1417
- The Harris Center's Policy and Procedure Handbook CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Final Legal Review	Kendra Thomas: Counsel	11/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	10/2023
Initial Assignment	Tanya White: Mgr	10/2023

EXHIBIT F-17



Status **Pending** PolicyStat ID **14496189**



Origination	09/2018	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

ACC.A.2 Plan of Care

1. PURPOSE:

To ensure the development of a comprehensive person-centered plan based on client, family/legal guardian input, assessments, and narrative summaries.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ensure every client served will be an active participant in the development of his or her Person-Centered Plan in conjunction with his/her assigned interdisciplinary treatment team.

3. PROCEDURES:

[Plan of Care](#)

4. APPLICABILITY/SCOPE:

This applies to all of The Harris Center Programs/Units that provide services.

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

- Person and Family Centered Recovery Plan
- Individual Plan of Care
- Safety Plan

- Person Directed Plan
- Progress Notes

~~6. PROCEDURES:~~

Plan of Care

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- IDD-BH Contractor Administrative Functions, Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, Standards for Services to Individuals with Co-Occurring Psychiatric and Substance Use Disorders-Screening, Assessment, & Treatment Planning, 26 Tex. Admin. Code, Chapter 306, Subchapter A
- Behavioral Health Delivery System, Mental Health Rehabilitative Services, 26 Tex. Admin. Code Ch. 306, Subchapter F
- Roles and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Home Community-Based Services (HCS) and Community First Choice (CFC), 40 Tex. Admin. Code, Part 1, Chapter 9, Subchapter D
- Texas Home Living Program and Community First Choice Program (CFC), 40 Tex. Admin. Code, Part I Chapter 9, Subchapter N.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Legal Review	Kendra Thomas: Counsel	11/2023
Departmental Review	Keena Pace: Exec	10/2023
Initial Assignment	Keena Pace: Exec	10/2023

EXHIBIT F-18



Status **Pending** PolicyStat ID **14627509**



Origination 11/2012
 Last Approved N/A
 Effective Upon Approval
 Last Revised 01/2023
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Environmental
 Management
 Document Type Agency Policy

EM.A.5 Reporting Automobile Accidents

1. PURPOSE:

Ensure all motor vehicular accidents are documented and reported.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (Harris Center) that any accident involving a Harris Center vehicle, or personal vehicle used in the course and scope of Harris Center business shall be reported immediately upon discovery to the appropriate Harris Center personnel, the police and other law enforcement officials having jurisdiction.

3. APPLICABILITY/SCOPE:

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

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

- Employee On-The-Job Inquiries and Illnesses
- Supervisor's Accident Report
- [Incident Reporting](#)

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- The Harris Center Policy and Procedure Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2023
Legal Review	Kendra Thomas: Counsel	11/2023
Initial Assignment	Kendra Thomas: Counsel	11/2023

EXHIBIT F-19



Status **Pending** PolicyStat ID **14496192**



Origination 05/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 10/2023
 Next Review 1 year after approval

Owner Shiela Oquin:
 ExecAsst
 Area Assessment,
 Care & Continuity
 Document Type Agency Policy

ACC.A.15 - Supervision of Peer Specialists

1. PURPOSE:

To ensure effective supervision of Peer Specialists across all divisions and programs at The Harris Center.

2. POLICY:

It is the policy of The Harris Center to provide supervision to all Peer Specialists consistent with state rules and laws. Peer Specialist supervision must focus on peer specialists' provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to ~~The~~the Harris Center, such as following organizational policy or other administrative matters.

3. PROCEDURES:

[Supervision of Peer Specialists](#)

4. APPLICABILITY/SCOPE:

This policy will apply to all Peer Specialists across all divisions and programs at The Harris Center.

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

- Supervision Verification Form

- Direct Hours Tracking/Supervised Work Experience Form
- [ACC18B Supervision of Peer Specialists Procedure](#)

~~6. PROCEDURES:~~

[Supervision of Peer Specialists](#)

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Peer Specialists, Texas Government Code §531.0999
 Medical Assistance Program, Texas Human Resources Code §32.024(kk)
 Texas Administrative Code, Title 1, Part 15, Chapter 354, Subchapter N

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Departmental Review	Keena Pace: Exec	10/2023
Initial Assignment	Shiela Oquin: ExecAsst	10/2023

EXHIBIT F-20

Federally Qualified Health Center Look- A-Like (FQHC-LAL) Quality Improvement/Assurance Requirements

Presented by: Trudy Leidich, RN, MBA
January 23rd, 2024



FQHC-LAL Priority Requirements

Quality Improvement/Assurance Program

Organizational arrangements, including a focus of responsibility, to support the quality assurance program and the provision of high-quality patient care

Clinical Services Management

Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center

Patient Experience

Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances

FQHC-LAL Requirements

FQHC –LAL Quality Improvement/Assurance Program	THC - Status
A board-approved policy(ies) that establishes a QI/QA program.	In-place
An individual(s) to oversee the QI/QA program established by board-approved policy(ies).	In-place
Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services	Developing
Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions	In-place
Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.	In-place

FQHC-LAL Requirements

FQHC-LAL Clinical Services Management	THC - Status
Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services	In place
The health center's physicians or other licensed health care professionals conduct QI/QA assessments on at least a quarterly basis, using data systematically collected from patient records	In place

FQHC-LAL Requirements

FQHC-LAL Patient Experience	THC - Status
Assessing patient satisfaction	In-place
Hearing and resolving patient grievances	In-place
The health center has implemented systems (for example, certified EHRs and corresponding standard operating procedures) for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with Federal and state requirements	In-place

FQHC-LAL Reporting

FQHC Look-alikes must submit the annual Uniform Data System report (UDS).

Its core components include patient demographics, staffing and utilization, selected diagnoses and services rendered, quality of care indicators, health outcomes and disparities, and finances and revenues of awardee health centers

Table	Data Reported	Universal Report
Service Area		
Zip Code Table	Patients by Zip Code	•
Patient Profile		
Table 3A	Patients by Age and by Sex Assigned at Birth	•
Table 3B	Demographic Characteristics	•
Table 4	Selected Patient Characteristics	•
Staffing and Utilization		
Table 5	Staffing and Utilization	•
Table 5A	Tenure for Health Center Staff	•
Clinical		
Table 6A	Selected Diagnoses and Services Rendered	•
Table 6B	Quality of Care Measures	•
Table 7	Health Outcomes and Disparities	•
Financial		
Table 8A	Financial Costs	•
Table 9D	Patient-Related Revenue	•
Table 9E	Other Revenue	•

FQHC-LAL Reporting

FQHC-LAL Clinical Quality Measures: Screening and Preventive Care	THC – Monitor/Program
Cervical Cancer Screening	Yes
Breast Cancer Screening	Yes
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Yes/CCBHC
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes/CCBHC
Colorectal Cancer Screening	Yes
HIV Screening	Yes
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Yes/CCBHC

FQHC-LAL Reporting

FQHC-LAL Clinical Quality Measures: Maternal Care and Children's Health	THC – Monitor/Program
Early Entry into Prenatal Care	Partial (pregnancy test and pregnancy referral provided)
Childhood Immunization Status	Not provided*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Yes/CCBHC
Dental Sealants for Children between 6–9 Years	Not Provided*

*HRSA allows for contracted MOU referrals

FQHC-LAL Reporting

FQHC-LAL Clinical Quality Measures: Disease Management	THC – Monitor/Program
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Yes
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Yes
HIV Linkage to Care	Yes
Depression Remission at Twelve Months	Yes/CCBHC
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Yes

FQHC-LAL

Quality Improvement Awards

Health Center Program awardee or a look-alike (LAL), can earn Community Health Quality Recognition (CHQR) badges.

You must show quality improvements in one of these:

- Access
- Quality
- Equity
- Health IT
- COVID-19 public health emergency response

CHQR badges are awarded annually, based on data from the latest Uniform Data System (UDS) reporting period.



CHQR Badges description in appendix

9401

Thank you



Appendix: CHQR Badges

National Quality Leader (NQL) badges



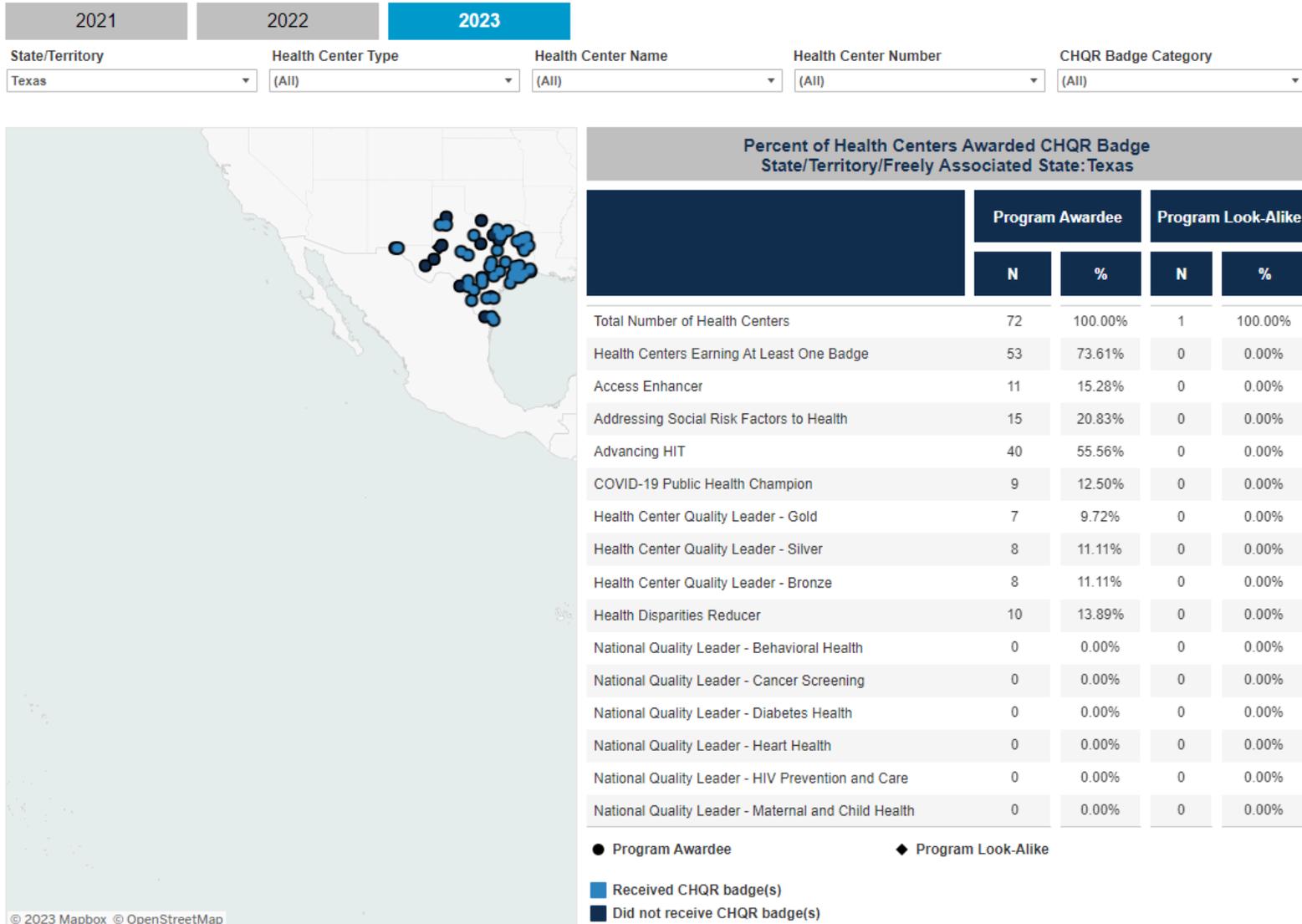
To earn NQL badges, health centers must

- Meet all criteria for one or more clinical quality areas:
 - Behavioral health
 - Cancer screening
 - Diabetes health
 - Heart health
 - HIV prevention and care
 - Maternal and child health
- For all CQM criteria, report a minimum number of patients in a CQM denominator.
 - Report at least 70 patients for all except:
 - HIV Prevention and Care badge: report at least 30 patients for the HIV linkage to care CQM
 - Maternal and Child Health badge: report at least 30 patients for the low birthweight CQM
 - Meet or go above the target for CQMs in each clinical quality area

2023 NQL - Behavioral Health badge

Measure	Must meet
Depression remission at 12 months	18.2% (Top quintile of 2020 UDS Data)
Depression screening and follow-up plan	80.5% (Top quartile of 2020 UDS Data)
Proportion of all patients receiving Screening, Brief Intervention and Referral to Treatment (SBIRT)	At least 5%
Relative percent increase in patients receiving medication-assisted treatment (MAT) between consecutive UDS reporting years	At least 10%

Appendix: Texas CHQR Badges Award



Appendix: CHQR Badges

2023 Health Center Quality Leader (HCQL) badge



To earn HCQL badges, health centers must have the best overall CQM performance based on average 2022 [Adjusted Quartile Rankings](#) (AQR). We award HCQL badges to health centers with AQR averages in the top three tiers (top 30%).

Measure	Must meet
1st tier (top 10%)	Gold
2nd tier (top 11-20%)	Silver
3rd tier (top 21-30%)	Bronze

Note: We use the latest UDS data to calculate AQRs each year. Tier cutoffs may change every year.

Appendix: CHQR Badges

2023 Access Enhancer badge



Who can earn this badge?

Health centers must

- Achieve at least one of these:
 - Earn at least one HCQL or NQL badge.
 - Improve by at least a 15% in one or more CQMs in back-to-back reporting years.
- Increase by at least 5% in back-to-back reporting years.
 - Total patients.
 - Patients receiving mental health, substance use disorder, vision, dental, or enabling services.

Appendix: CHQR Badges

2023 Health Disparities Reducer badge



Who can earn this badge?

Health centers must

- Qualify for the Access Enhancer badge.
- Meet at least one of these:

1. Improve by at least a 10% in low birth weight, hypertension control, or uncontrolled diabetes CQMs and must:
 - Improve during the two most recent back-to-back reporting years for at least one racial or ethnic group.
 - Perform as well or better than the previous year for the CQM at the health center level.
2. Meet the following targets for all racial or ethnic groups they served within the latest reporting year.

Clinical Quality Measure	Must meet
Low birth weight – <i>Inverse Measure</i>	7.7% (Adjusted National Vital Statistics System Average)
Hypertension control	60.8% (Former Healthy People 2030 Target*)
Uncontrolled diabetes – <i>Inverse Measure</i>	11.6% (Healthy People 2030 Target)

Appendix: CHQR Badges

2023 Advancing Health Information Technology (HIT) for Quality badge



Who can earn this badge?

Health centers that meet all the following criteria:

1. Adopted an electronic health record (EHR) system.
2. Offered telehealth services.
3. Exchanged clinical information online with key providers health care settings.
4. Engaged patients through health IT.
5. Collected data on patient social risk factors.

Appendix: CHQR Badges

2023 Addressing Social Risk Factors badge



Who can earn this badge?

Health centers that:

- Collect data on patient social risk factors.
- Increase the percentage of patients who received enabling services between the last two UDS reporting years.

Appendix: CHQR Badges

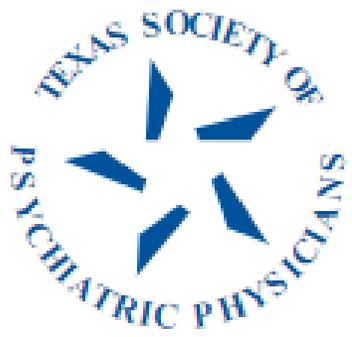
2023 COVID-19 Public Health Champion badge



Who can earn this badge?

The top 10% of health centers providing COVID-19 vaccinations or testing to the largest percentage of patients.

EXHIBIT F-21



Updates in Telepsychiatry

Presented by: Amber Pastusek, MD, MSHA
VP of Crisis and Forensic Medical Services
Harris Center for Mental Health & IDD
November 12, 2023



Objectives

- **Discuss how telepsychiatry practices changed post pandemic**
- **Identify best practices and regulations regarding the use of telepsychiatry**
- **Identify resources psychiatrists can rely on for the most up-to-date information for their practice of medicine with telepsychiatry**

Disclaimer:

This presentation is not legal advice. Please contact your attorney, medical malpractice carrier, or other representatives for legal guidance.

The information presented here serves as a guide to best practice care when using telepsychiatry.

Definitions

- **Telecommunications Technology** - videoconferencing, store-and-forward imaging, streaming media, and terrestrial/wireless communications.
- **Telehealth** – health service delivered by a licensed or certified health professional acting within the scope of license/certification using telecommunications technology to extend care when you and the patient aren't in the same place at the same time.
- **Telepsychiatry** - branch of telemedicine referring to the use of telecommunications technology to deliver psychiatric care remotely for people with mental health conditions.
- **In-person Evaluation** – patient evaluation conducted by a provider who is at the same physical location as the location of the patient
- **Face-to-Face Visit** – Evaluation performed on a patient where the provider and patient are both at the same physical location OR where the patient is at an established medical site
- **Distant Site** – Location of provider/health professional rendering services
- **Originating Site** – Location of patient receiving care

History of Telepsychiatry

- First video psychiatric consultations occurred at the University of Nebraska in 1959.
- Telepsychiatry defined in 1969
- Benefits
 - Improves access to mental health services (workforce shortages, rural areas, underserved populations)
 - Reduce patient and provider travel burden
 - Provide support for patients managing chronic health conditions
- Barrier to those lacking access to a device, the internet, or necessary digital skills.
- Digital exclusion contributes to inequities in healthcare

Telepsychiatry Post-Pandemic

Telehealth Provisions during and after PHE

Provision	Status During PHE	Status After PHE Ends
Removal of in-person requirements to bill Medicare	Patients can be seen in the home via without an in-person examination.	In-person exam requirements for new and established patients delayed until 2025 at which time some in-person requirements may resume for Medicare patients.
Removal originating site (patient location) requirement in Medicare	Patients can be seen in their homes without traveling to a Medicare-designated originating site.	Homes are accepted as an originating site on a permanent basis.
Waiver of requirements to use HIPAA compliant videoconferencing technology	Non-HIPAA compliant software used including FaceTime, Skype, and Zoom	HIPAA compliant videoconferencing technology is required using a Business Associate Agreement (BAA) with the vendor.
Ryan Haight Act Online Pharmacy Consumer Protection Act	Controlled Substances may be prescribed via telehealth without an initial in-person examination (or 24-month follow-up) to patients.	DEA released second temporary extension until December 31, 2024.
DEA Licensure Requirements	DEA license held in a single state to prescribe to a patient in any state.	DEA license required in each state where patient is physically located.
Flexibility in state licensure for Medicare Part B providers	Medicare Part B beneficiary can be seen by any Medicare provider located in any state as long as the provider has a full and unrestricted medical license in at least one state.	Provider is required to hold a complete and unrestricted medical license in the state where the patient is receiving care.
Audio-only services	Medicare beneficiaries may receive telehealth services for mental health services through audio-only	Audio-only provision of mental health care is permanently allowed.
Reimburse telehealth at the same rate as in-person visits	Standard CPT coding including video. Audio-only outpatient E/M services billed as telephone codes.	CMS will pay for telehealth at the facility rate with slight reduction relative to in-person, in-office visits for the same codes. Video and audio codes will use standard E/M codes with appropriate modifiers (ie. 95 for video visit, 93 & FQ for audio-only). Place-of-Service (POS) codes remain the same as if delivered in-person through 2023 with additional updates pending.
Supervision of auxiliary personnel via telehealth	Direct supervision can be done virtually.	General supervision can be provided virtually on a permanent basis that includes the general supervision of auxiliary personnel providing mental health services.

Telehealth Policy Changes Post Pandemic

Permanent Changes

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- No geographic restrictions for originating site for behavioral/mental telehealth
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms
- Rural Emergency Hospitals (REHs) are eligible originating sites

Telehealth Policy Changes Post Pandemic

Temporary Changes through December 31, 2024

- FQHCs and RHCs can serve as distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- In-person visit within six months of an initial behavioral/mental telehealth services and annually thereafter is not required
- Telehealth services can be provided by all eligible Medicare providers

Ryan Haight Online Pharmacy Consumer Protection Act (2008)

- Ryan Haight Act amended the Controlled Substances Act (CSA) to require dispensing of controlled substance medications by means of the internet be predicated on a valid prescription involving at least one in-person evaluation.
 - Exceptions for telemedicine allowed as long as clinical practice is in accordance with Federal/State laws
- DEA released second temporary extension until December 31, 2024.
 - First temporary rule extended full set of telemedicine flexibilities for establishing new patient relationships until November 11, 2023 with a one-year grace period for an in-person visit.
 - September 2023 Telemedicine Listening Sessions
 - Continue to provide access of care consistent with public health and safety while effectively mitigating the risk of possible diversion.
 - Second temporary rule supersedes the first temporary rule to establish new patient care using telemedicine until December 31, 2024.

Best Practice Recommendations

Best Practice Telepsychiatry

- **Recommendations are guidelines**
 - Not legal standards of care
 - Adherence does not guarantee accuracy or optimal outcome
 - Incumbent upon the psychiatrist to use clinical judgment and adjust for varying patient circumstances at all times
- Meeting minimum requirements for clinical practice, may be highly recommended, and/or recommended but optional.
- Ensures safe and effective delivery of psychiatric services using technology
- **Clinical, administrative, and technical dimensions**
 - *Clinical* – conducting traditional practice in the context of telepsychiatry encounter
 - *Administrative* – adherence to standard policies/procedures, workflow, Ryan Haight/Prescribing, Malpractice
 - *Technical* – devices & equipment, security & privacy, minimum technical standards

Best Practice Telepsychiatry

Clinical Domain

- Patient and setting selection
 - Cognitive capacity, history of cooperativeness with treatment professionals, current/past difficulties with substance abuse, history of violence/self-injurious behavior
 - Distance to nearest emergency facility, efficacy of patient's support system, current medical status
 - Consent process of session management to include safety concerns and emergency warnings
 - Medical aspects of care requiring in-person examination
- Management of Communications and boundaries with the utilization of technology
- Ethical Considerations
- Cultural Sensitivities
- Special Populations
 - Children/adolescents, IDD, Forensic, Geriatric, SUD, Military, Inpatient/Residential settings, Primary Care, Rural

Best Practice Telepsychiatry

Administrative Domain

- Legal & Regulatory
 - Licensure, Malpractice, Scope of Practice, Prescribing controlled substances, Informed Consent, Medication Consent, Billing and Reimbursement
- Standard Operating Procedures/Protocols
 - Roles & Responsibilities (after hours-coverage, communication, emergencies)
 - Agreements for licensing, credentialing, training, and authentication of providers per local, state, national requirements
 - Systematic quality improvement and performance management process for monitoring outcomes per organizational, regulatory, accreditation requirements.

Best Practice Telepsychiatry

Technical Domain

- Videoconferencing Platform Requirements
 - HIPAA compliant
 - Business Associate Agreement (BAA) vendor
 - Contingency plan in the event of technology breakdown
 - Bandwidth and sufficient resolutions to ensure quality image/audio is appropriate to the services delivered
- Integration of Videoconferencing into other technology and systems
 - Physical security of telehealth equipment
 - Electronic security of data
 - Comply with relevant safety laws, regulations, and codes for technology and technical safety
- Physical Location/Room Requirements
 - Both locations considered patient examination room
 - Elevation with eyes and face clearly visible
 - Maximize lighting, comfort and ambiance

Best Practice Telepsychiatry

- Ensure the patient and provider are both in HIPAA compliant areas
- At the beginning of the visit, the following information shall be verified and documented:
 - Name and credentials of the provider
 - Name of the patient with confirmation of identity (name, DOB, valid photo ID, valid driver's license)
 - The location of the patient during the session
- Obtain informed consent to receive telepsychiatry services and document in chart
- Discuss the potential for connectivity loss and get a phone number to call if the patient isn't able to access the internet
- Determine if others are in the room and consent for non-medical staff who remain in the room during the visit
- Maintain the same standard of care that would be provided if doing an In-person evaluation

Best Practice Telepsychiatry

Emergencies

- Providers shall maintain both technical and clinical competence in the management of mental health emergencies as outlined in any telehealth procedure/protocol.
- Providers shall be familiar with local civil commitment regulations and have arrangements to work with local staff to initiate/assist with civil commitments or other emergencies.
- In ***clinically supervised settings***, staff are available in real-time to support the telepsychiatry sessions. Emergency protocols shall delineate the roles and responsibilities of staff including determination of emergency coverage outside of clinic hours.
- In ***clinically unsupervised settings***, a patient support person being a family member, friend or community member selected by the patient can be utilized in emergency situations.

Effective Communication Tips

- Maintain a normal pace of speech.
- Talk slowly enough that the patient can understand you. You may have to take longer pauses than you would during an in-person visit.
- Use empathetic word choices mindfully and nod your head so the patient knows they're being heard and understood.
- Ensure your facial expressions and words are congruent.
- When you're listening quietly, be aware of your resting face.

Rules & Regulations

APA Policy on Telepsychiatry

In February 2018, APA updated its Policy on Telepsychiatry

- *Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used consistent with APA policies on medical ethics and applicable governing law.*

Rules & Regulations

- Health & Human Services Commission (HHSC), Title 4 - Executive Branch, Subtitle I – Health and Human Services
 - Chapter 531, Section 531.02161 – Provision of Services through Telecommunications and Information Technology under Medicaid and Other Public Benefits Programs (2022)
- Texas Administrative Code (TAC), Title 22. Examining Boards, Part 9. Texas Medical Board
 - Chapter 172 – Temporary and Limited Licenses
 - Chapter 174 – Telemedicine
 - Chapter 354 - Medicaid Health Services, Subchapter O - Electronic Visit Verification
- Texas Human Resources Code §161.086 - Electronic Visit Verification System
- Texas Insurance Code
 - Chapter 1455 Telemedicine and Telehealth, Sec. 1455.004 – Coverage for Telemedicine Medical Services and Telehealth Services
- Texas Occupations Code, Title 3. Health Professions, Subtitle B. Physicians
 - Chapter 111 – incorporates SB 1107 for expansion of Telemedicine Services (2017)
 - Chapter 151.056 – Application to Telemedicine
- Texas Utilities Code
 - §57.042 Definitions for Telehealth Service and Telemedicine Medical Service
 - § 57.072 Rates for Interactive Multimedia Communications

Telepsychiatry Resources

Resources

- American Academy of Child and Adolescent Psychiatry (AACAP) [Telepsychiatry Toolkit \(aacap.org\)](https://www.aacap.org)
- American Academy of Family Practice (AAFP)
 - [How to Code for Telehealth, Audio-Only, and Virtual-Digital Visits | AAFP](#)
 - [Telehealth Coding and Billing: Basics | AAFP](#)
- American Psychiatric Association (APA)
 - [Best Practices in Synchronous Videoconferencing-Based Telemental Health](#)
 - [Comparison of Telehealth Provisions During & After the Public Health Emergency \(.pdf\)](#)
 - [What Happens when the Public Health Emergency Ends? Telepsychiatry and Hybrid Practice Post-PHE](#)
 - [Psychiatry.org - New Telepsychiatry Resources for 2023](#)
 - [Psychiatry.org - Telepsychiatry Toolkit](#)
 - [Federal Register :: Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#)
- American Telemedicine Association (ATA) [American Telemedicine Association - ATA](#)
- CMS – Coverage to Care (C2C) [TELEHEALTH FOR PROVIDERS: WHAT YOU NEED TO KNOW \(cms.gov\)](#)
- Center for Telehealth and e-Health Law (CTeL) [CTeL](#)
- [GOVERNMENT CODE CHAPTER 531. HEALTH AND HUMAN SERVICES COMMISSION \(texas.gov\)](#)
- [OCCUPATIONS CODE CHAPTER 111. TELEMEDICINE, TELEDENTISTRY, AND TELEHEALTH \(texas.gov\)](#)
- [Texas Administrative Code \(state.tx.us\)](#) – Title 22, Part 9, Chapters 172, 174, 354
- [Texas Medicaid Provider Procedures Manual | TMHP](#)
 - Telecommunication Services
- Yellowlees, Peter MBBS, MD; Shore, Jay MD, MPH. (2018) *Telepsychiatry and Health Technologies*. 1st Edition. Arlington, VA: American Psychiatric Association Publishing.

Questions?

Contact Information

Amber Pastusek, MD, MSHA

VP of Crisis & Forensic Medical Services

Harris Center for Mental Health & IDD

Amber.Pastusek@theharriscenter.org

Thank you.



EXHIBIT F-22

JANUARY 2024
NEW CONTRACTS 100k – 250k



Executive Contract Summary

Contract Section



Contractor*

MST Services, LLC d/b/a MST Services

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

MST Services, LLC 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* (?)

12/8/2023

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*

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* (?)

Increase continuity of services for juveniles leaving the Juvenile Detention Center and MST services in the community.

Funding will be coming from HHSC and is listed on a separate ECS contract. MST services provides oversight for program but is not providing funding.

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

Supporting Documentation Upload (?)

Updated - Categorical Budget TX_HHSC_NCA_MST Cost Overlay	161.68KB
Template (v3)_Harris Center.xlsx	
MST_Standard_TX HHSC Template_Harris Center.docx	74.58KB

Vendor/Contractor Contact Person ▲

Name*

Brenda Szumski

Address*

Street Address

3490 Piedmont Road Northeast, Suite 304

Address Line 2

City

Atlanta

State / Province / Region

GA

Postal / Zip Code

30305-1743

Country

US

Phone Number*

843-856-8226

Email*

Brenda.Szumski@mstservices.com

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4160	\$ 100,000.00	000000

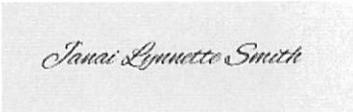
Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

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

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

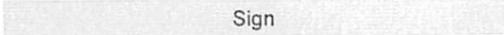
Requester Name	Submission Date
Bowser, Mohagony	12/12/2023

Budget Manager Approval(s)

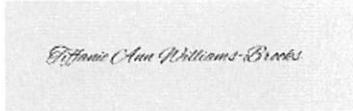
Approved by	Approval Date
	12/14/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	12/14/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	12/19/2023

EXHIBIT F-23

JANUARY 2024

AMENDMENTS 100k - 250k



Executive Contract Summary

Contract Section


Contractor*

Saba Software, Inc.

Contract ID #*

6993

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/16/2024

Parties* (?)

The Harris Center, Saba Software, Inc.

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*

\$ 98,907.48

Increase Not to Exceed*

\$ 93,351.47

Revised Total Not to Exceed (NTE)*

\$ 192,258.95

Phone Number*

613-404-2017

Email*

swarner@csod.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 192,258.95	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

See attached invoice.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

11/27/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/27/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

11/27/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

11/28/2023

EXHIBIT F-24

JANUARY 2024

RENEWALS 100k - 250k



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7145

Contractor Name*

CyberOne LLC fka Critical Start Inc.

Service Provided* (?)

VECTRA Software, is a network-based behavioral anomaly detection solution.

Renewal Term Start Date*

12/20/2023

Renewal Term End Date*

6/19/2025

Term for Off-Cycle Only (For Reference Only)

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 56,450.39

Rate(s)/Rate(s) Description

Quote

Unit(s) Served*

1130

G/L Code(s)*

553002

Current Fiscal Year Purchase Order Number*

FY23 PO CT142998

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 65,000.00	553002

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

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 46,013.31	900021

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

Provide Rate and Rate Descriptions if applicable * (?)

\$23.43 per endpoint AI Platform protection
 \$8.66 per endpoint for NDR Upgrade
 DIR-CPO-4851

Project WBS (Work Breakdown Structure) * (?)

IT21.1147.12 900021 - \$49,463

Fiscal Year * (?)	Amount * (?)
2024	\$ 111,013.31

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

Please Explain *

Adding upgrade to service for real time analytics, detection, and remediation.

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 (?)

Q-32825-The Harris Center - Vectra NDR-Standard Upgrade (18 Mos)-
DIR-CPO-4851.pdf 30.62KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Erica Brown

Contract Owner Approval

Approved by

[Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/19/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0572

Contractor Name*

CyberOne, LLC

Service Provided* (?)

Zscaler Cyber Detection Software and Support.

Renewal Term Start Date*

12/8/2023

Renewal Term End Date*

12/7/2024

Term for Off-Cycle Only (For Reference Only)

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

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* (?)

\$ 238,015.82

Rate(s)/Rate(s) Description

Year 2: \$215,784.71. Three-year commitment, paid annually.

Unit(s) Served*

1147

G/L Code(s)*

900020

Current Fiscal Year Purchase Order Number*

CT142648

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 215,785.00	553002
Budget Manager * Campbell, Ricardo		Secondary Budget Manager * Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

1500 USERS - \$125.17 EA
Support - \$28,097.71

Project WBS (Work Breakdown Structure) * (?)

N/A

Fiscal Year * (?)	Amount * (?)
2024	\$ 215,785.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/11/2023

EXHIBIT F-25

JANUARY 2024
NEW CONTRACTS
UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
NEW CONTRACTS
LESS THAN \$100,000

JANUARY 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION						
1	ALERT 360 OPCO, INC.	Alarm System Camera Monitoring Services	\$4,387.32	12/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement to provide Alarm System Monitoring Services for the Agency's Security department.
2	AUTOsist, LLC	Fleet Management Software and Support Services	\$6,800.00	12/11/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Fleet Management Software and Support Agreement is needed for the Agency's leased and owned vehicles. This software will allow work orders to be sent to Staff for maintenance, folders can be created by units and software is able to integrate with GPS insight and Voyager.
3	Handle with Care Behavior Management System, Inc.	Behavioral Management Instructure and Licensing and Training Services	\$4,300.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement to provide behavioral management on-site training services to the Harris Center Mental Health and IDD Training Instructors for existing employees on techniques to use in the area of behavioral management and de-escalation. Behavior management training is required according to the Texas Administrative Code.
4	Master Pooled Contract Temporary Pharmacist and Pharmacy Technicians	New Master Pool Contract for Temporary staffing for Pharmacist and Pharmacy Technicians	\$45,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	A Request for Quote Opening for Temporary Pharmacists and Pharmacy Technicians was held on Wednesday, September 20, 2023. Five hundred and sixty-seven (567) vendors were contacted. Twelve (12) quotes were received. All quotes were deemed responsive and evaluated by the project team. Based on the project team's evaluation of responses received, it is recommended to award a pool of four vendors: Compu-Vision Consulting Inc., Health Advocates Network, Inc., TruBlu HR Solutions and Tryfacta, Inc. The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals. FY24 NTE: \$45,000.00; FY25 NTE: \$48,000.00; FY26 NTE: \$48,000.00; FY27 NTE: \$48,000.00; and FY28 NTE: \$48,000.00.
	FORENSICS						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
	MENTAL HEALTH						
	CPEP/CRISIS SERVICES						
	LEASES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						



Executive Contract Summary

Contract Section

Contractor*

ALERT 360 OPCO, INC.

Contract ID #*

0000

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

The Harris Center and Alert 360 OPCO, Inc.

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* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 4,387.32

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* (?)

Services are needed for the camera monitoring alarm system.

Contract Owner*

Carrie Rys

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*

William Ocampo

Address*

Street Address

2448 East 81st Street

Address Line 2

Suite 4300

City

Tulsa

Postal / Zip Code

74137

State / Province / Region

OK

Country

US

Phone Number*

281-889-1474

Email*

william.ocampo@alert360.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1806	\$ 551.40	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1808	\$ 551.40	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 983.04	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 551.40	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1850	\$ 551.40	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 647.28	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1888	\$ 551.40	569010

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Rates range from \$551.40, \$647.28, & \$983.04 for monitoring cameras

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

MacKinney, Eggl

Submission Date

11/2/2023

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date

11/2/2023

Procurement Approval



File Upload (?)

Approved by

Sharon Brauner

Approval Date

11/2/2023

Contract Owner Approval



Approved by

Carrie Taylor Rys

Approval Date

11/29/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

11/29/2023



Executive Contract Summary

Contract Section ▲

Contractor*

AUTOsist

Contract ID #*

New

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2023

Parties* (?)

AUTOsist 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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 6,800.00

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* (?)

AUTOsist Fleet Management Software is needed for leased and owned Center vehicles. This software will allow work orders to be sent to staff for maintenance, folders can be created by units and software is able to integrate with GPS insight and Voyager.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Vendor does not meet HUB requirement.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

AUTOsist Quote for 5 years.pdf

540.53KB

Vendor/Contractor Contact Person ^

Name*

Zorrane Abdeali

Address*

Street Address

22311 Butterfield

Address Line 2

City

Mission Viejo

Postal / Zip Code

92692-4513

State / Province / Region

CA

Country

US

Phone Number*

805-304-4315

Email*

z@autosist.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *

1150

Amount Charged to Unit *

\$ 6,800.00

Expense/GL Code No. *

553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name

Soto, Jessica

Submission Date

12/4/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/4/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

12/5/2023

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

12/5/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/7/2023



Executive Contract Summary

Contract Section

Contractor*

Creative Financial Solutions, LLC

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

Creative Staffing Solutions

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* (?)

12/19/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 60,000.00

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* (?)

Grant Accounting is a highly complex and detailed process. Consultant will provide detailed review of grants and oversight of grant process. Turnover has created additional risk in our current process. Pooled vendors were not able to provide qualified candidates.

Contract Owner*

Rachel Beasley

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Employee Owned Business

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person ^

Name*

Pam Rodriguez

Address*

Street Address

21 Custom House St

Address Line 2

Suite 210

City

Boston

Postal / Zip Code

02110

State / Province / Region

MA

Country

USA

Phone Number*

7132605243

Email*

prodriguez@cfstaffing.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 60,000.00	540500
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

Not to Exceed amount of \$60,000 for initial consulting services of 40 hours per week for 3 months and expected to be reduced over time. Bill Rate: \$64.60 Will assist with Audit Preparation, Grant Payouts, Journal Entries, Grant budgets, General Ledger support, Reconciliations

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Beasley, Rachel	12/13/2023

Budget Manager Approval(s)

Approved by



Approval Date
12/15/2023

Procurement Approval

File Upload (?)

Approved by



Approval Date
12/15/2023

Contract Owner Approval

Approved by



Approval Date
12/15/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/18/2023



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Handle with Care Behavior Management System, Inc.

Contract ID # *

2023-0780

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/16/2024

Parties * (?)

The Harris Center for Mental Health and IDD and Handle with Care Behavior Management System, Inc.

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 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 * (?)

9/1/2023

Contract Term End Date * (?)

8/31/2024

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

Fiscal Year * (?)

2024

Amount * (?)

\$ 4,300.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner *

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

09/01/2022-08/31/2023,

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

ID 2023-xxxx Handle With Care - FY24 New Contract (v1-
HWCredlines.).docx 96.21KB

Vendor/Contractor Contact Person

Name *

Hilary Adler

Address *

Street Address

184 McKinstry Road

Address Line 2

City

Gardiner

Postal / Zip Code

12525

State / Province / Region

New York

Country

United States

Phone Number *

na

Email *

Hilary@handlewithcare.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 4,300.00	549005

Budget Manager	Secondary Budget Manager
Campbell, Ricardo	Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Escobar, Ninfa	10/12/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
10/16/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date
12/1/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date
12/4/2023

Final Board Report Comments

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

Handle with Care is the behavior management framework we utilize; the contract ensures that our instructors receive on-site training for the prevention and management of aggressive behavior resulting in instructor certification for selected Agency staff. Behavior management training is required according to the Texas Administrative Code.

Product/Service Description

Behavioral Management Instructure and Licensing and Training Services

Revised Comments For Board Report*

New Agreement to provide behavioral management on-site training services to the Harris Center Mental Health and IDD Training Instructors for existing employees on techniques to use in the area of behavioral management and de-escalation. Behavior management training is required according to the Texas Administrative Code.

Exclude this ECS from Board Report?*

Yes No



Award Recommendation
REQUEST FOR QUOTATION (RFQ)
TEMPORARY PHARMACISTS AND PHARMACY TECHNICIANS

A Quote Opening for Temporary Pharmacists and Pharmacy Technicians was held on Wednesday, September 20, 2023.

Five hundred and sixty-seven (567) vendors were contacted. Twelve (12) quotes were received. All quotes were deemed responsive and evaluated by the project team. The vendors who submitted a responsive quote are A-1 Personnel of Houston, Inc., Compu-Vision Consulting Inc., Get Corp Payroll Accounting and Tax dba Get Hire Staffing, Health Advocates Network, Inc., InGenesis, Inc., LanceSoft, Inc., Patterns LLC, Sigma Inc., Swift Strategic Solutions Inc., The Reserves Network, Inc. dba Team1Medical, TruBlu HR Solutions, and Tryfacta, Inc.

The Project Team consisted of the following members: Frances Otto, Buyer II, Luming Li, Chief Medical Officer, Angie Babin, Senior Director Pharmacy Program, Tanya White, Pharmacy Operations Manager and Teri Gleason, Pharmacy Operations Coordinator.

Based on the project team’s evaluation of responses received, it is recommended to award a pool of four vendors: Compu-Vision Consulting Inc., Health Advocates Network, Inc., TruBlu HR Solutions and Tryfacta, Inc. This recommendation is based on the team’s belief that these vendors offer the best value to The Harris Center.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. The first contract year will begin upon award of contract and end on August 31, 2024, subject to budget approval. The initial fiscal year budget requested is \$48,000.00, subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$240,000.00 funded annually. The Funding Source is Pharmacy Operations (1135).

- FY24 NTE: \$48,000.00
- FY25 NTE: \$48,000.00
- FY26 NTE: \$48,000.00
- FY27 NTE: \$48,000.00
- FY28 NTE: \$48,000.00

DocuSigned by:
Frances Otto
18E53531C825406
Frances Otto, CTCD
Buyer II

DocuSigned by:
Sharon Brauner
258C3C5A8EF8418
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:
Vanessa McKeown
0405B9FF5CB4CA...
Vanessa McKeown, CPA
Chief Financial Officer

Executive Contract Summary

Contract Section

Select Header For This Contract *

Administration

Contractor *

Master Pooled Contract Temporary Pharmacist and Pharmacy Technicians

Contract ID # *

0000

Presented To *

- Resource Committee
 Full Board

Date Presented *

1/22/2024

Parties * (?)

The Harris Center and Compu-Vision Consulting Inc., Health Advocates Network, Inc., TruBlu HR Solutions and Tryfacta, Inc.

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 * (?)

8/31/2024

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

Fiscal Year * (?)	Amount * (?)
2024	\$ 45,000.00
Fiscal Year * (?)	Amount * (?)
2025	\$ 48,000.00
Fiscal Year * (?)	Amount * (?)
2026	\$ 48,000.00
Fiscal Year * (?)	Amount * (?)
2027	\$ 48,000.00
Fiscal Year * (?)	Amount * (?)
2028	\$ 48,000.00

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

Contract Owner *

Angela Babin

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Master Pooled Contract Temporary Pharmacist and Pharmacy Technicians

Address *

Street Address

Unknown

Address Line 2

City

Unknown

Postal / Zip Code

00000

State / Province / Region

texas

Country

Harris

Phone Number *

0000000000

Email *

teri.gleason@theharriscenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1135	\$ 45,000.00	540501

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name

Gleason, Teri

Submission Date

10/19/2023

Budget Manager Approval(s)

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

10/20/2023

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date

10/20/2023

Contract Owner Approval

Approved by

Argela Babir

Approval Date

10/20/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date

10/26/2023

Final Board Report Comments

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

Temporary staffing for Pharmacist and Pharmacy Technicians

Product/Service Description

New Master Pool Contract for Temporary staffing for Pharmacist and Pharmacy Technicians

Revised Comments For Board Report *

A Request for Quote Opening for Temporary Pharmacists and Pharmacy Technicians was held on Wednesday, September 20, 2023. Five hundred and sixty-seven (567) vendors were contacted. Twelve (12) quotes were received. All quotes were deemed responsive and evaluated by the project team. Based on the project team's evaluation of responses received, it is recommended to award a pool of four vendors: Compu-Vision Consulting Inc., Health Advocates Network, Inc., TruBlu HR Solutions and Tryfacta, Inc. The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals.
FY24 NTE: \$45,000.00; FY25 NTE: \$48,000.00; FY26 NTE: \$48,000.00; FY27 NTE: \$48,000.00; and FY28 NTE: \$48,000.00.

Exclude this ECS from Board Report? *

Yes No

EXHIBIT F-26

JANUARY 2024

AMENDMENTS UNDER 100k



Executive Contract Summary

Contract Section


Contractor*

Empowered Systems Holdings, LLC d/b/a Empowered Systems, LLC

Contract ID #*

6840

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/16/2024

Parties* (?)

Empowered Systems 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 [REDACTED]

Procurement Method(s)*

Check all that Apply

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

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*

\$ 1,600.00

Increase Not to Exceed*

\$ 1,250.00

Revised Total Not to Exceed (NTE)*

\$ 2,850.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,250.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input checked="" type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input checked="" type="checkbox"/> Other CT142642 |

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

The intent of the ECS is to increase the NTE of the contract to include the SOW costs to upgrade AutoAudit to the latest Server Operating System, Database, and the latest version of the application.

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 (?)

AutoAudit Software License Agreement (Rev. August 2022) V1.pdf	130.34KB
AAD - Harris Center for Mental Health and IDD - Upgrade services_V1.pdf	172.92KB

Vendor/Contractor Contact Person**Name***

Jamie Shiek

Address*

Street Address

3209 West Smith Valley Road

Address Line 2

City

Greenwood

Postal / Zip Code

46142-8495

State / Province / Region

IN

Country

US

Phone Number*

612-615-2740

Email*

Jamie.shiek@empoweredsystems.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,250.00	553003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

4 hours x \$312.50 \$1,250.00

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Jones, Anthony

Submission Date

11/1/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/1/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

11/1/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

11/2/2023



Executive Contract Summary

Contract Section

Contractor*

Germane Company d/b/a Germain Solutions

Contract ID #*

2023-0687

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/16/2024

Parties* (?)

Germane Solutions 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

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

5/24/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 15,000.00

Increase Not to Exceed*

\$ 1,202.03

Revised Total Not to Exceed (NTE)*

\$ 16,202.03

Fiscal Year* (?) 2023 Amount* (?) \$ 16,202.03

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* (?)

Consultation services to support the organizational goals and future planning of increased involvement and integration of Graduate Medical Education (GME) into current behavioral health and developmental needs services.

Amendment for travel expenses for in-person session on 9.22.23

Contract Owner*

Luming Li

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

11/18/2019 thru 18/31/2020 - GME Program

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

German Solutions

Address*

Street Address

8163 Old Yankee Street, Suite B

Address Line 2

City

Dayton

Postal / Zip Code

45458

State / Province / Region

OH

Country

United States

Phone Number*

3362668627

Email*

Shearn@germane-solutions.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 1,202.03	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

FEES AND EXPENSES. In consideration of the obligations undertaken by Consultant, The Harris Center agrees to pay Consultant in accordance with Exhibit A in an amount not to exceed Fifteen Thousand Dollars and 00/100 (\$15,000.00) for fiscal year 2023.

As of the date of this Agreement, the Parties agree that all deliverables shall be provided remotely. In the event that the Parties agree for deliverables to be provided on-site, Consultant shall be responsible for making its own travel arrangements. The Harris Center agrees to reimburse travel-related costs which include but are not limited to coach-class airfare, car rental, rental car fuel, taxi/rideshare, tolls, parking fees, personal vehicle usage, lodging, meals and incidentals, all subject to current federal per-diem guidelines and reimbursement rates.

Project WBS (Work Breakdown Structure)* (?)

travel-related costs.

Requester Name	Submission Date
Mayne, Annette	10/17/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

10/18/2023

Procurement Approval

File Upload (?)

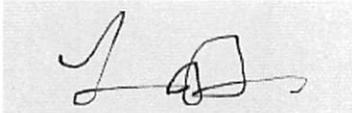
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

10/20/2023

Contracts Approval

Approve*

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

Approved by*



Approval Date*

10/26/2023



Executive Contract Summary

Contract Section


Contractor*

KnowledgeLake, Inc.

Contract ID #*

5039

Presented To*

- Resource Committee
 Full Board

Date Presented*

11/21/2023

Parties* (?)

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

10/3/2023

Contract Term End Date* (?)

10/31/2024

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

Current Contract Amount*

\$ 41,000.00

Increase Not to Exceed*

\$ 2,125.00

Revised Total Not to Exceed (NTE)*

\$ 43,125.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 43,125.00

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* (?)

Renewal Amount is higher than budgeted amount.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY15 - FY23
KnowledgeLake Software

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

KnowledgeLake_FY23.pdf 30.66KB

Vendor/Contractor Contact Person

Name*

Accounting

Address*

Street Address
555 Maryville University Drive
Address Line 2

City

St. Louis

Postal / Zip Code

63141

State / Province / Region

MO

Country

US

Phone Number*

314-898-0500

Email *

accounting@knowledgelake.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1130	\$ 2,125.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

11/3/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

11/3/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

11/3/2023

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

11/27/2023



Executive Contract Summary

Contract Section

Contractor*

STERICYCLE, INC.

Contract ID #*

7529

Presented To*

- Resource Committee
 Full Board

Date Presented*

1/16/2024

Parties* (?)

STERICYCLE, 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 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* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 11,810.00

Increase Not to Exceed*

\$ 600.00

Revised Total Not to Exceed (NTE)*

\$ 12,410.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 12,410.00

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 Unit #6302 to existing Stericycle, Inc. P.O. #CT143312 with budget line of \$600.00

Contract Owner*
Kia Walker

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

Please add previous contract dates and what services were provided*
The past 10+ years

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

Community Partnership* (?)
 Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*
Joe Sagala

Address*
Street Address
4010 Commercial Avenue
Address Line 2

City
Northbrook

State / Province / Region
IL

Postal / Zip Code
60062-1829

Country
US

Phone Number*
855-978-3744

Email*

government@stericycle.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 600.00	543026
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

\$28.69 container/minimum no waste stop fee.

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Arceneaux, Linda

Submission Date

11/28/2023

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

11/28/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Donae Walker

Approval Date

12/11/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/11/2023



Executive Contract Summary

Contract Section


Contractor*

Beck Institute for Cognitive Behavior Therapy

Contract ID #*

2022-0345

Presented To*

- Resource Committee
 Full Board

Date Presented*

12/7/2023

Parties* (?)

The Harris Center for Mental Health and IDD and The Beck Institute for Cognitive Behavior Therapy

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 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2023

Contract Term End Date* (?)

4/30/2024

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

Current Contract Amount*

\$ 19,350.00

Increase Not to Exceed*

\$ 12,900.00

Revised Total Not to Exceed (NTE)*

\$ 32,250.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 12,900.00

Funding Source*

State Grant

Contract Description / Type* (?)

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

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

Adding CBT-SP Course.
 12hrs virtual training
 Professional Workshop: \$12,000
 Admin Fee: \$900
 Number of attendees: 50

Contract Owner*

Trudy Leidich

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Current contract. CBT SP

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Beck FY24.PNG	57.51KB
---------------	---------

Vendor/Contractor Contact Person

Name*

Eve Mathieu

Address*

Street Address

One Belmont Avenue

Address Line 2

City

Bala Cynwyd

Postal / Zip Code

19004

State / Province / Region

PA

Country

United States

Phone Number*

6106643020

Email*

emathieu@beckinstitute.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1182	\$ 12,900.00	542000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

12hrs virtual training
 Professional Workshop: \$12,000
 Admin Fee: \$900
 Number of attendees: 50

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Bittner, Tiffany

Submission Date

12/7/2023

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

12/7/2023

Contract Owner Approval

Approved by

Gertrude Laidich

Approval Date

12/7/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/13/2023

EXHIBIT F-27

JANUARY 2024

RENEWALS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
LESS THAN \$100,000

JANUARY 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
1	Articulate Global, Inc.	Articulate 360 E-Learning Training Services	\$2,798.00	\$2,978.00	12/12/2023 - 12/11/2024	General Revenue (GR)		Annual renewal of the Agreement providing Articulate 360 E-Learning Software online course creation and development applications.
2	Don'Angelo & Company, LLC	Executive Coaching Program	\$17,000.00	\$17,000.00	1/1/2024 - 6/30/2024	General Revenue (GR)		Renewal of Executive Coaching Agreement.
3	Frost Insurance Agency, Inc.	Insurance Agent of Record Services for Property and Casualty Insurance	\$75,000.00	\$65,000.00	1/1/2024 - 12/31/2024	General Revenue (GR)	Request for Proposal	First annual renewal of Agreement for Insurance Agent of Record Services for Property and Casualty Insurance. This is the first-year renewal with three annual renewal options remaining.
4	Lorman Business Center, LLC d/b/a Lorman Education Services	Online Continuing Education Training Resources for Legal and Contract Services.	\$3,140.00	\$3,140.00	12/31/2023 - 12/30/2024	General Revenue (GR)		Annual renewal of agreement for Online Continuing Education Training Resources for Legal and Contract Services.
5	Masterword Services, Inc.	Foreign Language Translation and Assessment Proficiency Services	\$5,000.00	\$5,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Annual renewal of Foreign Language Translation and Assessment Proficiency Services.
6	P-NURSING II (RNs, LVNs and MAs)	Temporary Nursing Temporary Nursing Personnel Services for Registered Nurses (RN), Licensed Vocational Nurses (LVNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).	\$130,000.00	\$70,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Annual renewal of temporary nursing personnel services for RNs, LVNs, LPNs and CNAs.
7	Vector Solution/Convergence Training, LLC	Learning Management System for Facility Maintenance Scheduling Services	\$11,347.20	\$3,782.40	12/30/2023 - 12/30/2026	General Revenue (GR)	Request for Quote	Renewal of Learning Management System Agreement for Facility Maintenance Scheduling Services.
FORENSICS								
8	Lanier Parking Meter Services, LLC D/B/A REEF Park	Parking Lease for Spaces at 1200 Baker Street for The Harris Center Staff	\$78,960.00	\$78,960.00	1/1/2024 - 12/31/2024	County		Annual renewal of parking lease agreement at 1200 Baker Street for The Harris Center Staff. Rate: \$70 per parking space per month.
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
MENTAL HEALTH								
9	NAMI Greater Houston	Peer to Peer Facilitated, Psycho-Education Courses	\$41,100.00	\$41,100.00	9/1/2023 - 8/31/2024	State	Consumer Driven	Annual renewal of Agreement to provide Peer to Peer Facilitated and Psycho-Education Courses to Consumers.
CPEP/CRISIS SERVICES								
LEASES								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7618

Contractor Name*

Articulate Global, Inc.

Service Provided* (?)

Articulate 360 E-Learning Software online course creation and development applications.

Renewal Term Start Date*

12/12/2023

Renewal Term End Date*

12/11/2024

Term for Off-Cycle Only (For Reference Only)

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

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* (?)

\$ 2,798.00

Rate(s)/Rate(s) Description

ONE-YEAR SUBSCRIPTION: \$1,399.00. QTY: 2

Unit(s) Served*

1975

G/L Code(s)*

551003

Current Fiscal Year Purchase Order Number*

CT142667

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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.*
1975	\$ 2,798.00	551003
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,978.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Articulate 360 Renewal - SUB-1401339.pdf

66.75KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/4/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0128

Contractor Name*

Don'Angelo & Company, LLC

Service Provided* (?)

Executive Coaching Program.

Renewal Term Start Date*

1/1/2024

Renewal Term End Date*

6/30/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 17,000.00

Rate(s)/Rate(s) Description

\$8,500.00 partial payment and \$8,500.00 final payment for six-month program.

Unit(s) Served*

1110

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

CT143142

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

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.*
1110	\$ 17,000.00	542000
Budget Manager* Brown, Erica		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 17,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

General Revenue (GR)

Contract Content Changes 

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

 Yes No

Will the scope of the Services change?*

 Yes No

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

 Yes No

Are there any changes in the Performance Targets?*

 Yes No

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

 Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s) 

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/13/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Administration

Current Fiscal Year

2024

Contract ID# *

2023-0618

Contractor Name *

Frost Insurance Agency, Inc.

Renewal Term Start Date

1/1/2024

Renewal Term End Date

12/31/2024

Term for Off-Cycle Only (For Reference Only)

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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 75,000.00

Rate(s)/Rate(s) Description

\$65,000.00 flat annual fee for year(s) 2-5/FY24-27 Budget.

Unit(s) Served*

1117

G/L Code(s)*

579000

Current Fiscal Year Purchase Order Number*

CT142802

Contract Requestor*

Egla MacKinney

Contract Owner*

Kendra Thomas

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 65,000.00	579000
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Brown, Erica

Provide Rate and Rate Descriptions if applicable (?)

Flat fee of \$65,000 per yr to be our agent of record

Project WBS (Work Breakdown Structure) (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 65,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Kendra Thomas

Contracts Approval



Approved by

Belinda Stude

Approval Date

11/2/2023

Final Board Report Comments



Service Provided (?)

Insurance Agent of Record Services for property and casualty insurance.

Product/Service Description

Insurance Agent of Record Services for Property and Casualty Insurance

Revised Comments For Board Report *

First annual renewal of Agreement for Insurance Agent of Record Services for Property and Casualty Insurance. This is the first-year renewal with three annual renewal options remaining.

Exclude this Renewal from Board Report? *

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Administration

Current Fiscal Year

2024

Contract ID# *

2021-0282

Contractor Name *

Lorman Business Center, LLC d/b/a Lorman Education Services

Renewal Term Start Date

12/31/2023

Renewal Term End Date

12/30/2024

Term for Off-Cycle Only (For Reference Only)

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

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* (?)

\$ 3,140.00

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

1110, 1119

G/L Code(s)*

549005

Current Fiscal Year Purchase Order Number*

FY24 PO CT142601

Contract Requestor*

Christina Gerardo

Contract Owner*

Kendra Thomas

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.*
1110	\$ 942.00	549005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 2,198.00	549005

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

Provide Rate and Rate Descriptions if applicable (?)

3,140.00 annual

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 3,140.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kendra Thomas

Budget Manager Approval(s)

Approved by

Erica Brown

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Kendra Thomas

Contracts Approval

Approved by

Belinda Stude

Approval Date

12/6/2023

Final Board Report Comments

Service Provided (?)

Online Continuing Education Training Resources for Legal and Contract Services.

Product/Service Description

Online Continuing Education Training Resources for Legal and Contract Services.

Revised Comments For Board Report*

Annual renewal of agreement for Online Continuing Education Training Resources for Legal and Contract Services.

Exclude this Renewal from Board Report?*

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7317

Contractor Name*

Masterword Services, Inc.

Service Provided* (?)

Foreign Language Translation and Assessment Proficiency 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 \$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 checked="" type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Please provide the HUB status

WBE - Women owned business.

Contract NTE* (?)

\$ 5,000.00

Rate(s)/Rate(s) Description

Language Proficiency Assessment: \$85.00. Interpreter Skills Assessment: \$125.00.

Unit(s) Served*

1108

G/L Code(s)*

543018

Current Fiscal Year Purchase Order Number*

CT142494

Contract Requestor*

Ninfa Escobar

Contract Owner*

Ninfa Escobar

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. *
1108	\$ 5,000.00	543018
Budget Manager *	Secondary Budget Manager *	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable * (?)

NA

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2024	\$ 5,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

5000

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval

Approved by

Ninfa Escobar

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/4/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract*

Administration

Current Fiscal Year

2023

Contract ID#*

2021-0149

Contractor Name*

P-NURSING II (RNs, LVNs and MAs)

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 \$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

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* (?)

\$ 130,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

2379,1153

G/L Code(s)*

540502

Current Fiscal Year Purchase Order Number*

CT142484

Contract Requestor*

Linda Arceneaux

Contract Owner*

Kia Walker

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1153	\$ 70,000.00	540502
Budget Manager * Brown, Erica		Secondary Budget Manager * Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable (?)

RATES WILL VARY.

Project WBS (Work Breakdown Structure) (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 70,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

70,000

Contract Funding Source *

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Kia Denaé Walker

Contracts Approval



Approved by

Belinda Stude

Approval Date

11/21/2023

Final Board Report Comments



Service Provided (?)

Master Pooled Contract. Tag-On to Harris County Hospital District (HCHD) DBA Harris Health Contract(s). Temporary Nursing Personnel Services for Licensed Vocational Nurses (LVNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).

Product/Service Description

Temporary Nursing Temporary Nursing Personnel Services for Registered Nurses (RN), Licensed Vocational Nurses (LVNs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).

Revised Comments For Board Report*

Annual renewal of temporary nursing personnel services for RNs, LVNs, LPNs and CNAs.

Exclude this Renewal from Board Report?*

- Yes
- No



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7852

Contractor Name*

Vector Solution/Convergence Training, LLC

Service Provided* (?)

Learning Management System for Facility Maintenance Scheduling Services

Renewal Term Start Date*

12/30/2023

Renewal Term End Date*

12/30/2024

Term for Off-Cycle Only (For Reference Only)

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

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* (?)

\$ 3,782.40

Rate(s)/Rate(s) Description

???(Paid in Full for 3 year term)

Unit(s) Served*

1124

G/L Code(s)*

551002

Current Fiscal Year Purchase Order Number*

CT140825

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 3,782.40	551002

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

Provide Rate and Rate Descriptions if applicable* (?)

see attached renewal amendment

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 3,782.40

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Convergence Vector Solutions Renewal Amendment.pdf

216.58KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Erica Brown

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

11/27/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7717

Contractor Name*

Lanier Parking Meter Services, LLC D/B/A REEF Park

Service Provided* (?)

Parking Lease for Spaces at 1200 Baker Street

Renewal Term Start Date*

1/1/2024

Renewal Term End Date*

12/31/2024

Term for Off-Cycle Only (For Reference Only)

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 <input type="text"/> |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 78,960.00

Rate(s)/Rate(s) Description

\$70 per parking space; 100 space allocated

Unit(s) Served*

6202

G/L Code(s)*

544005

Current Fiscal Year Purchase Order Number*

CT143137

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 78,960.00	544005
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable* (?)

\$70 per parking space per month

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 78,960.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shenica Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

12/7/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2022-0532

Contractor Name*

NAMI Greater Houston

Service Provided* (?)

Peer to Peer facilitated, psycho-education courses related to individuals diagnosed to support best practices in the recovery process.

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 41,100.00

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

Multiple

G/L Code(s)*

542000

Current Fiscal Year Purchase Order Number*

FY23 PO CT142600

Contract Requestor*

Chekesha Govan

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	\$ 11,100.00	542000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 3,800.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 6,600.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 4,800.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 400.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 4,800.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 4,800.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 4,800.00	542000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 41,100.00

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 Shelby

Approved by

DLR

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

10/25/2023

EXHIBIT F-28

JANUARY 2024
AFFILIATION AGREEMENTS,
GRANTS, MOU'S AND
REVENUES
INFORMATION ONLY



Executive Contract Summary

Contract Section



Select Header For This Contract*

Revenue

Contractor*

The Network of Behavioral Health Providers

Contract ID #*

2023-0801

Presented To*

- Resource Committee
- Full Board

Date Presented*

1/16/2024

Parties* (?)

The Harris Center for Mental Health and IDD and Network of Behavioral Health Providers

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 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* (?)

10/31/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

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 *

Lance Britt

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Specify Name *

Network of Behavioral Health Providers

Supporting Documentation Upload (?)

ARPA_The Harris Center_budget Timeline Revised.xlsx 36.1KB

Vendor/Contractor Contact Person ▲

Name *

Lisa Albert

Address *

Street Address

9401 Southwest Freeway #1242

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77074

Country

US

Phone Number *

(832) 418-4991

Email *

lalbert@nbhp.org

Budget Section ▲

Budget Units and Amounts Charged to each Budget Unit

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

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

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

Requester Name	Submission Date
Boswell, Jennifer	10/31/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date
10/31/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date
11/1/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date
11/2/2023

Final Board Report Comments

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

The purpose of the Clinician Advancement Program (CAP) is to promote the recruitment and retention of LPC-Associates, LMFT-Associates and LMSWs by offering in-house clinical supervision and training. Supervision helps strengthen the potential of our workforce leading to enhanced job satisfaction and increased clinician retention. The agreement with the Network of Behavioral Health Providers will help offset the cost of the CAP program. : The Network's Behavioral Health Workforce Recruitment, Education, and Development Initiative (WREDI) expansion project is contracting with approved Behavioral Health Organizations focusing on Education/Training and Certification for Community Health Workers, Incentivization programs for recruitment and retention of the Behavioral Health workforce, administering stipends to behavioral health providers to train additional staff as supervisors, and administering stipends to partially cover the costs of supervision leading to licensure.

Product/Service Description

New Revenue Agreement

Revised Comments For Board Report *

The Network's Behavioral Health Providers will provide funding to support the Agency's Clinician Advancement Program (CAP) which promotes the recruitment and retention of LPC-Associates, LMFT-Associates and LMSWs by offering in-house clinical supervision and training. The Agreement with the Network will help offset the cost of the CAP program. The Network's Behavioral Health Workforce Recruitment, Education, and Development Initiative (WREDI) expansion project is contracting with approved Behavioral Health Organizations focusing on Education/Training and Certification for Community Health Workers, Incentivization programs for recruitment and retention of the Behavioral Health workforce, administering stipends to behavioral health providers to train additional staff as supervisors, and administering stipends to partially cover the costs of supervision leading to licensure.

Exclude this ECS from Board Report? *

Yes No