



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

Resource Committee Meeting

January 16, 2024

8:30 am

I. DECLARATION OF A QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 7, 2023
(EXHIBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report-December
(EXHIBIT R-2 Vanessa McKeown)
- B. January 2024 Contracts Amendments Over 250K
(EXHIBIT R-3 Belinda Stude)
- C. January 2024 Contract Renewals Over 250K
(EXHIBIT R-4 Belinda Stude)
- D. January 2024 Interlocal Agreements
(EXHIBIT R-5 Belinda Stude)

V. REVIEW AND TAKE ACTION

- A. Award Recommendation - Community Psychiatric Hospital Beds RFP
(EXHIBIT R-6)

VI. EXECUTIVE SESSION-

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

VII. RECONVENE INTO OPEN SESSION

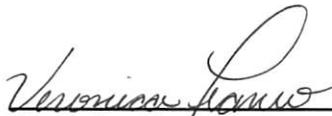
VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

IX. INFORMATION ONLY

- A. January 2024 New Contracts 100K-250K
(EXHIBIT R-7)
- B. January 2024 Contract Amendments 100K-250K
(EXHIBIT R-8)
- C. January 2024 Contract Renewals 100K-250K
(EXHIBIT R-9)
- D. January 2024 New Contracts Under 100K
(EXHIBIT R-10)

- E. January 2024 Contract Amendments Under 100K
(EXHIBIT R-11)
- F. January 2024 Contract Renewals Under 100K
(EXHIBIT R-12)
- G. January 2024 Affiliation Agreements, Grants, MOU's and Revenues
Information Only
(EXHIBIT R-13)
- H. FY2024 Supplier Diversity Report
(EXHIBIT R-14)
- I. First Quarter Financial by Clinics
(EXHIBIT R-15)
- J. Revenue Management Metrics
(EXHIBIT R-16)

X. ADJOURN



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

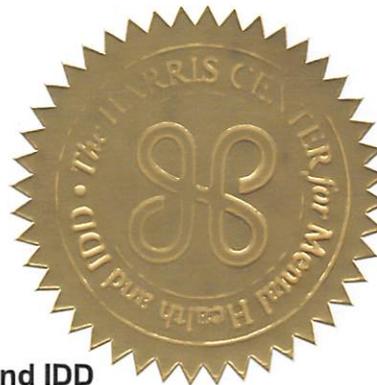


EXHIBIT R-1

BOARD OF TRUSTEES
The HARRIS CENTER for
Mental Health *and* IDD
PROGRAM COMMITTEE MEETING
TUESDAY, NOVEMBER 7, 2023
MINUTES

Mrs. Hellums, Board of Trustees Vice Chairman, called the meeting to order at 9:57 a.m. in Room 109 of the 9401 Southwest Freeway location, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. R. Gearing, Dr. L. Moore, B. Hellums

Committee Member in Absence: None

Other Board Members in Attendance: None

1. CALL TO ORDER

The meeting was called to order at 9:57 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Judge Hellums designated Dr. G. Santos as a voting member.

3. DECLARATION OF QUORUM

Mrs. Hellums declared a quorum of the committee was present.

4. PUBLIC COMMENTS

There were no Public Comments.

5. Approve the Minutes of the Board of Trustees Program Committee Meeting Held on Tuesday, September 19, 2023.

MOTION BY: GEARING

SECOND BY: MOORE

With unanimous affirmative votes

BE IT RESOLVED that the Minutes of the Board of Trustees Program Committee meeting held on Tuesday, September 19, 2023 under Exhibit P-1, are approved and recommended to the Full Board for acceptance.

6. REVIEW AND COMMENT

A. Healthy Minds Healthy Community Presentation-Jennifer Battle and Lisa Blinn presented to the Program Committee.

7. EXECUTIVE SESSION

There was no Executive Session during the Program Committee Meeting.

8. ADJOURN

MOTION: GEARING

SECOND: ZAKARIA

There being no further business, the meeting adjourned at 10:19 am.

**Veronica Franco, Board Liaison
Bonnie Hellums, Chairman
Program Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees**

DRAFT

EXHIBIT R-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				

Total Interest Earned



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 R-3

JANUARY 2024 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Select Header For This Contract *

Administration

Contractor *

Innovation Network Technologies

Contract ID # *

2021-0234

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/16/2024

Parties * (?)

Innovation Network 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 |

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

11/1/2023

Contract Term End Date * (?)

10/31/2024

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

11/1/2023-10/31/2024

Current Contract Amount *

\$ 124,928.66

Increase Not to Exceed *

\$ 144,038.46

Revised Total Not to Exceed (NTE) *

\$ 268,967.12

Fiscal Year* (?)

2024

Amount* (?)

\$ 268,967.12

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 *

FY22, FY23

Same services

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Harris Center - Change Order 100 GB-31-10-2023 Deepwatch.pdf 58.73KB

Vendor/Contractor Contact Person

Name *

Gene Loye

Address *

Street Address

5729 Lebanon Road

Address Line 2

City

Frisco

Postal / Zip Code

75034

State / Province / Region

TX

Country

US

Phone Number *

888-804-6638

Email *

gloye@innetworktech.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1147	\$ 144,038.46	900022
Budget Manager Brown, Erica	Secondary Budget Manager Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$144,038.46 for 12 months of increased log ingestion

Project WBS (Work Breakdown Structure)* (?)

IT24.1147.01

Requester Name

Hurst, Richard

Submission Date

11/3/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

11/20/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochunwala

Approval Date

11/22/2023

Contracts Approval

Approved by

Belinda Stude

Approval Date

11/27/2023

Final Board Report Comments

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

To increase log data amount from current limit to higher limit for more in depth SOCaaS (Security Operations Center as a Service) analysis and remediation. Log data is critical to detecting threats and malicious activity.

Product/Service Description

Deepwatch Platform

Revised Comments For Board Report *

Amendment to increase the log data amount from current limit to higher limit for more in depth SOCaaS (Security Operations Center as a Service) analysis and remediation. Log data is critical to detecting threats and malicious activity.

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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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 Denaac 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 R-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 Cochinvala

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

12/4/2023

EXHIBIT R-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 <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*

\$ 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

Debbie Chambers Shelby

Approval Date

10/26/2023

Contract Owner Approval

Approved by

Sylvia Muzquiz

Approval Date

10/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

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 Behm

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

Jodel Oshman

Approval Date
12/5/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date
12/5/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

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 <input type="text"/> |

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	
MST_Standard_TX HHSC Template_Harris Center (1).docx	74.58KB
MST Tentative Award Amount .png	39.97KB

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)

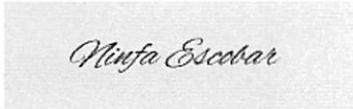
Approved by	Approval Date
	12/7/2023

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, Chekesha

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

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

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

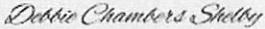
Project WBS (Work Breakdown Structure)* (?)

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 (?)

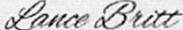
Approved by



Approval Date

Contract Owner Approval

Approved by

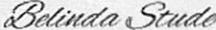


Approval Date

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 R-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, BSBA
Buyer II

DocuSigned by:

Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:

Vanessa McKeown, CPA
Chief Financial Officer

Thank you.

EXHIBIT R-7

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

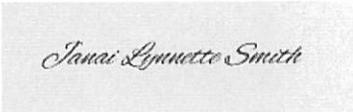
Budget Manager	Secondary Budget Manager
Smith, Janai	Hooper Jr., Michael

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

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

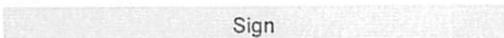
Requester Name	Submission Date
Bowser, Mohagony	12/12/2023

Budget Manager Approval(s)

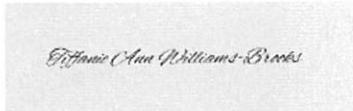
Approved by	Approval Date
	12/14/2023

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 R-8

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 <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*

\$ 98,907.48

Increase Not to Exceed*

\$ 93,351.47

Revised Total Not to Exceed (NTE)*

\$ 192,258.95

Fiscal Year * (?)	Amount * (?)
2024	\$ 192,258.95

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 * (?)

Due to the manner in which Saba Software manages their contracts, a year is the minimal contract duration; therefore, we are extending the contract to the end of the fiscal year, and appropriately adjusting the NTE. Saba Software is currently our Learning Management System.

Contract Owner *

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

Contracting with Saba since 2018.

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

Invoice_54578.pdf	92.95KB
-------------------	---------

Vendor/Contractor Contact Person 

Name *

Stephanie Warner

Address *

Street Address

1601 Cloverfield Boulevard

Address Line 2

Suite 600 South

City

Santa Monica

Postal / Zip Code

90404-4082

State / Province / Region

CA

Country

US

Phone Number*

613-404-2017

Email*

swarner@csod.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 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 R-9

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 <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* (?)

\$ 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

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

\$ 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 R-10

JANUARY 2024
NEW CONTRACTS
UNDER 100k

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION						
1	ALERT 360 OPKO, 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	Creative Financial Staffing, LLC	Consulting Services	\$60,000.00	12/19/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement to provide Consulting Services for the Finance's Grant Accounting division which 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.
4	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.
5	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						

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

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

\$ 4,387.32

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

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 <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* (?)

\$ 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

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

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

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

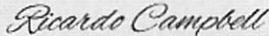
Project WBS (Work Breakdown Structure)* (?)

NA

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

Budget Manager Approval(s)

Approved by



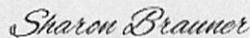
Approval Date

12/15/2023

Procurement Approval

File Upload (?)

Approved by

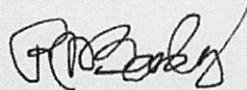


Approval Date

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

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 * (?)

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

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*

1975

Amount Charged to Unit*

\$ 4,300.00

Expense/GL Code No.*

549005

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Escobar, Ninfa

Submission Date

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

18F53531C825485
Frances Otto, CTCD
Buyer II

DocuSigned by:
Sharon Brauner

258C3C5A0E99418
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:
Vanessa McKeown

0405B9FFF5CB4CA...
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 * (?)

2024

Amount * (?)

\$ 45,000.00

Fiscal Year * (?)

2025

Amount * (?)

\$ 48,000.00

Fiscal Year * (?)

2026

Amount * (?)

\$ 48,000.00

Fiscal Year * (?)

2027

Amount * (?)

\$ 48,000.00

Fiscal Year * (?)

2028

Amount * (?)

\$ 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

Angela Babin

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 R-11

JANUARY 2024 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
 CONTRACT AMENDMENTS
 LESS THAN \$100,000

JANUARY 2024
 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION									
1	Empowered Systems Holdings, LLC d/b/a Empowered System, LLC	Software License Agreement	\$1,600.00	\$1,250.00	\$2,850.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to include the SOW costs to upgrade AutoAudit to the latest Server Operating System, Database, and the latest version of the application.
2	Germane Company d/b/a Germain Solutions	Consultation Services	\$15,000.00	\$1,202.03	\$16,202.03	5/24/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE to cover travel expenses for in-person session services.
3	KnowledgeLake, Inc.	Sharpoint/HRIS related Software Support and Maintenance	\$41,000.00	\$2,125.00	\$43,125.00	10/3/2023 - 10/31/2024	General Revenue (GR)		Amendment to increase the NTE due to the renewal amount was higher than what was originally budgeted for FY24.
4	STERICYCLE, INC.	Agency Wide Medical Waste Services	\$11,810.00	\$600.00	\$12,410.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to add another department unit needed for additional services.
5	The Beck Institute for Cognitive Behavior Therapy	Training Services	\$19,350.00	\$12,900.00	\$32,250.00	4/1/2023 - 4/30/2024	State Grant		Amendment needed to increase the NTE to provide CBT-SP training Course. 12hrs virtual training Professional Workshop: \$12,000 Admin Fee: \$900 Number of attendees: 50
FORENSICS									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES									
MENTAL HEALTH									
CPEP/CRISIS SERVICES									
LEASES									
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI									



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

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 (?)

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

State / Province / Region

IN

Postal / Zip Code

46142-8495

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	Submission Date
Jones, Anthony	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

Brown, Erica

Secondary Budget Manager

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

Mayne, Annette

Submission Date

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 <input type="text"/> |

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 |

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* (?)

Amount* (?)

2024

\$ 12,410.00

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* (?)

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

Postal / Zip Code

60062-1829

State / Province / Region

IL

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 Studo

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* (?)

- 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* (?)

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

Campbell, Ricardo

Secondary Budget Manager

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 R-12

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,798.00

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*

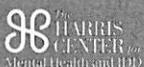
- Yes
- No, reject entire submission
- Return for correction

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

- 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* (?)

\$ 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 *

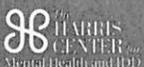
- Yes
- No, reject entire submission
- Return for correction

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

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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*	Secondary Budget Manager*
Brown, Erica	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 Tiles

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 <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* (?)

\$ 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 R-13

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

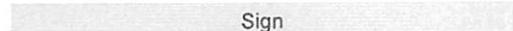
Requester Name	Submission Date
Boswell, Jennifer	10/31/2023

Budget Manager Approval(s) 

Approved by	Approval Date
	10/31/2023

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval 

Approved by	Approval Date
	11/1/2023

Contracts Approval 

Approved by	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

EXHIBIT R-14

Supplier Diversity Report

Q1 FY2024

Presented by: Vanessa McKeown, CPA
Jan 16, 2024



Overview

- RFP Advertisement – Examples
- Q1 FY2024 HUB Spent Report
- Revision to FY2023 HUB Spent

RFP Advertisements - Examples

14 Del 16 al 22 de Noviembre 2023

CLASIFICADOS



The Harris Center for Mental Health and IDD will be accepting proposals for the following:

Community Psychiatric Hospital Beds

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Monday, November 20, 2023. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Thursday, November 30, 2023. Proposals must be submitted by 10:00 a.m., Thursday, December 14, 2023. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

NOTICE TO PROPOSERS

The Houston Independent School District Purchasing Services Department, located at 4400 West 18th Street, Houston, TX 77092, is soliciting Request for Proposals (RFP) via the District's electronic bidding portal. Proposers may login to view specifications and submit their responses at the following link <https://houstonisd.onwave.net/Login.aspx> until 2:00 p.m. (CST) Thursday, January 11, 2024, for the following solicitation:

RFP 24-10-12 Unemployment Administrative Services

Pre-proposal conferences via Microsoft Teams will be held in conjunction with this RFP. Information regarding dates, times, and instructions to receive a link to join the meeting can be located within the electronic bidding portal under the "Event Details" tab specific to this solicitation.

EL EMPLEO QUE NECESITAS ESTÁ AQUÍ

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

¿NECESITA MÚSICA PARA SU EVENTO?
BANDA EN VIVO, MÚSICA EN INGLÉS Y ESPAÑOL,
LLAME A BRUCE MIDDLETON AL 281-684-6758

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\$100 off en reparaciones de techo llame ya al **832-878-2604 / 281-748-2798**

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November 16, 2023 | DEFENDER NETWORK

DN InFocus

THANKSGIVING

Healthy alternatives to soul food

By Laura Onyeneho

Soul food is cherished by many in the Black community and holds a rich history that traces its origins back to the homeland of once free Africans. Picture the harrowing voyage of our enslaved kin, a journey from the coast of Africa to America on slave ships, where African culinary traditions intertwined with Western culture, birthing the meals that grace our tables today.

From one generation to another, the nutritional richness and health benefits of ancestral food have slowly become a silent contributor to the elevated prevalence of chronic diseases among Black Americans, surpassing rates observed in other racial groups.

Before you dust off your treasured cooking book ahead of Thanksgiving, it's crucial to grasp how soul food has evolved over the years. Equally important is understanding the imperative need for healthier cooking alternatives to tantalize our taste buds and increase our lifespans and overall well-being.

History of Soul Food

Soul food originated during slavery. It started in the Deep South, mainly Alabama, Georgia, and Mississippi. Low-quality food rations were given to the enslaved, such as pigs' feet, intestines, ham hocks, hog jowls, and pork necks. The enslaved turned these scraps into meals out of survival, and those dishes evolved and expanded across the U.S. by Black migrants who left the south during the Great Migration.

Dr. Marino Bruce, director of the University of Houston Population Health, said soul food's evolution during the dark period of slavery had unintended consequences. "Many adaptations," he explained, "were born out of necessity and often required the use of cheaper, less nutritious ingredients. The result was a cuisine that sacrificed the inherent health benefits of traditional African foods for the sake of sustenance."

The African Connection

Critics argue that Black Southern Cuisine defies the unhealthy stereotypes often associated with its history. The connection between Southern cuisine and Africa has deep roots. Staples like yams, black-eyed peas, collard greens and okra originated in the motherland.

Okra became an ingredient in gumbo, often fried in the Deep South. The least desired cuts of pork, including feet, internal organs, and the head, were given to the enslaved.

Rice was taken from Africa by slave



traders to sustain the enslaved during the middle passage. One-pot recipes such as jambalaya, reminiscent of West African jollof rice, have become staples in African cooking. African yams were a staple that was no longer accessible, so sweet potatoes became a suitable substitute in meals.

Crisis in Black communities

Bruce said the health issues plaguing the Black community are more of a larger societal problem than equating soul food as the problem.

"Today, there are other factors that contribute to obesity, high cholesterol, and hypertension," he said. "Lack of affordable grocery stores, poor dieting, and lack of exercise are just a few challenges to address."

According to an American Heart Association report, African Americans live shorter lives due to cardiac issues. These issues were attributed to stress and poor dieting that leaned heavily toward greasy foods.

"If you don't live near a full-service grocery store and you go to the corner market, it might not have the refrigeration or proper storage, and so you're paying for a product that may not last," said Dr. Bettina Beech, chief population health officer at the University of Houston. "The easiest thing to do is to buy cheaper items that lack nutritional value."

Beech also highlights often overlooked factors in health disparities discussions.

"There is the mindfulness piece. Are people stressed when we're coming to the table?

All of that plays a big role in metabolism," she said. "How we feel about food and how we control our behavior is a factor, as well."

Enjoy healthier alternatives

African Heritage Diet programs are sweeping the nation, empowering Black communities to embrace their culinary heritage. These initiatives go beyond education, offering cooking classes and resources to facilitate a transition to healthier eating habits while celebrating the cultural significance of food.

"Abundant vegetables, fruits, whole grains, legumes, and lean proteins characterize this dietary approach. It consciously minimizes processed foods, added sugars, and unhealthy fats, aligning with key recommendations for a balanced, heart-healthy diet."

Veganism has taken center stage in Black Southern Cuisine. Pew Research Center survey shows that eight percent of Black Americans identify as strict vegans or vegetarians, compared to just three percent of

the general population. This shift towards vegan diets within the Black community is not merely a dietary choice but a cultural alignment with traditional soul food, incorporating foods and cooking techniques rooted in African-American cultures and traditions.

Houston has more than 20 vegan restaurants. As individuals redefine their dietary preferences, more Black-owned vegan establishments, from restaurants to food trucks, are emerging. These enterprises are reshaping perceptions of vegan food while providing consumers with various healthy dishes good enough to make the cut this Thanksgiving.

"When we talk about diets, it sounds restrictive. The first thing I think about is what I can't have," Beech said. "It's about lifestyle change. How we talk about nutrition and ways of medication can have a big impact on our mental wellbeing and how we approach our level of receptivity for making the kinds of changes needed."

CLASSIFIED

The Harris Center for Mental Health and IDD will be accepting proposals for the following:
Community Psychiatric Hospital Beds

Specifications may be secured from The Harris Center website www.theharriscenter.org beginning Monday, November 20, 2023. The Harris Center utilizes Bonfire for their solicitations <https://theharriscenter.bonfirehub.com/portal/?tab=openOpportunities>. Deadline for prospective vendors to submit questions to this RFP is Thursday, November 30, 2023. Proposals must be submitted by 10:00 a.m., Thursday, December 14, 2023. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses are encouraged to participate. The Harris Center reserves all rights to reject any and/or all proposals, to waive formalities and reasonable irregularities in submitted documents as it deems to be in its best interests and is not obligated to accept the lowest proposal.

Q1 FY2024 HUB Report (1 of 2)

Vendor Name	FY2024 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	288,887	Janitorial services	x	x	x
Rey De La Reza Architects	137,405	Architecture services	x	x	x
Rekruters	70,848	IT staffing	x	x	x
Right Now Pest	61,719	Pest Control and Exterminator	x	x	x
Metropolitan Landscape*	61,346	Landscape	x	x	x
Physician Resources, INC	60,503	Temporary Staffing and Direct Hire Placement	x	x	x
Webhead	46,258	Technology Company	x	x	x
Landtech	24,870	Surveying	x	x	x
The Warring Group	24,600	PR/Media Relations	x	x	x
Ascend HR	23,200	Recruitment	x	x	x
A-Rocket Moving & Storage	13,239	Moving services	x	x	x
The Burnett Companies Consolidated	7,851	Specialist Staffing	x	x	x
Modern Psychological & Allied	7,000	Psychological services	x	x	x
ATIME4MARKET	3,880	Marketing Consultant	x	x	x
SHI Government Solutions, INC	3,312	Computer Software &, Hardware	x	x	x
Crystal Communications Ltd	2,360	Data, IP, and video communications systems integratio	x	x	x
Next Level Urgent Care*	1,845	Urgent care/workers' comp	x	x	x
Nightingale Interpreting	1,103	Translation and interpretation services	x	x	x
Broaddus Planning, LLC	555	Consulting and Planning Services		x	x
MasterWord Services INC	382	Translation and interpretation services	x	x	x
Universe Technical Translation	315	Translation and interpretation services	x	x	x
Total HUB Spend	\$ 841,476				

* Did not renew HUB certification during FY2023

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

Q1 FY2024 HUB Report (2 of 2)

- Q1 FY2024 HUB spend = **\$841,476**
- Q1 FY2024 discretionary spend = **\$5,374,943**
- HUB spend % = **16%**
- Exclusion categories from discretionary spend
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easterseals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Physician services*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*
 - *Employee benefits*
 - *Consumer-chosen individuals for respite services*

Revision to FY2023 HUB spend and %

Due to identifying additional Payees/HUBs associated with our Pool-Accounts a revision was made to reflect correct HUB spend and percentage for FY2023.

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

Revision

Vendor Name	FY2023 Spend (\$)	Description	Local Vendor		HUB
			Greater Houston	State of Texas	
Ultra Medical Cleaning	857,358	Janitorial services	x	x	x
Rekruters	618,489	IT staffing	x	x	x
Innovative Network	235,627	Networks, storage & cloud migration	x	x	x
Universe Technical Translation	223,696	Translation and interpretation services	x	x	x
Webhead	219,633	Technology Company	x	x	x
Metropolitan Landscape*	205,863	Landscape	x	x	x
Physician Resources, INC	202,519	Temporary Staffing and Direct Hire Placement	x	x	x
Ascend HR	199,061	Recruitment	x	x	x
Elite Personnel Consultants	177,879	Personnel staffing		x	x
Rey De La Reza Architects	153,617	Architecture services	x	x	x
The Burnett Companies Consolidated	151,161	Specialist Staffing	x	x	x
Right Now Pest	131,234	Pest Control and Exterminator	x	x	x
Innovative Solution*	100,000	PPE	x	x	x
SHI Government Solutions, INC	92,855	Computer Software &, Hardware	x	x	x
PPG Global LLC	90,666	PPE	x	x	x
The Warring Group	72,000	PR/Media Relations	x	x	x
Compass Abatement Services LLC	64,749	Environmental Remediation and Abatement	x	x	x
TCB Services	56,102	Reseller of Computer Hardware and Software Products	x	x	x
Lab USA	53,199	Technology Company	x	x	x
A-Rocket Moving & Storage	40,454	Moving services	x	x	x
DAAS, INC	37,408	Flooring Contractors	x	x	x
Crystal Communications Ltd	36,023	Data, IP, and video communications systems integration	x	x	x
E&C Engineers & Consultants	28,960	Engineering analysis, consulting and design	x	x	x
Broaddus Planning, LLC	27,987	Consulting and Planning Services		x	x
Dura Pier Facilities Services, LTD	21,953	Facility services - construction	x	x	x
RAM Telecom LLC	20,150	Construction Management	x	x	x
THR3E Design	20,050	Architecture services	x	x	x
ATime4Market	19,559	Marketing Consultant	x	x	x
Modern Psychological & Allied	17,500	Psychological services	x	x	x
Nightingale Interpreting	11,013	Translation and interpretation services	x	x	x
Landtech	7,850	Surveying	x	x	x
MasterWord Services INC	4,557	Translation and interpretation services	x	x	x
Viking Fence	3,210	Fence	x	x	x
Houston Defender	2,755	African-American Newspaper	x	x	x
Next Level Urgent Care*	2,470	Urgent care/workers' comp	x	x	x
Total HUB Spend	\$ 4,207,610				

* Did not renew HUB certification during FY2023

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

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

Revision

- Q1 + Q2 + Q3 + Q4 FY2023 HUB spend = **\$4,207,610**
- Q1 + Q2 + Q3 + Q4 FY2023 discretionary spend = **\$21,905,442**
- HUB spend % = **19%** (Revision – to include additional HUB Vendors associated with Pool-Accounts increased by 3% from previously stated 16%)
- Reduction in % is due to less PPE spend
- Exclusion categories from discretionary spend
 - *Intergovernmental contracts*
 - *Key service contracts with non-profits (Easterseals)*
 - *University systems (BCM for residency program)*
 - *Enterprise software (EHR, ERP)*
 - *Leases*
 - *Supported housing*
 - *Pharmaceuticals*
 - *Utilities*
 - *Trade organizations (National Council, Texas Council)*
 - *Employee reimbursements*
 - *Employee benefits*
 - *Consumer-chosen individuals for respite services*

Thank you.

EXHIBIT R-15

Transforming Lives



Financials by Clinic + NPC

Q1FYTD FY2024



January 16, 2024

Presented By: Vanessa McKeown, Chief Financial Officer

Northwest Community Service Center

FY2024 Q1 Financial Performance

Revenues	\$4,252,673
Expenses	<u>(\$5,011,653)</u>
Gross Margin	(\$758,980)

Clinic Information

Address	3737 Dacoma St
Facility Size	40,000 Sq Ft
Clinic FTE's	151

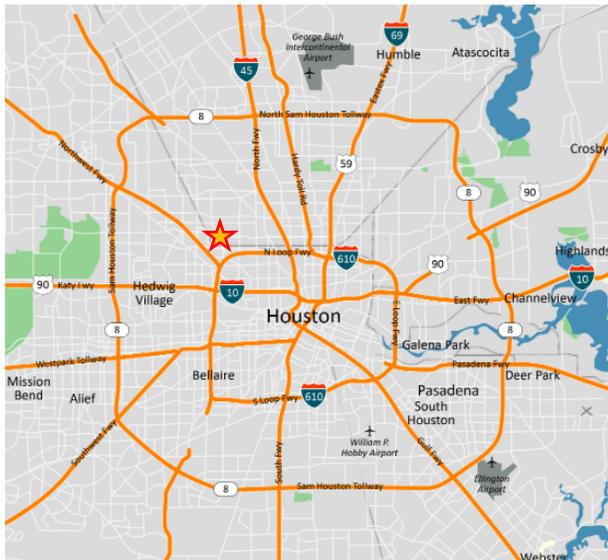
FY 2023 Clinical Performance

Annual Patient Visits	4,010
Average Monthly Patient V	334.17
Average No Show	56.88%
Average Patient Wait Time	38 Minutes
Average Third Next Available	1.1 Day
Average Patient Satisfaction	84%

Northwest Community Service Center

- **Service Description** Adult Mental Health
- **Address** 3737 Dacoma St
- **Patients Served** 4,553
- **FTEs** 151
- **Facility Size** 40,000 sq ft

Q1FYTD 2024 Financial Performance		
+ Revenues	\$	4,252,673
- Expenses		5,011,653
= Gross Margin	(\$	758,980)



Northeast Community Service Center

FY2024 Q1 Financial Performance

Revenues	\$2,789,068
Expenses	<u>(\$4,429,849)</u>
Gross Margin	(\$1,640,781)

FY 2023 Clinical Performance

Annual Patient Visits	2,817
Average Monthly Patient V	234.75
Average No Show	52.85 %
Average Patient Wait Time	30 Minutes
Average Third Next Available	1.6 Day
Average Patient Satisfaction	86%

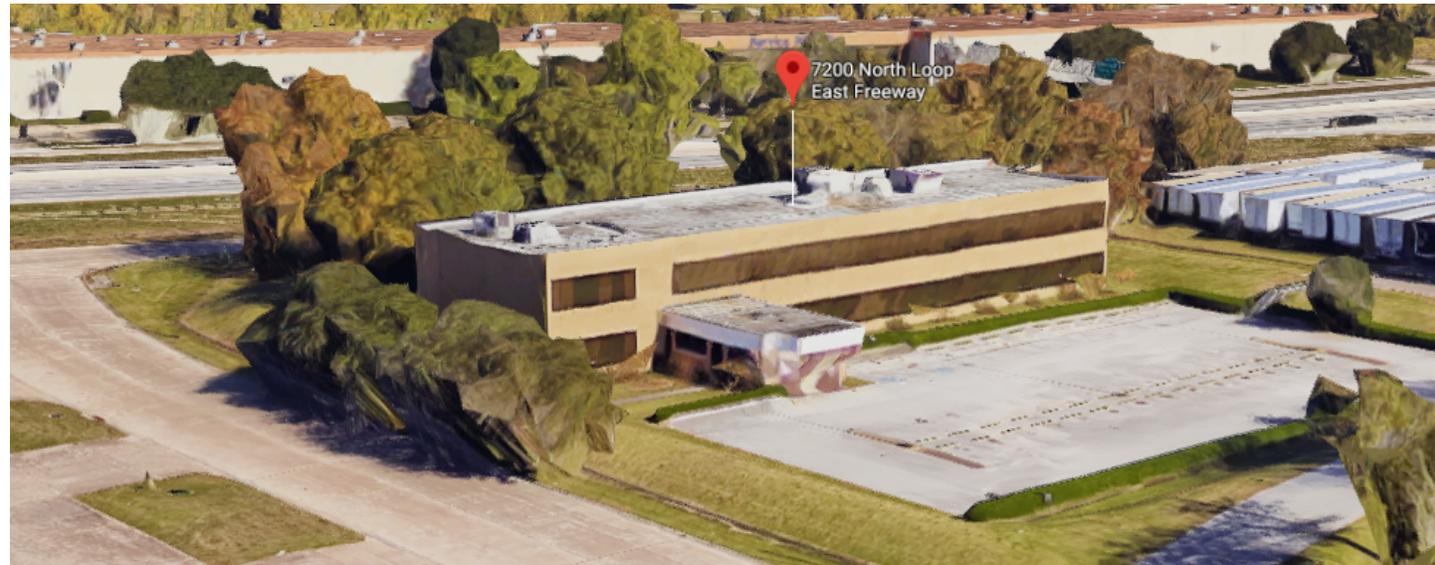
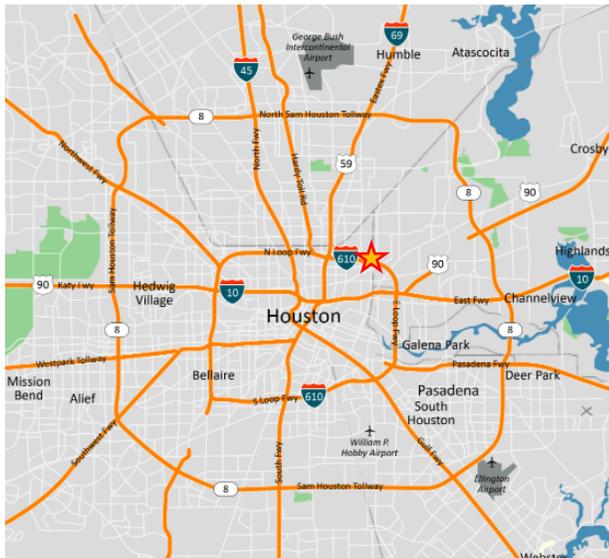
Clinic Information

Address	7200 N Loop East Fwy
Facility Size	18,000 Sq Ft
Clinic FTE's	101

Northeast Community Service Center

- **Service Description** Adult Mental Health
- **Address** 7200 N Loop East Fwy
- **Patients Served** 2,614
- **FTEs** 101
- **Facility Size** 18,000 sq ft

Q1FYTD 2024 Financial Performance		
+ Revenues	\$	2,789,068
- Expenses		4,429,849
= Gross Margin	(\$	1,640,781)



Southeast Community Service Center

FY2024 Q1 Financial Performance

Revenues	\$6,311,082
Expenses	<u>(\$7,165,916)</u>
Gross Margin	(\$854,834)

Clinic Information

Address	5901 Long Drive
Facility Size	45,000 Sq Ft
Clinic FTE's	172

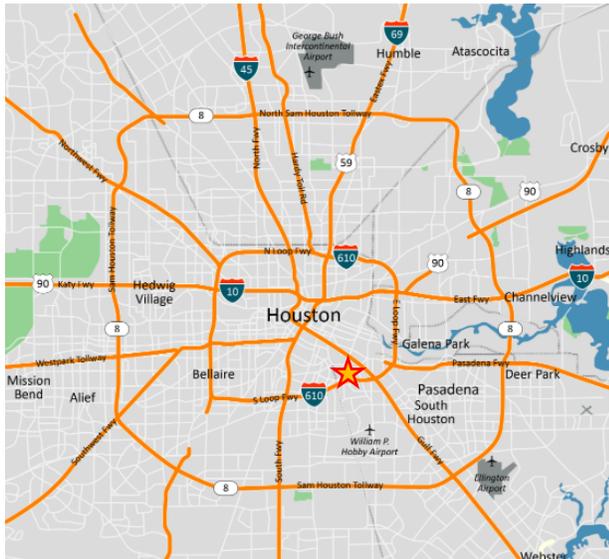
FY 2023 Clinical Performance

Annual Patient Visits	4,925
Average Monthly Patient V	410.42
Average No Show	57.36 %
Average Patient Wait Time	23 Minutes
Average Third Next Available	1.8 Day
Average Patient Satisfaction	89%

Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 5,273
- **FTEs** 172
- **Facility Size** 45,000 sq ft

Q1FYTD 2024 Financial Performance		
+ Revenues	\$	6,311,082
- Expenses		7,165,916
= Gross Margin		<u>(\$ 854,834)</u>



Southwest Community Service Center

FY2024 Q1 Financial Performance

Revenues	\$6,952,499
Expenses	<u>(\$8,978,756)</u>
Gross Margin	(\$2,026,258)

Clinic Information

Address	9401 Southwest Fwy
Facility Size	37,770 Sq Ft
Clinic FTE's	184

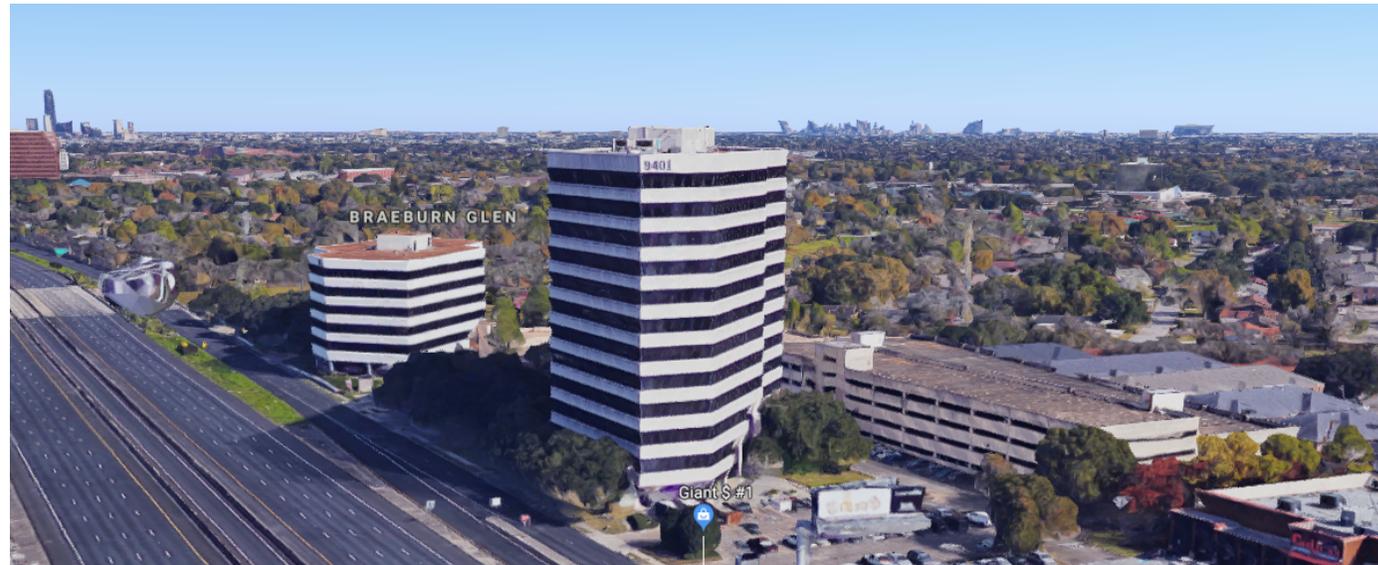
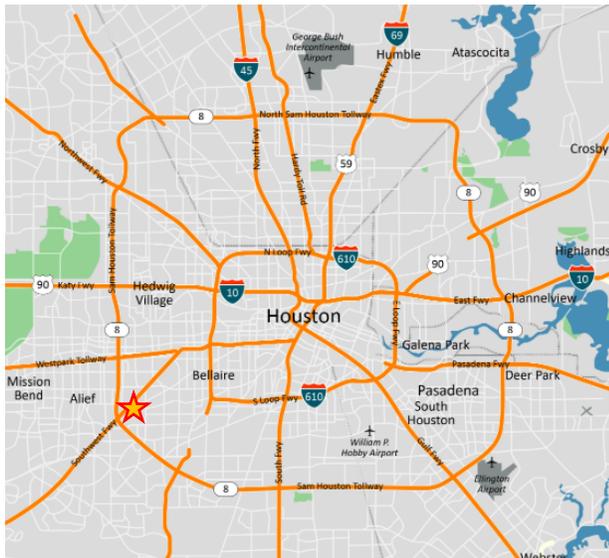
FY 2023 Clinical Performance

Annual Patient Visits	4,325
Average Monthly Patient V	360.42
Average No Show	58.45 %
Average Patient Wait Time	20 Minutes
Average Third Next Available	1.5 Day
Average Patient Satisfaction	88%

Southwest Community Service Center

- **Service Description** AMH & CAS
- **Address** 9401 Southwest Fwy
- **Patients Served** 5,779
- **FTEs** 184
- **Facility Size** 37,770 sq ft (clinic space)

Q1FYTD 2024 Financial Performance	
+ Revenues	\$ 6,952,499
- Expenses	8,978,756
= Gross Margin	(\$ 2,026,258)



Neuro Psychiatric Center

FY2024 Q1 Financial Performance

Revenues	\$3,788,296
Expenses	<u>(\$4,804,083)</u>
Gross Margin	(\$1,015,787)

FY 2023 Clinical Performance

Annual Patient Visits	3,429
Average Monthly Patient V	1,364
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	87%

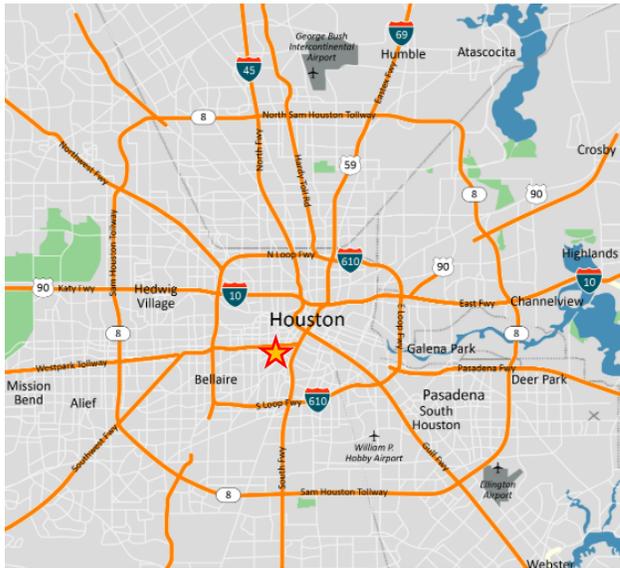
Clinic Information

Address	1502 Taub Loop
Facility Size	37,308 Sq Ft
Clinic FTE's	146

Neuro-Psychiatric Center (NPC)

- **Service Description** Psychiatric Emergency
- **Address** 1502 Taub Loop
- **Patients Served** 1,820
- **FTEs** 146
- **Facility Size** 37,308 sq ft

Q1FYTD 2024 Financial Performance		
+ Revenues	\$	3,788,296
- Expenses		4,804,083
= Gross Margin	(\$	1,015,787)



Q1FYTD 2024 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	50,061	130,782	118,007	425,624	1,476,841
PAP / Samples	670,429	639,146	678,886	531,791	-
State General	2,135,492	761,898	3,689,918	4,828,970	2,098,580
State Grants	571,867	-	-	-	-
Federal Grants	312,140	982,964	867,783	671,041	-
3rd Party Billings	512,685	274,277	956,488	495,074	212,875
Total Revenues	4,252,673	2,789,068	6,311,082	6,952,499	3,788,296
Expenses					
Salaries and Fringe	3,785,149	3,298,941	5,662,224	5,548,850	4,525,961
Travel	11,182	6,150	64,804	18,717	3,186
Contracts and Consultant	1,490	1,826	1,682	1,871,290	109,593
Supplies and Drugs	957,640	813,423	1,017,901	733,568	38,829
Equipment	104,610	214,922	202,936	231,260	72,000
Building	126,066	56,700	149,496	133,681	34,510
Vehicle	-	539	16,966	-	4,216
Telephone and Utilities	17,485	16,147	34,369	29,158	9,575
Insurance, Legal, Audit	4,651	4,237	8,913	5,572	5,119
Other	3,379	16,967	6,625	406,660	1,094
Total Expenses	5,011,653	4,429,849	7,165,916	8,978,756	4,804,083
Gross Margin	\$ (758,980)	\$ (1,640,781)	\$ (854,834)	\$ (2,026,258)	\$ (1,015,787)

EXHIBIT R-16

Transforming Lives



Revenue Management Metrics



July 18, 2023

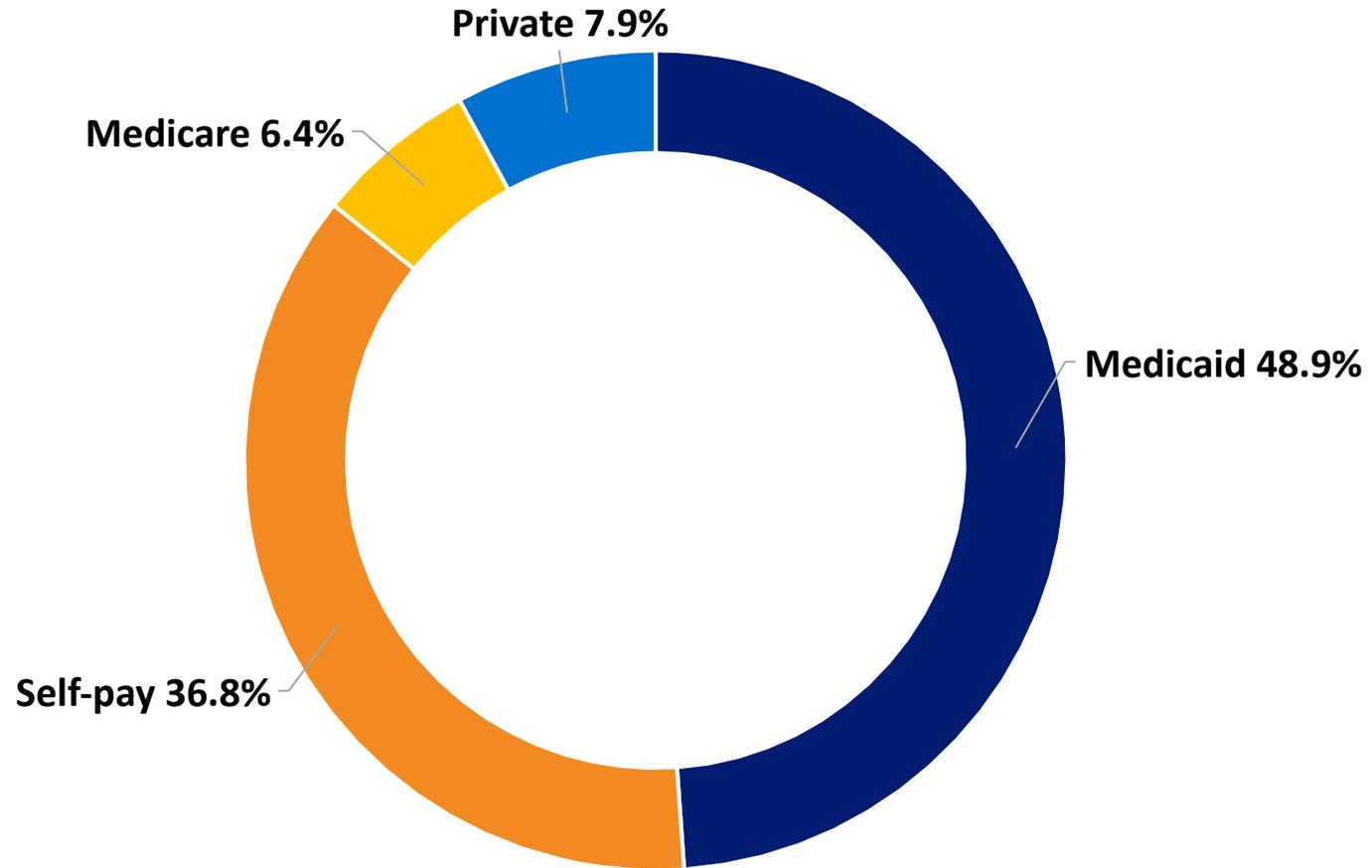
Presented By: Vanessa McKeown, Chief Financial Officer



Overview

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

Payor Mix

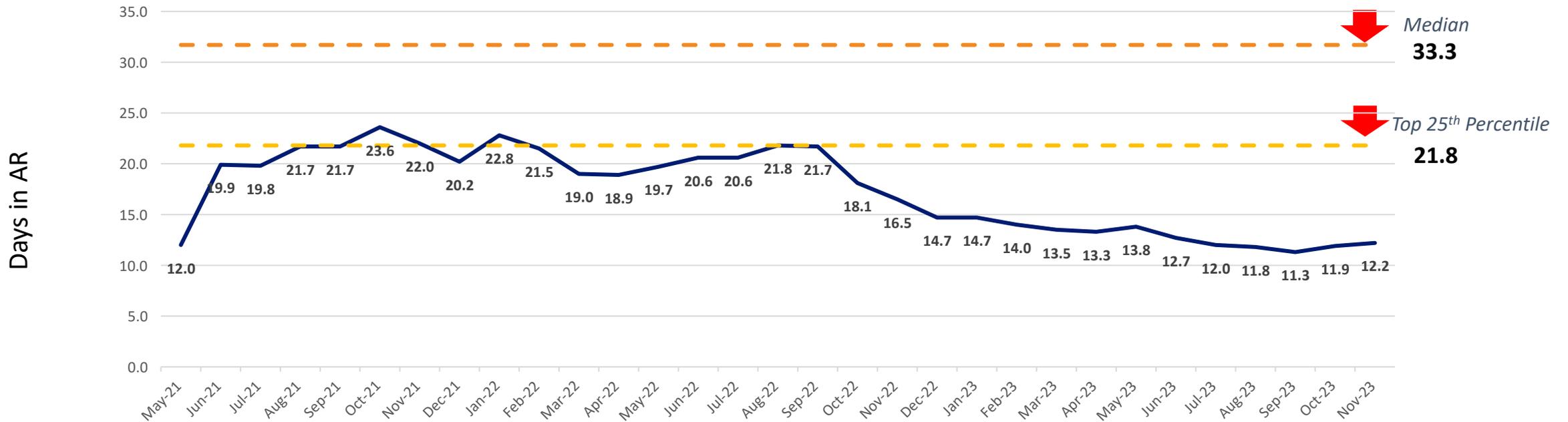


Note: Payor Mix based on patient visit coverage in Q1 FY2024

Revenue Cycle Performance Metrics

Days in Accounts Receivable

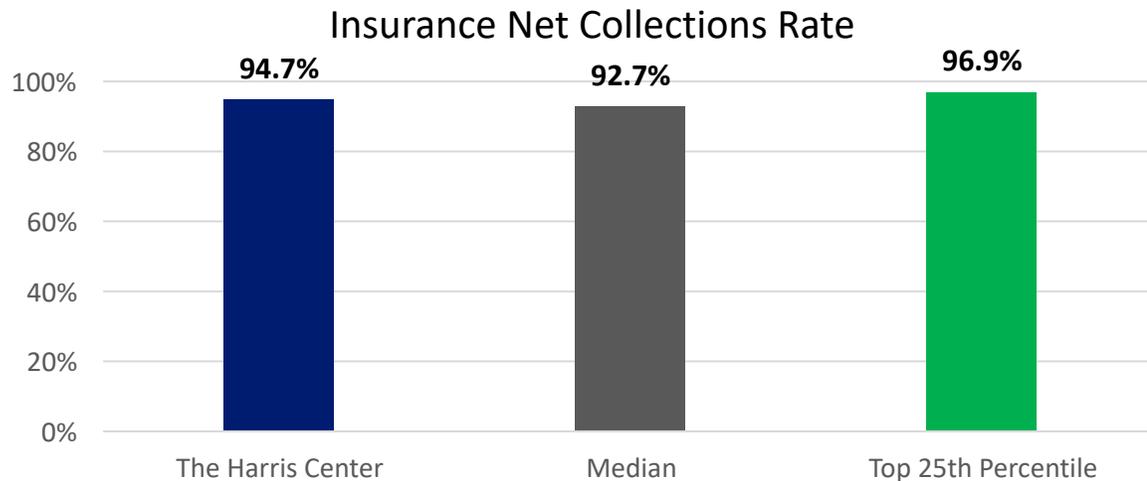
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



- *Transition to Epic EHR took place in April 2021*
- *Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (126 service areas)*

Claims and Collections

Average Monthly Count of Claims					
FY2024 Q1	FY 2023	FY 2022	FY 2021	FY 2020	FY 2019
30,234	32,490	32,020	30,761	32,920	32,559



Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	95%
Managed Medicaid	97%
Traditional Medicare	75%
Managed Medicare	75%
MMP	83%
CHIP	94%
Commercial	80%

* Q1 FY2024

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