

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

Resource Committee Meeting February 20, 2024 9:00 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 (EXHBIT R-1)

#### IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report-January (EXHIBIT R-2 Wayne Young)
- B. February 2024 Contracts Amendments Over 250K (EXHIBIT R-3 Belinda Stude)
- C. February 2024 Interlocal Agreements (EXHIBIT R-4 Belinda Stude)

#### V. REVIEW AND COMMENT

A. Cost of Living Compensation Increase (EXHIBIT R-5 Wayne Young)

#### 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. FY'24 Year-to-Date Budget Report-December (EXHIBIT R-6)
- B. February 2024 New Contracts Under 100K (EXHIBIT R-7)
- C. February 2024 Contract Amendments Under 100K (EXHIBIT R-8)
- D. February 2024 Contract Renewals Under 100K (EXHIBIT R-9)
- E. February 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-10)

#### X. ADJOURN

Veronica Franco, Board Liaison

Gerald Womack, Chairman Resource Committee

THE HARRIS CENTER for Mental Health and IDD

**Board of Trustees** 



# EXHIBIT R-1

# BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, NOVEMBER 7, 2023 MINUTES

Dr. George Santos, acting Chairman, called the meeting to order at 8:30 a.m. in the Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

#### RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. G. Santos, Mr. J. Lykes

Committee Member Absent: Dr. M. Miller, Jr.

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

#### 1. CALL TO ORDER

Dr. George Santos called the Resource Committee meeting to order at 8:30am.

#### 2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Santos designated Dr. Moore and Dr. Gearing as voting members of the committee.

#### 3. DECLARATION OF QUORUM

Dr. Santos declared a quorum was present.

#### 4. PUBLIC COMMENTS

There were no Public Comments.

#### 5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday October 17, 2023.

MOTION: MOORE SECOND: LYKES

#### With unanimous affirmative votes,

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, October 17, 2023, as presented under Exhibit R-1, are approved and recommended to the Full Board.

#### 6. CONSIDER AND RECOMMEND ACTION

A. FY'24 Year-to-Date Budget Report-October

MOTION: MOORE SECOND: LYKES

With unanimous affirmative votes,

**BE IT RESOLVED** FY'24 Year-to-Date Budget Report-September, is approved and recommended to the Full Board.

B. November 2023 Contract Amendments Over 250K

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative votes,

**BE IT RESOLVED** November 2023 Contract Amendments Over 250K, under Exhibit R-2 are approved and recommended to the Full Board.

C. November 2023 Interlocal Agreements

MOTION: SANTOS SECOND: LYKES

Dr. Gearing recused himself from discussion on voting on the Interlocal Agreements:

With unanimous affirmative votes,

BE IT RESOLVED November 2023 Interlocal Agreements are approved.

- 7. EXECUTIVE SESSION -No executive session is required.
- 8. RECOVENE INTO OPEN SESSION
- 9. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 10. ADJOURN

MOTION: MOORE SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 8:44 am.

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

# EXHIBIT R-2

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

Results of Financial Operations and Comparison to Original Budget January 31, 2024

Fiscal year 2024

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

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

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

Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting departments.

We blieve the statements, as presented, are materially accurate and are 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 insurred, if measurable.

The financial report submitted herewith was prepared to reflect budget basis reporting and has not been audited by an independent auditor.

vanessa mckeown

Vanessa McKeown Chief Financial Officer

### The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget January 31, 2024

unaudited/budget-basis reporting

#### For the Month

	Ori	ginal budget	Actual	Variance
Revenues Expenditures	\$	28,619,834 28,536,501	\$ 31,328,756 30,760,498	\$ 2,708,921 (2,223,997)
Change in net assets	\$	83,333	\$ 568,257	\$ 484,924
Debt payment Capital Other sources and uses	\$	(83,333)	\$ (359,114) 2,869 212,012	\$ 83,333 (359,114) 2,869 212,012

#### **Fiscal Year to Date**

	Or	iginal budget	Actual	Variance
Revenues Expenditures	\$	143,099,171 142,682,505	\$ 141,062,012 140,475,920	\$ (2,037,159) 2,206,584
Change in net assets, operations	\$	416,667	\$ 586,092	\$ 169,425
Debt payment Capital Other sources and uses	\$	(416,667)	\$ - (1,424,442) 39,082 (799,268)	\$ 416,667 (1,424,442) 39,082 (799,268)

### The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget January 31, 2024

Non-GAAP / Budget-Basis reporting

	For the Month of								Fiscal Year to Date						
												=		-	
		Dudget		Actual		Variance	%		Dudget		Actual		Variance	%	
Operating Revenue		Budget		Actual		\$	70		Budget		Actual		\$	70	
State General Revenue	\$	10,145,271	\$	11,392,784	Ф	1.247.513	12%	Φ	50.726.356	\$	51,111,720	\$	385.363	1%	
Harris County and Local	Ψ	5,420,027	Ψ	5,740,898	φ	320,870	6%		27,100,137	φ	26,201,512	Ψ	(898,625)	-3%	٨
Federal Contracts and Grants		4,034,513		4,564,510		529,997	13%		20,172,565		18,507,190		(1,665,375)	-3% -8%	В
State Contract and Grants				736,954		,	-35%		5,641,387		3,548,217		,	-37%	C
		1,128,277 2,766,500		3,156,405		(391,323) 389,904	-35% 14%		13,832,502		3,546,217 14,963,449		(2,093,170) 1,130,947	-37% 8%	D
Third Party Billing				, ,		,					, ,				ט
Charity Care Pool		3,340,350		3,340,350		(0)	0% 82%		16,701,751		16,701,754		3 823,926	0% 23%	
Directed Payment Programs PAP		726,250		1,320,320		594,070			3,631,250		4,455,176		•	-1%	
		833,578		792,228		(41,350)	-5%		4,167,890		4,135,956		(31,933)		-
Interest Income		225,067	_	284,307	_	59,241	26%		1,125,333	_	1,437,039	_	311,706	28%	E
Operating Revenue, total	\$	28,619,834	\$	31,328,756	\$	2,708,921	9%	\$	143,099,171	\$	141,062,012	\$	(2,037,159)	-1%	
Operating expenditures	•	10.000.501	•	04 000 040	•	(4.000.444)	00/	•		•	404 470 700		(1 = 1 1 00 1)	00/	_
Salaries and Fringe Benefits	\$	19,926,501	\$	21,622,642	\$	(1,696,141)	-9%	*	99,632,505	\$	101,176,509	\$	(1,544,004)	-2%	
Contracts and Consultants		2,089,012		2,002,562		86,450	4%		10,445,060		6,739,865		3,705,195	35%	G
Contracts and Consultants-HPC		2,322,735		1,840,164		482,571	21%		11,613,673		11,533,250		80,423	1%	
Supplies and Drugs		1,531,755		2,419,718		(887,963)	-58%		7,658,774		10,520,117		(2,861,343)	-37%	Н
Purchases, Repairs and Maintenance of:															
Equipment		597,697		797,371		(199,674)	-33%		2,988,486		2,387,858		600,627	20%	
Building		538,158		289,739		248,420	46%		2,690,792		820,591		1,870,201	70%	J
Vehicle		86,436		129,765		(43,329)	-50%		432,181		384,571		47,609	11%	
Telephone and Utilities		318,221		258,582		59,639	19%		1,591,103		1,200,006		391,097	25%	
Insurance, Legal and Audit		166,175		278,378		(112,203)	-68%		830,877		800,774		30,103	4%	
Travel		194,028		201,360		(7,332)	-4%		970,142		688,871		281,271	29%	
Other		765,783		920,218		(154,436)	-20%		3,828,913		4,223,509		(394,595)	-10%	
Operating Expenditures, total	\$	28,536,501	\$	30,760,498	\$	(2,223,997)	-8%	\$	142,682,505	\$	140,475,920	\$	2,206,584		
Change in Net Assets, before Other Sources	\$	83,333	\$	568,257	\$	484,924		\$	416,667	\$	586,092	\$	169,425		
Other Sources															
Debt payment	\$	(83,333)	\$	-	\$	(83,333)		\$	(416,667)	\$	-	\$	(416,667)		
Capital outlay		-		(359,114)		359,114			- 1		(1,424,442)		(1,424,442)		
Insurance proceeds		-		2,869		(2,869)			-		29,812		29,812		
Proceeds from Sale of Assets		-		-		-			-		9,270		9,270		
Change in Net Assets, all Sources	\$	0	\$	212,012	\$	212,012		\$	0	\$	(799,268)	\$	(799,268)		
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#### The Harris Center for Mental Health and IDD Balance Sheet January 31, 2024

Non-GAAP / Budget-Basis reporting

		December-23		January-24		Change	
ASSETS		_				_	
Current Assets							
Cash and Cash Equivalents							
Cash and Petty Cash	\$	10,906,461	\$	9,057,902		(1,848,558)	
Cash Equivalents		60,045,071		52,802,562		(7,242,509)	
Cash and Cash Equivale	nts, total \$	70,951,532	\$	61,860,464	\$	(9,091,067)	AA
		40.005.074		7.554.050	•	(0.740.545)	-
Inventory and Prepaid Accounts Receivable:		10,265,374		7,551,859	\$	(2,713,515)	BB
Other		52,656,165		59,994,177		7,338,012	CC
Patient, net of allowance		5,542,036		2,672,395		(2,869,641)	00
Current Asse	ets, total \$		\$	132,078,895	\$	(7,336,211)	
Capital Assets							
Land	\$	, ,	\$	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 Asse	ets, total \$	93,509,904	\$	93,509,904	\$	-	
Total Assets	-	232,925,009	\$	225,588,798	\$	(7,336,211)	
LIABILITIES AND NET ASSETS							
Unearned Income	\$	37,370,001	\$	27,672,552	\$	(9,697,449)	DD
Accounts Payable and Accrued Liabilities	Ψ	24,259,352	Ψ	26,399,281	Ψ	2,139,929	EE
Long term Liabilities		780,716		790,013		9,297	
	es, total \$		\$	54,861,846	\$	(7,548,223)	
	•	, ,		, ,		,	
NET ASSET							
Inventory and Capital Assets	\$	,,	\$	93,091,377	\$	(562,715)	
Assigned		66,514,014		66,514,014		-	
Unassigned		11,358,113		11,920,828		562,715	
Change in net assets		(1,011,280)		(799,268)		212,012	
Net Asset	ts, Total \$	170,514,939	\$	170,726,951	\$	212,012	

#### The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budget-Basis reporting

January 31, 2024

#### **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 January.

#### 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 January.

#### C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to timing of expenditures for building costs for Healthy Community Collaborative, i.e. 6168 apartments.

#### D Third party billing

Third party billing exceeds anticipated budget, in total, due to revenue generated in our pharmacies. However, we are seeing some areas under budget and are reviewing the cause.

#### E Interest

Interest revenue continues to exceed budget estimates.

#### F Salaries/Wages and Fringe Benefits

The primary driver of the net unfavorable variance in Salaries and Benefits is due to a slight increase in benefit percent costs; our vacancy allowance is roughly 2% higher than actual amounts as of January. We anticipate this to correct itself as we move through the calendar year.

#### G Contracts and consultants

The primary drivers of the positive contracts and consultants variance are savings in contract labor costs and timing of payments as programs get established.

#### H 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.

#### The Harris Center for Mental Health and IDD Notes to Statements Presented Non-GAAP / Budget-Basis reporting

January 31, 2024

#### I Equipment

The primary driver of the favorable variance in equipment is desktop/laptop purchases are under budget by \$507K.

#### J Building

The primary dirver 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 declines as we approach quarter end and will increase once we receive the third qtr revenue from HHSC (anticipated in February).

#### BB Inventory and Prepaid

Inventory and Prepaid balances decreased decline in DPP IGT balances.

#### BB Accounts receivable, other

The primary driver of the increase in 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 declined due to the recognition of revenue received for the performance contract award from HHSCH.

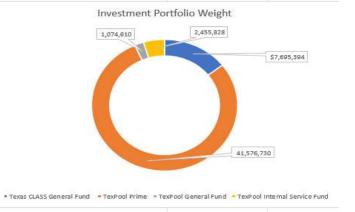
#### DD Accounts Payable and Accrued Liabilities

Accounts Payable and Accrued Liabilities has increased due to timing of payroll and related liabilities.

### The Harris Center for Mental Health and IDD Investment Portfolio January 31, 2024

#### **Local Government Investment Pools (LGIPs)**

	Regin	ning Balance	Transfer In	т.	ansfer Out	Inter	est Income	F	nding Value	Portfolio %	Monthly Interest Rate	Monthly Yield
Texas CLASS		ining Dalance	Transier in		ansier Out	iiitoi	CSt IIICOIIIC		iluliig value	T OTHORO 70	Nate	T ICIU
Texas CLASS General Fund	\$	15,148,849	\$ -	\$	(7,500,000)	\$	46,545	\$	7,695,394	14.6%	5.54%	5.595%
TexPool												
TexPool Prime		41,381,740	-		-		194,990		41,576,730	78.7%	5.55%	4.801%
TexPool General Fund		1,069,753	-		-		4,857		1,074,610	2.0%	5.35%	4.611%
TexPool Internal Service Fund		2,444,729	-		-		11,099		2,455,828	4.7%	5.35%	4.611%
TexPool Sub-Total		44,896,222	-		-		210,946		45,107,168	85.4%		4.786%
Total Investments	\$	60,045,071	\$ -	\$	(7,500,000)	\$	257,491	\$	52,802,562	100%		4.904%
Additional Interest-Checking Accounts		-					65,275		-			
Total Interest Earned					;	\$	322,766					



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.53%
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 January 31, 2024 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 January 31, 2024

Vendor	Description	Monthly Not-To- Exceed*	Jan-24	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,857,988	\$10,237,387
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$4,892,418	\$12,253,798
UNUM	Life Insurance	\$300,000	\$0	\$621,890

<sup>\*</sup> 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

# FEBRUARY 2024 AMENDMENTS OVER 250k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY CONTRACT AMENDMENTS MORE THAN \$250,000

FEBRUARY 2024 FISCAL YEAR 2024

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION								
Health Management Associates	Consulting Services	\$250,000.00	\$71,428.60	\$321,428.60	1/4/2024 - 5/31/2024	Private Grant	Episcopal Health Foundation Grant	Amendment to extend the term and increase the NTE to continue assisting the Harris Center with the FQHC Look alike process.
Master Pool Foreign and Sign Language Translation Services	Translation Interpretation/Sign Language Services	\$327,068.00	\$77,984.00	\$405,052.00	12/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE to add funds for a division unit of Mental Health that was previously not included and to ensure enough funds are available for various department units of the Agency.
McKesson Medical Surgical, Inc.	Agency Wide Medical Surgical Supplies	\$291,365.00	\$8,300.00	\$299,665.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE overall budget due to increased medica surgical supply needs. [Tag-on through GPO Vizient].
FORENSICS								
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
MENTAL HEALTH								
CPEP/CRISIS SERVICES								
LEASES					The space of the s			
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	ADMINISTRATION Health Management Associates  Master Pool Foreign and Sign Language Translation Services  McKesson Medical Surgical, Inc.  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  MENTAL HEALTH  CPEP/CRISIS SERVICES  LEASES	ADMINISTRATION Health Management Associates  Master Pool Foreign and Sign Language Translation Services  McKesson Medical Surgical, Inc.  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  MENTAL HEALTH  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES	ADMINISTRATION Health Management Associates  Consulting Services  \$250,000.00  Master Pool Foreign and Sign Language Translation Services  McKesson Medical Surgical, Inc.  Agency Wide Medical Surgical Supplies  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  MENTAL HEALTH  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES	ADMINISTRATION Health Management Associates  Consulting Services  \$250,000.00 \$71,428.60  Master Pool Foreign and Sign Language Translation Interpretation/Sign Language Translation Services  McKesson Medical Surgical, Inc.  Agency Wide Medical Surgical Supplies  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  MENTAL HEALTH  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES	AMOUNT ADMINISTRATION Health Management Associates  Consulting Services  \$250,000.00 \$71,428.60 \$321,428.60  \$321,428.60  \$321,428.60  \$321,428.60  \$405,052.00  Agency Wide Medical Surgical Supplies  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES	ADMINISTRATION Health Management Associates  Consulting Services  \$250,000.00 \$71,428.60 \$321,428.60 \$1/4/2024 - 5/31/2024  Master Pool Foreign and Sign Language Translation Interpretation/Sign Language Translation Services  McKesson Medical Surgical, Inc.  Agency Wide Medical Surgical Supplies  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  MENTAL HEALTH  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES	ADMINISTRATION Health Management Associates  Consulting Services  S250,000.00  S71,428.60  S321,428.60  1/4/2024 - 5/31/2024  Private Grant  S250,000.00  S71,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S321,428.60  S405,052.00  S405,052.00  S405,052.00  S405,052.00  S405,052.00  S299,665.00  S299,665	ADMINISTRATION Health Management Associates Consulting Services S250,000.00 S71,428.60 S321,428.60 S32

## Contract Term End Date \* (?) Contract Term Start Date \* (?) 5/31/2024 1/4/2024 If contract is off-cycle, specify the contract term (?) **Current Contract Amount\*** \$ 250,000.00 Increase Not to Exceed\* \$ 71,428.60 Revised Total Not to Exceed (NTE)\* \$ 321,428.60

Fiscal Year* (?)	Amount* (?)
2024	\$ 71,428.60
Funding Source*	
Private Grant	
*	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
<ul> <li>Memorandum of Understanding</li> </ul>	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Sen	vices Being Provided * (?)
Per Dr. Williams' email dated 01-04-23: Please submit a	n ECS to extend the term of the
agreement and increase the NTE for January's board ap	proval.
Contract Owner*	
Stanley Williams	
Previous History of Contracting with Vendor/Contract	tor*
	Citor .
Yes       No       Unknown	
Please add previous contract dates and what service	es were provided*
09-01-2022 to 12-31-2023	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
○ Yes ○ No ● Unknown	
Community Partnership* (?)	
Yes     No     Unknown	
Specify Name*	
Episcopal Health Foundation	
Supporting Documentation Upload (?)	
FY23 PO CT142677, HMA.pdf	307.19KB
Vendor/Contractor Contact Person	<b>⊙</b>
Name*	
Stephen Palmer PhD	
Address*	
Street Address	
120 North Washington Square	
Address Line 2	
City	State / Province / Region
Lansing	MI
Postal / Zip Code	Country
48933-1617	USA

Phone Number\* (512)473-2626 office | (512) 657-2569 Email\* spalmer@helathmanagement.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* \$ 71,428.60 542000 2626 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable \* (?) 0.00 Project WBS (Work Breakdown Structure)\* (?) 0.00 Submission Date Requester Name 1/4/2024 Shelby, Debbie Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 1/4/2024 Contract Owner Approval Approved by Approval Date DE STANLEY WILLIAMS, PHD 1/5/2024 Contracts Approval Approve\* No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/5/2024

#### **₩**IMBER Executive Contract Summary

Contract Section	<u></u>						
Select Header For This Contract* Administration							
Contractor*  Master Pool Foreign and Sign Language Translation Servi	ces						
Contract ID #* 2023-0793							
Presented To*  Resource Committee  Full Board							
Date Presented* 2/20/2024							
Parties* (?)  The Harris Center, Flix Translations Group LLC, Fox Translation Services, GLOBO, Idea Translations, INGO International, Interpreters Unlimited, Nightingale Interpreting Services, Translation & Interpretation Network, Universe Technical Translations Inc, Visual Language and Volatia Language Network							
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#							
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 * (?) 8/31/2024						
If contract is off-cycle, specify the contract term (?)							
Current Contract Amount* \$ 327,068.00							

Increase Not to Exceed* \$ 77,984.00	
Revised Total Not to Exceed (NTE)* \$ 405,052.00	
Fiscal Year* (?)	Amount* (?)
2024	\$ 405,052.00
Funding Source *	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	✓ Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement ☐ Lease
Pooled Contract	Other
Renewal of Existing Contract	Other
Contract Owner*	
Kendra Thomas	
Previous History of Contracting with Vendor/Contra	actor*
Yes  No  Unknown	
Division of the second substantial and substan	and ware provided *
Please add previous contract dates and what servi	
The pool contract is made up of some vendors returning the previous contract and new vendors	g nom
Vendor/Contractor a Historically Underutilized Bus	iness (HUB)* (?)
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Amendments to Master Pool PO CT 143462 for FY24	xlsx 130.48KB
Vendor/Contractor Contact Person	
Name*	
Rebeca Nini	
Address*	
Street Address	
P.O. Box 736101	
Address Line 2	
City	State / Province / Region
Dallas	TX
Postal / Zip Code	Country
75373	USA

Phone Number\* 817-289-2844

Email\*

Rnini@tintranslation.com

#### **Budget Section**



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

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

1102

\$ 1,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Brown, Erica

Campbell, Ricardo

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

2200

\$ 24,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2212

\$ 20,000.00

543018

543018

**Budget Manager** 

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2213

\$ 6,000.00

Secondary Budget Manager

Budget Manager Shelby, Debbie

Budget Unit Number\*

Hooper Jr., Michael

.....

Amount Charged to Unit\*

Expense/GL Code No.\*

2214

\$ 27,000.00

543018

Budget Manager

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2215

\$ 60,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2299

\$ 2,660.00

543018

Budget Manager

.....

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2301

\$ 7,100.00

543018

**Budget Manager** 

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

**Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 3350 \$ 47,423.00 543018 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 543018 3360 \$ 74,000.00 Secondary Budget Manager **Budget Manager** Smith, Janai Hooper Jr., Michael Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 543018 \$ 15,328.00 4323 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Smith, Janai Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 543018 \$ 2,068.00 4325 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Smith, Janai Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 543018 4736 \$ 7.981.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Smith, Janai **Budget Unit Number\*** Expense/GL Code No.\* Amount Charged to Unit\* 543018 \$ 10,576.00 4913 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Smith, Janai Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 543018 \$ 200.00 6201 Secondary Budget Manager **Budget Manager** Jiles, Monalisa Williams-Wesley, Sheenia Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 543018 6204 \$ 300.00 Secondary Budget Manager **Budget Manager** Williams-Wesley, Sheenia Jiles, Monalisa Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 543018 \$ 1,200.00 6205 Secondary Budget Manager **Budget Manager** Williams-Wesley, Sheenia Jiles, Monalisa Expense/GL Code No. \* **Budget Unit Number\*** Amount Charged to Unit\* 543018 \$ 300.00 6302

Secondary Budget Manager

Jiles, Monalisa

**Budget Manager** 

Williams-Wesley, Sheenia

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

6401

\$ 1,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Williams-Wesley, Sheenia

Jiles, Monalisa

**Budget Unit Number\*** 

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

6601

\$ 7,536.00

543018

**Budget Manager** 

Secondary Budget Manager

Smith, Janai

Hooper Jr., Michael

Amount Charged to Unit\*

Expense/GL Code No.\*

7001

\$ 13,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Ilejay, Kevin

Ilejay, Kevin

Campbell, Ricardo

Expense/GL Code No.\*

**Budget Unit Number\*** 7008

Amount Charged to Unit\* \$ 12,200.00

543018

543018

543018

**Budget Manager** 

Secondary Budget Manager

Campbell, Ricardo

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

7110

\$ 4,000.00

**Budget Manager** 

Secondary Budget Manager

Ilejay, Kevin

Campbell, Ricardo

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9206

\$ 4,500.00

Secondary Budget Manager

**Budget Manager** Oshman, Jodel

Ramirez, Priscilla

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No. \*

9208

\$ 1,500.00

543018

**Budget Manager** Oshman, Jodel

Secondary Budget Manager Ramirez, Priscilla

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9209

\$ 1,500.00

543018

**Budget Manager** Oshman, Jodel

Secondary Budget Manager

Ramirez, Priscilla

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9210

\$ 900.00

543018

**Budget Manager** 

Secondary Budget Manager

Oshman, Jodel

Ramirez, Priscilla

**Budget Unit Number\*** 

Amount Charged to Unit\*

Expense/GL Code No.\*

9228

\$ 1,200.00

543018

**Budget Manager** 

Secondary Budget Manager

Oshman, Jodel

Ramirez, Priscilla

Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543018 \$ 1,500.00 9238 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* \$ 400.00 543018 9244 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 500.00 543018 9247 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 543018 \$ 6.180.00 9403 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 6,000.00 543018 9810 **Budget Manager** Secondary Budget Manager Oshman, Jodel Ramirez, Priscilla Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

1108

\$ 35,000.00

35000

**Budget Manager** Brown, Erica

Secondary Budget Manager

Campbell, Ricardo

Budget Unit Number\*

Amount Charged to Unit\*

Expense/GL Code No.\*

2802

\$ 1,000.00

543018

**Budget Manager** 

Secondary Budget Manager

Shelby, Debbie

Hooper Jr., Michael

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

Rates vary from service to service, See attachment for further details

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

Requester Name

Submission Date

MacKinney, Eggla

1/25/2024

Budget Manager Approval(s)

Approved by  Appro	Approved by		
Approved by	Erica Brown		
Approved by  Approved by  Approved Date  (Namic Olderns Alustin  Approved by  Approval Date  1/25/2024  Approval Date  1/25/2024  Approval Date  1/25/2024  Approval Date  Shemia Williams Wholey  Approval Date  1/26/2024  Approval Date  4xxiv (lajay  Approval Date  1/26/2024  Approval Date  1/26/2024  Approval Date  1/26/2024  Approval Date  1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date  1/26/2024  Approval Date  1/26/2024	Approved by		
Approved by  Ottomic Octomic Classical  Approval Date 1/25/2024  Approval Date 2/auta Lyunette Smith  Approval Date 1/25/2024  Approval Date 1/26/2024  Approved by  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approval Date Sign  Contract Owner Approval  Approval Date  Sign  Contract Owner Approval		Approval Date	
Approval Date 1/25/2024  Approval Date 1/25/2024  Approval Date 1/25/2024  Approval Date 1/25/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approval Date Sign  Contract Owner Approval  Approval Date 1/29/2024	Debbie Chambers Shelby	1/25/2024	
Approved by  Approval Date 1/25/2024  Approval Date 1/25/2024  Approval Date 1/25/2024  Approval Date 1/26/2024  Contract Owner Approval  Approval Date Sign  Contract Owner Approval	Approved by		
Approved by    Sumai Lymnette Smith   1725/2024		Approval Date	
Approval Date 1/25/2024  Approved by  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approval Date Sign  Contract Owner Approval  Approval Date 1/29/2024	Mamie Adams-Austin	1/25/2024	
Approved by  Approval Date  Shamic Williams Wisting  Approval Date  1/26/2024  Procurement Approval  File Upload (?)  Approval Date  Sign  Contract Owner Approval  Approval Date  Kuara Thomas  Approval Date  1/29/2024	Approved by		
Approved by  Approval Date 1/26/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024		Approval Date	
Approval Date 1/26/2024  Approved by  Approval Date 1/26/2024  Approval Date 1/26/2024  Approval Date 1/26/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approval Date Sign  Contract Owner Approval  Approval Date 1/29/2024	Janai Lymnette Smith	1/25/2024	
Approved by  Approved by  Approval Date 1/26/2024  Approval Date 1/26/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date Sign  Contract Owner Approval  Approval Date  Kindra Thomas  Approval Date 1/29/2024	Approved by		
Approved by  Approval Date 1/26/2024  Approved by  Approval Date 1/26/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date  Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024		Approval Date	
Approval Date 1/26/2024  Approved by  Approval Date 1/26/2024  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024	Sheenia Williams-Westey	1/26/2024	
Approved by  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024	Approved by		
Approved by  Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024		Approval Date	
Approval Date 1/26/2024  Procurement Approval  File Upload (?)  Approved by  Approval Date  Sign  Contract Owner Approval  Approval Date  Approval Date  1/29/2024	kevin ilejay	1/26/2024	
Procurement Approval  File Upload (?)  Approved by  Sign  Contract Owner Approval  Approved by  Approval Date  Contract Owner Approval  Approval Date  1/29/2024	Approved by		
Procurement Approval  File Upload (?)  Approved by  Sign  Contract Owner Approval  Approved by  Approval Date  Contract Owner Approval  Approval Date  1/29/2024		Approval Date	
Approved by  Approval Date  Sign  Contract Owner Approval  Approved by  Approval Date  1/29/2024	Priscilla M. Ramirez	1/26/2024	
Approved by  Sign  Contract Owner Approval  Approved by  Approval Date  1/29/2024	Procurement Approval		•
Sign  Contract Owner Approval  Approved by  Approval Date 1/29/2024	File Upload (?)		
Approved by  Approval Date 1/29/2024		Approval Date	¥
Approval Date  Kendra Thomas  1/29/2024			•
Kendra Thomas 1/29/2024	Approved by		
	Kendra Thomas		
Contracts Approval	o gracea o remain		
	Contracts Approval		0

Approved by



Approval Date 1/31/2024

#### Final Board Report Comments



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

Rates for this new contract are slightly higher and units want to ensure funds are available for their units. Also adding an MH unit & funds that was left of the PO but does use the services.

Product/Service Description

Translation Interpretation/Sign Language Services

Revised Comments For Board Report\*

Amendment to increase the NTE to add funds for a division unit of Mental Health that was previously not included and to ensure enough funds are available for various department units of the Agency.

Exclude this ECS from Board Report?\*



#### **Executive Contract Summary**

Contract Section	•
Contractor* MCKESSON MEDICAL SURGICAL, INC.	
Contract ID #* 7137	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) McKesson Medical Surgical, inc. and The Harris Center f	or Mental Health & IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250.000.00 or Board Approval (Total NTE Amount is \$250,000.00 or 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 * (?)	Contract Term End Date * (?)
9/1/2023  If contract is off-cycle, specify the contract term (?)	8/31/2024
Current Contract Amount* \$ 291,365.00	
Increase Not to Exceed* \$ 8,300.00	
Revised Total Not to Exceed (NTE)* \$ 299,665.00	

Fiscal Year* (?)	scal Year* (?)  Amount* (?)						
2024	\$ 8,300.00						
Funding Source*							
General Revenue (GR)							
Contract Description / Type * (?)							
Personal/Professional Services	Consultant						
Consumer Driven Contract	New Contract/Agreement						
Memorandum of Understanding	Amendment to Existing Contract						
Affiliation or Preceptor	Service/Maintenance						
BAA/DUA	IT/Software License Agreement						
Pooled Contract	Lease						
Renewal of Existing Contract	Other						
Justification/Purpose of Contract/Description of Serv	rices Being Provided* (?)						
Increase Unit budgets due to increased medical surgical	supply needs.						
Contract Owner*							
Kia Walker							
Previous History of Contracting with Vendor/Contrac	tor*						
MASS ASSETS							
The section of the process of the section of the se	Yes No Unknown						
Please add previous contract dates and what service	Please add previous contract dates and what services were provided*						
Many years.							
Vendor/Contractor a Historically Underutilized Busin	Vendor/Contractor a Historically Underutilized Business (HUB)* (?)						
Community Partnership* (?)	ommunity Partnership* (?)						
○ Yes ○ No ◎ Unknown	Yes  No  Unknown						
Supporting Documentation Upload (?)							
Vendor/Contractor Contact Person	•						
Name*							
Sarah Brady Zujic							
Address*							
Street Address							
4250 Patriot Drive							
Address Line 2							
City	State / Province / Region						
Grapevine	TX						
Postal / Zip Code	Country						
76051	US						
*							
Phone Number*							
713-377-4677							

Email\* sarah.brady@mckesson.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Budget Unit Number\* Expense/GL Code No.\* 547002 4323 \$ 4,000,00 Secondary Budget Manager **Budget Manager** Smith, Janai Hooper Jr., Michael Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 547002 4325 \$ 2,000.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Smith, Janai Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 547002 \$ 2,300.00 4736 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Smith, Janai Provide Rate and Rate Descriptions if applicable \* (?) **VARIOUS RATES** Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name 1/30/2024 Arceneaux, Linda Budget Manager Approval(s) Approved by Approval Date Janai Limnette Smith 1/30/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

Approved by

Approval Date

Kia Denae Walker

1/31/2024

#### Contracts Approval

#### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\*

2/2/2024

## EXHIBIT R-4

# FEBRUARY 2024 INTERLOCAL AGREEMENTS

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY INTERLOCALS

FEBRUARY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Harris County Office of Administration	New Interlocal Agreement	New Contract	1/1/2024 - 3/31/2027	County	New Interlocal Agreement with Harris County for the Community Assistance Referral Program ("CARP") for the Harris Center providing services and referrals to mitigate the following possible causes of misdemeanor nonappearance: lack of transportation, childcare, housing, telephone or computer, confusion about court dates or understanding of procedures and help with mental health, substance abuse and medical emergencies. [Revenue: NTE: \$400,000.00]
2	Harris County Office of County Administration	New Interlocal Agreement	New Contract	1/1/2024 - 12/31/2025	County	New Interlocal Agreement between the Harris Center and Harris County to operate the Community Assistance Referral Program ("CARP"). The Harris Center shall provide services and referrals to mitigate the following possible causes of Felony nonappearance: lack of transportation, childcare, housing, telephone or computer, confusion about court dates or understanding of procedures and help with mental health, substance abuse and medical emergencies. [Revenue: \$36,200.00].
3	Harris County Public Health	New Interlocal Agreement	New Contract	1/1/2024 - 12/31/2024	County	New Interlocal Agreement with the Harris County Public Health Department for the Harris Center to serve patients in the Crisis Stabilization Unit (CSU) and the Crisis Residential Units (CRUs) needing inpatient psychiatric treatment via inpatient bed day services. [Revenue NTE: \$217,928.00]
4	Harris County Sheriff Office	New Interlocal Agreement	New Contract	10/1/2023 - 9/30/2024	County	New Interlocal Agreement between the Harris Center and the Harris County Sheriff's Office for the Harris Center to provide services to inmates housed in the Detention Facilities including, but not limited to: Psychological, Psychiatric and other mental health care and IDD services as appropriate. [Revenue: \$10,000,000.00].
5	Harris County Sheriff's Office - CIRT	New Interlocal Agreement	New Contract	9/1/2023 - 9/30/2024	County	New Interlocal Agreement to provide CIRT clinicians for the Crisis Intervention Response Team (CIRT) program which law enforcement and clinicians ride together in field to provide assessments and treatment linkage for individuals in a mental health crisis to decrease the number of persons booked into the Harris County jail system. [Revenue NTE: \$392,354.00]
6	Houston Downtown Management District ("HDMD")	Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.	Renewal	1/1/2024 - 12/31/2024	Private Grant	Annual contract renewal for the provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness for HDMD program. [Revenue: \$262,361.00]
7	Texas Workforce Commission	TWC Verification for GoldCard Applications.	Renewal	2/1/2024 - 1/31/2027	State Grant	Renewal of Interlocal Agreement (replacement) to obtain TWC Verification information for GoldCard Applications for consumers.
				-		

HILLER .

## **Executive Contract Summary**

Contract Section	
Select Header For This Contract* Forensics	
Contractor* Harris County Office of Administration	
Contract ID #* 2023-0806	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) The Harris Center for MH and IDD Services and Harris Ce	ounty Office of County Administration
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  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 * (?) 1/1/2024  If contract is off-cycle, specify the contract term (?) County fiscal year	Contract Term End Date * (?) 3/31/2027
Fiscal Year* (?) 2024	Amount* (?) \$ 213,333.33

Fiscal Year* (?)	Amount* (?)	
2025	\$ 186,666.67	
Funding Source*		
County		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	☐ IT/Software License Agreement ☐ Lease	
Pooled Contract	Other	
Renewal of Existing Contract	Other	
Contract Owner*		
Monalisa Jiles		
Previous History of Contracting with Vendor/Contract	ctor*	
Yes  No  Unknown		
Please add previous contract dates and what services were provided*		
December 2022 - December 2023 CARP services		
Vendor/Contractor a Historically Underutilized Business (HUB) * (?)		
Community Partnership* (?)		
	a de la companya de	
Specify Name*		
Harris County		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Name*		
Mike Giordanelli		
Address*		
Street Address		
1001 Preston Street		
Address Line 2		
Suite 500		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77002	United States	
Phone Number*		
8329276938		

Email\* micheal.giordanelli@harriscountytx.gov **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 540000 6003 \$ 400,000.00 Secondary Budget Manager **Budget Manager** Williams-Wesley, Sheenia Jiles, Monalisa Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) n/a Requester Name **Submission Date** 1/26/2024 Williams-Wesley, Sheenia Budget Manager Approval(s) Approved by Approval Date Sheenia Williams-Westey 1/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 1/27/2024 om 2 Gilos Contracts Approval Approved by Approval Date Belinda Stude 1/30/2024 Final Board Report Comments

Montal Health and BD	
Contract Section	
Contractor* Harris County Office of County Administration	
Contract ID #* 2024-0839	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) The Harris Center for MH and IDD Services and M	ounty Office of County Administration
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	O constitution December
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
√ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other State of the
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/1/2024	12/31/2025
If contract is off-cycle, specify the contract term (?) County fiscal cycle	
Fiscal Year* (?) 2024	Amount* (?) \$ 24,133.33
Fiscal Year* (?) 2025	Amount* (?) \$ 12,066.67

Funding Source *		
County		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Renewal of Existing Contract	Other Carlot	
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)	
To operate the Community Assistance Referral Program (	"CARP"), offering services and	
referrals to mitigate the following possible causes of felong		
transportation, childcare, housing, telephone or computer,		
understanding of procedures and help with mental health,	substance abuse and medical	
emergencies		
Contract Owner*		
Monalisa Jiles		
	*	
Previous History of Contracting with Vendor/Contractor*		
Please add previous contract dates and what services were provided*		
December 2022 - December 2023 CARP services		
	44477 * (2)	
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)		
Community Partnership* (?)		
Yes No Unknown		
Specify Name*		
Harris County		
Harris County		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Name*		
Mike Giordanelli		
Address*		
Street Address		
1001 Preston Street		
Address Line 2		
Suite 500		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77002-1839	US	

Phone Number\* 832-927-6938 Email\* micheal.giordanelli@harriscountytx.gov **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 6003 \$ 36,200.00 540000 Secondary Budget Manager **Budget Manager** Jiles, Monalisa Williams-Wesley, Sheenia Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) n/a **Submission Date** Requester Name 1/25/2024 Williams-Wesley, Sheenia Budget Manager Approval(s) Approved by **Approval Date** 1/26/2024 Sheenia Williams-Wesley Procurement Approval File Upload (?) Approved by **Approval Date** Sign **Contract Owner Approval** Approved by Approval Date 1/27/2024 engino Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

Approval Date\*
1/29/2024

HIARRIS .

## **Executive Contract Summary**

Alental Health and IDD	
Contract Section	<u> </u>
Select Header For This Contract* Interlocal	
Contractor* Harris County Public Health	
Contract ID #* 2023-0817	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) Harris County Public Health Department and The Harris C	Center for Mental Health and IDD
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  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*	
<ul> <li>New Contract</li> <li>Amendment</li> </ul> Contract Term Start Date * (?)	Contract Term End Date* (?)
1/1/2024	12/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?) 2024	

Funding Source* County	
	THE PARTY OF THE P
Contract Description / Type* (?)	Consultant
Personal/Professional Services Consumer Driven Contract	<ul> <li>☐ Consultant</li> <li>✓ New Contract/Agreement</li> </ul>
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	tor*
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ○ No ② Unknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Lupe Washington	
Address*	
Street Address	
1111 Fannin Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77002	United States
Phone Number*	
7134396179	
Email*	
lupe.washington@phs.hctx.net	
Budget Section	
Budget Units and Amounts Charged to each Budget Unit	

Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9209 \$ 0.00 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 0.00 9210 **Budget Manager** Secondary Budget Manager Oshman, Jodel Ramirez, Priscilla Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 9810 \$ 0.00 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable \* (?) The provider is entitled to receive a not to exceed amount of \$217,928.00. Crisis Stabilization Unit (CSU) \$600 per bed day Crisis Residential Units (CRUs) \$425 per bed day Project WBS (Work Breakdown Structure)\* (?) **Submission Date** Requester Name 1/26/2024 Singh, Patricia Budget Manager Approval(s) Approved by Approval Date Todel Oshman 1/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 1/29/2024 Contracts Approval

## **Executive Contract Summary**

Contract Section	
Contractor* Harris County Sheriff Office IDD and MH Clinical Services	
Contract ID #* 2023-0661	
Presented To *  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) The Harris Center for MH and IDD Services and Harris Co	untu Chariff Office
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250)  Board Approval (Total NTE Amount is \$250,000.00 or r  Grant Proposal  Revenue  SOW-Change Order-Amendment#	,000.000,
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal Request for Application	Sole Source Request for Qualification
Request for Quote	Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
10/1/2023	9/30/2024
If contract is off-cycle, specify the contract term (?) Count fiscal year	
Fiscal Year* (?)	Amount* (?)
2024	\$ 9,166,666.67
Fiscal Year* (?) 2025	Amount* (?) \$ 833,333.33

Funding Source*		
County		
0 1 1 1 1 1 1 1		
Contract Description / Type * (?)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
☐ BAA/DUA	☐ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)	
To provide the Services in the Detention Facilities including		
Psychological services		
Psychiatric services		
Other mental health care and IDD services as appropriate	е	
Contract Owner*		
Monalisa Jiles		
	. *	
Previous History of Contracting with Vendor/Contrac	tor	
Yes No Unknown		
Please add previous contract dates and what service	s were provided*	
10/1/22 - 09/30/23 services for inmates with HCSO		
NAME AND	*	
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)		
Community Partnership * (?)		
Yes  No Unknown		
Specify Name*		
Harris County		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person	<u> </u>	
Name*		
Michael Lanham		
Address*		
Street Address		
1200 Baker Street		
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77002-1206	US	
Dhana Nimbar*		
Phone Number*		
346-286-1620		

Budget Section		TO SALES LATER AND	
Budget Section	. 100		
Budget Units and Amoun	ts Charged to e	ach Budget U	nit
Budget Unit Number* 6201	Amount Charge \$ 1,275,466.00	d to Unit*	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budge Jiles, Monalisa	et Manager
Budget Unit Number* 6202	Amount Charge \$ 2,371,228.00	d to Unit*	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budge Jiles, Monalisa	et Manager
Budget Unit Number* 6203	Amount Charge \$ 2,326,297.00	d to Unit*	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budge Jiles, Monalisa	et Manager
Budget Unit Number* 6204	Amount Charge \$ 4,027,009.00	d to Unit*	Expense/GL Code No.* 540000
Budget Manager Williams-Wesley, Sheenia		Secondary Budge Jiles, Monalisa	et Manager
Provide Rate and Rate Descriptio	ons if applicable * (?)		
Project WBS (Work Breakdown S	tructure)* (?)		
Requester Name Williams-Wesley, Sheenia		Submission Date	
Budget Manager Approv	al(s)		
Approved by			
		Approval Date 1/29/2024	
Shamia Williams-Westry			
Sheenia Wittiams-Wostey Procurement Approval			

Approved by

mtar

Approval Date 1/29/2024

## Contracts Approval

### Approve\*

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

## Approved by \*

Belinda Stude

Approval Date\*

1/29/2024

## **₩**ingels Executive Contract Summary

Memai Headth and HDD	
0-1-10-15	
Contract Section	<b>&amp;</b>
Contractor*	
Harris County Sheriff's Office - CIRT	
Contract ID #*	
2024	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
2/20/2024	
Parties* (?)	
Harris County Sheriff's Office and The Harris Center for	Mental Health and IDD
Agenda Item Submitted For: * (?)	50,000,000
Information Only (Total NTE Amount is Less than \$2	
⊗ Board Approval (Total NTE Amount is \$250,000.00 c	ir more)
Grant Proposal Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	Tag-On
	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date* (?)
9/1/2023	9/30/2024
	370072024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 392,354.00
Funding Source*	
County	

Contract Description / Type "(?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
This is a \$392,354 revenue contract. Harris County will fu	
Intervention Response Team (CIRT) program and cover a	
fiscal year. The Harris Center will provide all services as of	outlined in the Terms of The Harris
Center's responsibilities.	
Program Director: Kisha Lorio	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	tor*
Yes  No Unknown	
	*
Please add previous contract dates and what service	s were provided "
Currently under contract	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes  No Unknown	
Tes No Girliowii	
Specify Name*	
HCSO	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	•
Name*	
Victoria Jimenez, Legal Director	
Address*	
Street Address	
1200 Baker Street, 2nd fl.	
Address Line 2	
City	State / Province / Region
Houston	Texas
Postal / Zip Code	Country
77002	United States
Phone Number*	
713-221-6000	
110-221-0000	

Email\* Victoria.Jimenez@Sheriff.hctx.net **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 392,354.00 403011 9228 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable \* (?) Pursuant 10 the ILA the Agency will submit a detailed report and invoice every month to the county for review and approval prior to any monthly draw down. Project WBS (Work Breakdown Structure) \* (?) **Submission Date** Requester Name 1/11/2024 Singh, Patricia Budget Manager Approval(s) Approved by Approval Date Todel Oshman 1/11/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign **Contract Owner Approval** Approved by Approval Date KIM KORNMAYER 1/11/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

**Approval Date\*** 1/11/2024

## Annual Renewal Evaluation

Current Fiscal Year Contract Informatio	n 🔿
Current Fiscal Year 2024	
Contract ID#*	
7089	
Contractor Name*	
Houston Downtown Management District ("HDMD")	
Service Provided* (?)	
Provision of Intensive Case Management and Care Coo Experiencing Chronic Homelessness.	rdination Services for those
Renewal Term Start Date*	Renewal Term End Date*
1/1/2024	12/31/2024
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
✓ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	*
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
<ul> <li>Pooled Contract</li> <li>Renewal of Existing Contract</li> </ul>	U Lease Other
Treffewar of Existing Contract	NEW CHICA
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
Yes	
No	
Unknown	

Budget Units and Amo	ounts Charged to each Budge	t Unit
Budget Unit Number* 9238	Amount Charged to Unit* \$ 262,361.00	Expense/GL Code No.* 419080
Budget Manager* Oshman, Jodel	Secondary Bu Ramirez, Prisc	udget Manager* illa
Provide Rate and Rate Descri Funding is used to cover operat NA.	ional costs for CCAP. Rates	
Project WBS (Work Breakdow NA	n Structure)* (?)	
Fiscal Year* (?)	Amount* (?) \$ 262,361.00	
262,361  Contract Funding Source*  Private Grant  Contract Content Cha	nges	
	es to the contract language?* (?)	
Please Explain* Program added Peer Support S	Services in FY24	
Is the payment deadline diffe  Yes  No	rent than net (45)?*	
Are there any changes in the  Yes No		
Are there any changes to the  Yes No  File Upload (?)	Submission deadlines for notes or sup	porting documentation?*
Contract Owner		
Contract Owner* (?) Please Select Contract Owner Kim Kornmayer		
Budget Manager Appi	roval(s)	<u>^</u>

Contract NTE* (?) \$ 224,000.00
Rate(s)/Rate(s) Description
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Amber Honsinger
Contract Owner* Kim Kornmayer
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)    Yes No
Were reports, billing and/or invoices submitted in a timely manner?* (?)
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?* (?)
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amo	unts Charged to ea	ch Budget U	Jnit		
Budget Unit Number* 9238	Amount Charged to \$ 262,361.00	o Unit*	Expense/GL Code No.* 419080		
Budget Manager* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla			
Provide Rate and Rate Descri	ptions if applicable * (?)				
Funding is used to cover operating.					
Project WBS (Work Breakdow NA	n Structure)* (?)				
Fiscal Year* (?)		\mount* (?)			
2024	\$	262,631.00			
Next Fiscal Year Not to Excee 262,361	d Amount for Master Poole	ed Contracts			
Contract Funding Source*					
Private Grant					
Contract Content Char	nges		<u> </u>		
Are there any required change	es to the contract language	e <b>?*</b> (?)			
Yes No					
Will the scope of the Services  Yes No	change?*				
Please Explain*					
Program added Peer Support S	ervices in FY24				
Is the payment deadline differ	rent than net (45)?*				
Are there any changes in the  Yes  No	Performance Targets?*				
	Cuturianian dendimon for	notes er aumne	rting decumentation?*		
Are there any changes to the  Yes  No	Submission deadlines for	notes or suppo	rting documentation?		
File Upload (?)					
Contract Owner			•		
Contract Owner* (?)					
Please Select Contract Owner Kim Kornmayer					
	rovol(o)				
Budget Manager Appr	oval(s)				

Approved by

Contract Owner Approval

Approved by

Fin For Nnayer

Contracts Approval

Approve\*

Yes

No, reject entire submission

Return for correction

Approved by\*

Approval Date\*

Balinda Stude

1/24/2024

#### HIVER! **Annual Renewal Evaluation Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 2021-0042 Contractor Name\* Texas Workforce Commission Service Provided \* (?) Access wage information to determine client eligibility Renewal Term Start Date\* Renewal Term End Date\* 1/31/2027 2/1/2024 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Consultant Personal/Professional Services Consumer Driven Contract New Contract/Agreement Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement ■ BAA/DUA Lease Pooled Contract Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No

Unknown

Contract NTE* (?) \$ 2,000.00
Rate(s)/Rate(s) Description \$2,000 per year
Unit(s) Served* 2299
G/L Code(s)* 574000
Current Fiscal Year Purchase Order Number* FY23 PO CT142526
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?*
Were Services delivered as specified in the contract?*    Yes  No
Did Contractor perform duties in a manner consistent with standards of the profession?*
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?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amour	nts Charged to each	ch Budget Ur	nit				
Budget Unit Number* 2299	Amount Charged to \$ 2,000.00	o Unit*	Expense/GL Code No.* 574000				
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael					
Provide Rate and Rate Description	ons if applicable * (?)						
Project WBS (Work Breakdown S	itructure)* (?)						
Fiscal Year* (?) 2024		Amount* (?) 5 2,000.00					
Next Fiscal Year Not to Exceed A	mount for Master Poole	ed Contracts					
Contract Funding Source* State Grant							
Contract Content Chang	es		•				
Are there any required changes	to the contract language	e <b>?*</b> (?)					
Will the scope of the Services ch	ange?*						
Is the payment deadline differen	t than net (45)?*						
Are there any changes in the Per	formance Targets?*						
Are there any changes to the Su  Yes No	bmission deadlines for	notes or supporti	ng documentation?*				
File Upload (?)							
Contract Owner							
Contract Owner* (?)							
Please Select Contract Owner  Lance Britt							
Budget Manager Approv	val(s)						

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	<u> </u>
Approved by	
Lauce Britt	
Contracts Approval	
Contracts Approval	
Approve*	
Approve*  Yes	
Approve*  Yes  No, reject entire submission  Return for correction	
Approve*  Yes No, reject entire submission	Approval Date*
Approve*  Yes  No, reject entire submission  Return for correction  Approved by*	Approval Date * 1/24/2024
Approve*  Yes  No, reject entire submission  Return for correction	

# EXHIBIT R-5

## **Employee Compensation Journey**



## FY2019

FY2020

FY2021

FY2022

FY2023

FY2024

- ✓ Phase I Market Increase \$5.8M
- ✓ Performance Award \$2.7M

\$8.5
Million

- ✓ Merit Increase \$1.7M
- ✓ Performance Award \$1.1M

\$2.8
Million

- ✓ Phase II
  Market Increase
  \$4.8M
- ✓ Performance Award \$3.0M

\$7.8
Million

- ✓ Phase IIIMarket Increase\$13.3M
- ✓ Merit Increase \$1.8M

\$15.1
Million

- ✓ Ongoing Review Market Increase \$0.9M
- ✓ Performance Award \$3.2M

\$4.1
Million

- ✓ Ongoing Review
  Market Increase
  \$0.3M
- ✓ Merit Increase \$2.5M
- ✓ Performance Award \$0.6M

\$3.4 Million

Total Compensation Investment: \$41.7 Million

Permanent Compensation: \$31.1M; One Time Payment: \$10.6M

# EXHIBIT R-6

## The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget December 31, 2023

revised February 5, 2024

Fiscal year 2024

## The Harris Center for Mental Health and IDD

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

The Results of Financial Operations and Comparison to Budget submitted herewith was prepared by The Center's Accounting Department. Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting Department. We believe the data, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial report submitted herewith has not been audited by an independent auditor.

vanessa mckeown

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

revised February 5, 2024

## **Fiscal Year to Date**

	Or	iginal budget	Actual	Variance
Revenues Expenditures		114,479,337 114,146,004	\$ 109,733,256 109,715,422	\$ (4,746,081) 4,430,582
Change in net assets, operations	\$	333,333	\$ 17,834	\$ (315,499)
Debt payment Capital, net Other sources and uses	\$	(333,333)	\$ - (1,065,328) 36,213 (1,011,280)	\$ 333,333 (1,065,328) 36,213 (1,011,280)

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

unaudited/budget-basis reporting

	Fiscal Year to Date							
revised February 5, 2024								
						Variance		
		Budget		Actual		\$	%	
Operating Revenue								
State General Revenue	\$	40,581,085	\$	39,718,936	\$	(862,149)	-2%	
Harris County and Local		21,680,109		20,460,614		(1,219,496)	-6%	
Federal Contracts and Grants		16,138,052		13,942,680		(2,195,372)	-14%	
State Contract and Grants		4,513,110		2,811,263		(1,701,847)	-38%	
Third Party Billing		11,066,002		11,807,044		741,042	7%	
Charity Care Pool		13,361,401		13,361,404		3	0%	
Directed Payment Programs		2,905,000		3,134,856		229,856	8%	
PAP		3,334,312		3,343,729		9,417	0%	
Interest Income		900,267		1,152,732		252,465	28%	
Operating Revenue, total	\$	114,479,337	\$	109,733,256	\$	(4,746,081)	-4%	
Operating expenditures								
Salaries and Fringe Benefits	\$	79,706,004	\$	79,553,867	\$	152,137	0%	
Contracts and Consultants		8,356,048		4,737,303		3,618,745	43%	
Contracts and Consultants-HPC		9,290,939		9,693,086		(402,148)	-4%	
Supplies and Drugs		6,127,019		8,100,399		(1,973,379)	-32%	
Purchases, Repairs and Maintenance of:		-						
Equipment		2,390,789		1,590,488		800,301	33%	
Building		2,152,633		530,852		1,621,781	75%	
Vehicle		345,744		254,807		90,938	26%	
Telephone and Utilities		1,272,882		941,424		331,458	26%	
Insurance, Legal and Audit		664,702		522,396		142,306	21%	
Travel		776,114		487,511		288,603	37%	
Other		3,063,131		3,303,290		(240,160)	-8%	
Operating Expenditures, total	\$	114,146,004	\$	109,715,422	\$	4,430,582		
			_	4= 00 /	_	(0.1.7.10.0)		
Change in Net Assets, before Other Sources	\$	333,333	\$	17,834	\$	(315,499)		
Other Sources								
Debt payment	\$	(333,333)	\$	_	\$	333,333		
Capital outlay	Ψ	-	~	(1,065,328)	Ψ	(1,065,328)		
Insurance proceeds		_		26,943		26,943		
Proceeds from Sale of Assets		_		9,270		9,270		
Change in Net Assets, all Sources	\$	0	\$	(1,011,280)	\$	(1,011,280)		
onunge in Net Assets, an obuides	Ψ		<u> </u>	(1,011,230)	<u>Ψ</u>	(1,011,200)		

## The Harris Center for Mental Health and IDD Balance Sheet December 31, 2023

unaudited/budget-basis reporting

revised February 5, 2024		ecember-23
ASSETS	<b>I</b>	
Current Assets		
Cash and Cash Equivalents		
Cash and Petty Cash	\$	10,906,461
Cash Equivalents		60,045,071
Cash and Cash Equivalents, total	\$	70,951,532
Inventory and Prepaid Accounts Receivable:	\$	10,265,374
Other		52,656,165
Patient, net of allowance		5,542,036
Current Assets, total	\$	139,415,106
Capital Assets		
Land	\$	12,694,280
Building and Building Improvements		46,595,256
Furniture, Equipment and Vehicles		9,952,470
Construction in Progress		24,267,898
Capital Assets, total	\$	93,509,904
Total Assets	\$	232,925,009
LIABILITIES AND NET ASSETS		
Unearned Income	\$	27 270 002
	Ф	37,370,002
Accounts Payable and Accrued Liabilities  Long term Liabilities		24,259,352
Liabilities, total	\$	780,716 62,410,070
,		, ,
NET ASSET		
Inventory and Capital Assets	\$	93,654,093
Assigned		66,514,014
Unassigned		11,358,113
Change in net assets		(1,011,280)
Net Assets, Total	\$	170,514,939

# The Harris Center for Mental Health and IDD Investment Portfolio December 31, 2023

#### **Local Government Investment Pools (LGIPs)**

	Begir	ning Balance	Transfer In	7	Transfer Out	Inter	est Income	Ending Value	Portfolio %	Monthly Interest Rate	Monthly Yield
Texas CLASS								<b>.</b>			
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%
TexPool Sub-Total		20,661,785	24,100,000		(9,000,000)		134,437	35,896,222	59.8%		4.782%
Total Investments	\$	44,725,328	\$ 24,100,000	\$	(9,000,000)	\$	219,743	\$ 60,045,071	100%		5.109%
Additional Interest-Checking Accounts							65,275				
Total Interest Earned					:	\$	285,018				



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.57%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.30%
Interest Rate - Chase Hybrid Checking	3.15%
ECR - Chase	3.25%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of September 30, 2023 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Hayden Hernandez, Accounting and Treasury Manager

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

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

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

#### Notes:

#### November 30, 2023

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

<sup>\*</sup> 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-7

# FEBRUARY 2024 NEW CONTRACTS UNDER 100k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

FEBRUARY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION						
1	Behavioral Health Industry News, Inc. d/b/a Open Minds	Consulting Services	\$33,660.00	1/15/2024 - 12/31/2024	General Revenue (GR)	Sole Source	New Consultant Agreement to provide The Harris Center with consultation and technical assistance related to developing a prioritized set of strategic objectives to achieve The Harris Center's mission, growth objectives, and financial requirements.
2	Council for Affordable Quality Healthcare, Inc.	New Provider Data Portal Agreement	\$7,640.00	2/1/2024 - 8/31/2024	General Revenue (GR)	ACC 400 (30 C) ACC (30 C) (40 C)	New Agreement to provide a Provider Data Portal to eliminate duplicative paperwork for organizations that may require provider profile information for claims administration, credentialing, directory services, and more. Through an intuitive, profile-based design, the Agency can easily enter and maintain our information for submission on behalf of the Agency.
3	GenSolutions LLC	Generator Maintenance and Inspection Services	\$27,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement to provide Generator Maintenance and Inspection Services for the following locations: 9401 SW Freeway, 3737 Dacoma, 5901 Long Drive and 6160 South Loop East, Houston, TX.
4	Intrado Interactive Services Corporation	Televox Software Subscription Services for Agency Wide Phone Tree	\$72,000.00	7/1/2024 - 6/30/2027	General Revenue (GR)	Request for Quote	The Harris Center currently uses Televox/Intrado software for client notifications via an interface with EPIC. The Harris Center's IT would like to extend the Agreement for 36 months (3 more years) to upgrade the current system that Harris Health uses for patient notifications, which enables support and workflow changes to be supported by Harris Health. [Total NTE amount for 36 months will be \$216,000 paid Annually at \$72,000 per year.]
5	Three Wise Men Enterprises, LLC D/B/A 4D Signworx, LTD	Service Agreement to Provide Signage	\$46,930.00	2/1/2024 - 8/31/2024	General Revenue (GR)	Request for Quote	New Agreement to add Agency logo/name signage in two locations on the 9401 Southwest Freeway building. \$41,930.00 + \$5,000.00 contingency = Total NTE: \$46,930.00.
	FORENSICS						是是其代码的100m以200m以200m以200m以200m以200m以200m以200m以
6	Betty F. Adams	Consutant Agreement	\$40,020.00	2/1/2024 - 8/31/2024	County		New Consultant Agreement to provide leadership and Development Training Services for new Program Managers/Practice Managers for the Forensics division.
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
7	Ambur L Copland	Community First Choice (CFC) - Personal Assistance Serivces/Habilitation (PAS/HAB) and Respite	\$13,202.00	1/22/2024 - 8/31/2024	State	Consumer Driven	New Agreement to provide Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Services.
8	Leslie Fabela	Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Services	\$7,000.00	1/8/2024 - 8/31/2024	State	Consumer Driven	New Agreement to provide Community First Choice (CFC) - Personal Assistance Services/Habilitation (PAS/HAB) and Respite Services.
	MENTAL HEALTH						
	CPEP/CRISIS SERVICES						

#### SNAPSHOT SUMMARY NEW CONTRACTS LESS THAN \$100,000

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
9	BHC Training LLC	BHC Training Learning Management System and Library Content	\$2,890.00	1/1/2024 - 12/31/2024	General Revenue (GR)		New Agreement to provide On-Line Training Learning Management System and Library Content to meet the training requirements set forth by HHSC for Substance Use Recovery Programs to include detox and outpatient treatment substance use programs.
	LEASES						
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						



#### **Executive Contract Summary**

#### **Contract Section** Contractor\* Behavioral Health Industry Neews, Inc. d/b/a Open Minds Contract ID #\* New Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) Open Minds 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application ■ Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment Contract Term End Date \* (?) Contract Term Start Date \* (?) 1/15/2024 12/31/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year\* (?) Amount\* (?) 2024 \$ 33,660.00 Funding Source\* General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	
To provide The Harris Center with consultation and technique developing a prioritized set of strategic objectives to ach growth objectives, and financial requirements.	
Contract Owner*	
Carrie Rys	
0000000000000 1 <b>▼</b> 000	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	Dage (HIIR)* (2)
	less (Hob) N//
Yes No Duknown	
Community Partnership * (?)	
O	
Supporting Documentation Upload (?)	140 50//5
OPENMINDS_TheHarrisCenter_110BlockofHours_Agre	ement 1215 113.58KB
S. E. Milliand S. Marine S	ement_1215 115.56NB
Vendor/Contractor Contact Person	ement_1215 115.55KB
	<b>○</b>
Vendor/Contractor Contact Person	Ellient_1215 113.3500b
Vendor/Contractor Contact Person  Name* Open Minds	<b>○</b>
Vendor/Contractor Contact Person	©
Vendor/Contractor Contact Person  Name* Open Minds Address* Street Address	Emicit_1215 113.50KB
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square	<b>⊙</b>
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2	
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2	State / Province / Region PA
Vendor/Contractor Contact Person  Name * Open Minds  Address * Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg	State / Province / Region PA
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number*	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number* 7173341329	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number*	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number* 7173341329	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name * Open Minds  Address * Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number * 7173341329  Email *	State / Province / Region PA Country
Vendor/Contractor Contact Person  Name* Open Minds  Address* Street Address 15 Lincoln Square Address Line 2 City Gettysburg Postal / Zip Code 17325  Phone Number* 7173341329  Email* openminds@openminds.com	State / Province / Region PA Country

Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 1101 \$ 33,660.00 542000 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) Submission Date Requester Name 1/5/2024 Franco, Veronica Budget Manager Approval(s) Approved by Approval Date Frica Brown 1/5/2024 File Upload (?) Approved by Approval Date Sharon Brauner 1/10/2024 Contract Owner Approval Approved by Approval Date Carrie Taylor Rys 1/10/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/11/2024



#### **DUE DILIGENCE SOLE SOURCE** PROJECT NUMBER FY24-0281 CREDENTIALING SOFTWARE CACTUS

Purchasing received a request from the IT Department for Credentialing Software Cactus in December 2023. The request is for a one-year subscription with Council for Affordable Quality Healthcare, Inc. (CAOH) for their ProView Credentialing Software.

IT obtained one quote from CAQH for \$10,280.00.

IT's recommendation is to move forward with CAQH. The selection is based on the product being the best resource for providers to self-report professional and practice information to payers, hospitals, large provider groups and health systems. The CAQH Provider Data Portal eliminates duplicative paperwork for organizations that may require provider profile information for claims administration, credentialing, directory services, and more. The product is determined as sole source based on it being unique in that no other product could be located that provides this exact functionality. (Texas DIR, Interlocal agreements, and GSA Schedule 70 were searched without any success locating a vendor that provides the same functionality as CAQH ProView.)

Initial Year Total NTE: \$10,280.00 (\$2,000.00 Implementation Fee, \$3,000.00 Annual Fee, \$5,280.00 Per Provider Fee {\$5.28 per provider based on 1,000 providers}). The Agreement shall commence on the Effective Date and will remain in effect for a period of five (5) years from the Effective Date, unless sooner terminated. The Agreement will automatically renew for one (1) year period(s) on each succeeding anniversary of the Effective Date (each a "Renewal Term"), unless either party notifies the other party of its desire not to automatically renew this Agreement at least thirty (30) days before the end of the then-current Term. The Harris Center's renewal will be based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The Funding Source is Unit 1147 (IT Infrastructure Project). Accounting project number is IT23-1147-03.

DocuSigned by: -DocuStaned by: Frances Otto Nina Cook, MBA, CTCM, CTCD Frances Offo. CTCD Director of Purchasing Buyer II

> Vanessa Mckeown Vanessa McKeown, CPA

Chief Financial Officer

VlentalHealth and IDD	
Contract Section	
Contractor*	
Council for Affordable Quality Healthcare, Inc.	
Contract ID #*	
2024-0840	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
2/20/2024	
Parties* (?)	
CAQH and The Harris Center for Mental Health and IDI	
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal Revenue	
Revenue SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	✓ Sole Source
Request for Application	<ul><li>Request for Qualification</li><li>Tag-On</li></ul>
Request for Quote Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date* (?)
2/1/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 7,640.00
Funding Source*	

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
The intent of the ECS is to create a contract with CAQH t	
eliminates duplicative paperwork for organizations that m	
require provider profile information for claims administration	
services, and more. Through an intuitive, profile-based de	
and maintain our information for submission for our organ	nization.
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ○ Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
Yes No Unknown	
Community Partnership * (?)	
⊚ Yes ⊚ No ⊚ Unknown	
Supporting Decumentation Unload (2)	10
Supporting Documentation Upload (?)	4EOVD
CAQH ProView Implementation Form v2.pdf	459KB
CAQH ProView Sole Source.docx	12.3KB
CAQH SDA 7.10.23.docx	106.71KB
MSA 7.11.23.docx	118.35KB
Vendor/Contractor Contact Person	
Name*	
Etta Lambert	
Address*	
Street Address	
2020 K Street Northwest	
Address Line 2	
Suite 900	
City	State / Province / Region
Washington	DC
Postal / Zip Code	Country
20006	US
Phone Number*	
540.522.1199	
Email*	
ELambert@caqh.org	

#### **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 5,640.00 553002 1147 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Brown, Erica Amount Charged to Unit\* Expense/GL Code No. \* Budget Unit Number\* \$ 2,000.00 553003 1147 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable \* (?) PROVIEW \$3000 annual fee \$2000 Implementation fee \$5.28 (500) per provider billed annually. Project WBS (Work Breakdown Structure)\* (?) IT23.1147.03 - Credentialing Software **Submission Date** Requester Name 1/16/2024 Jones, Anthony Budget Manager Approval(s) Approved by **Approval Date** Exica Brown 1/17/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 1/17/2024 Contract Owner Approval Approved by Approval Date 1/17/2024 Contracts Approval

Approve\*

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

Approved by \*

Belinda Stude

**Approval Date\*** 1/18/2024

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Contract ID #* 024-0844			
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Funding Source\*

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance IT/Software License Agreement
BAA/DUA Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
need a new contract for FY2024 as we were unaware that	
ended, want to do a one year contract for business continu	AND STATE OF THE S
to hold previous contract pricing - NTE for FY2024 of \$27,	000, see attachment - pricing is
hard to read but came from initial quote	
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contract	or*
	01
Yes       No       Unknown	
Please add previous contract dates and what services	were provided*
2019 to present, possibly longer, generator maintenance	
Vendor/Contractor a Historically Underutilized Busine	ss (HIIB)* (?)
	35 (1100)
Yes No Unknown	
Please provide an explanation*	
does not meet criteria	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
GenSolutions Information.pdf	125.75KB
Vendor/Contractor Contact Person	
Name*	
GenSolutions, LLC / Patrick Makinney	
Line (Perform the Administrative (Performance - Administrative (Performance Administr	
Address*	
Street Address	
14519 East Freeway	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77015-6463	US
Phone Number*	
9364434378	
Email*	
pmakinney@gensolutionsllc.com	

#### **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 1899 \$ 27,000.00 557000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable \* (?) see attached / NTE 27,000.00 Project WBS (Work Breakdown Structure)\* (?) Submission Date Requester Name 1/19/2024 Harper, Sarah Budget Manager Approval(s) Approved by Approval Date Exica Brown 1/19/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Fodd McCorquodale 1/29/2024 Contracts Approval Approve\* No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/29/2024

#### HIMERS ...

#### **Executive Contract Summary**

Mental Health and 1010	
Contract Section	
Contractor*	
Intrado Interactive Services Corporation (Televox)	
Contract ID #*	
7451	
Presented To*	
Resource Committee     Full Board	
Full Board	
Date Presented*	
2/20/2024	
Parties* (?)	
Televox/Intrado and The Harris Center	
Agenda Item Submitted For: * (?)	
☑ Information Only (Total NTE Amount is Less than \$250)	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other Extended Contract
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
7/1/2024	6/30/2027
If contract is off-cycle, specify the contract term (?)	
36 Months	
Fiscal Year* (?)	Amount* (?)
2025	\$ 72,000.00
Fiscal Year* (?)	Amount* (?)
2026	\$ 72,000.00

Fiscal Year* (?)	Amount* (?)	
2027	\$ 72,000.00	
Funding Source*		
General Revenue (GR)		
Contract Description / Type * (?)		
5 1 3535	Consultant	
Personal/Professional Services Consumer Driven Contract	✓ New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
	<b>.</b>	
Justification/Purpose of Contract/Description of S		
The Harris Center currently uses Televox/Intrado for		
EPIC. Harris Center IT would like to extend the contr system that Harris Health uses for patient notification		
changes to be supported by Harris Health.	is, which chaptes support and worklow	
Total amount for 3 years will be \$216,000 for the age	ncy/ \$72,000 per year.	
Contract Owner*		
Mustafa Cochinwala		
Previous History of Contracting with Vendor/Con	tractor *	
Yes No Unknown		
Please add previous contract dates and what ser	vices were provided*	
FY14-FY24		
Client Notifications		
Vendor/Contractor a Historically Underutilized Bu	usiness (HUB)* (?)	
Yes No Unknown		
Community Partnership* (?)		
Yes No Unknown		
Supporting Documentation Upload (?)		
Copy of HouseCalls Pro Order Form - The Harris Ce	enterpdf 194.82KB	
Vendor/Contractor Contact Person		
Name*		
Christina Denson		
Address*		
Street Address		
1110 Montlimar Drive		
Address Line 2		
Suite 700		
City	State / Province / Region	
Mobile	AL	
Postal / Zip Code	Country	
36609-1723	US	

Phone Number\* 251-206-5619 Email\* christina.denson@televox.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* **Budget Unit Number\*** Expense/GL Code No.\* 1130 \$ 72,000.00 574000 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Appointment Management Module Fee \$4,150 Fixed, Per Month Transactional Pricing (Heritage Products) - Voice \$0.0800 Per transaction (Heritage Products) - SMS or Email \$0.0800 Per transaction HouseCalls Pro - Voice \$0.0575 Per transaction HouseCalls Pro - SMS or Email \$0.0325 Per transaction Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name Hurst, Richard 12/19/2023 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 12/19/2023 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 12/27/2023 Contracts Approval

#### Approve\*

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

Approved by \*

Belinda Stude

Approval Date\*
1/26/2024

#### ∰ivers Executive Contract Summary

#### **Contract Section** Contractor\* Three Wise Men Enterprises, LLC d/b/a Signworx, LTD Contract ID #\* New Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) 4D Signworx 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment Contract Term End Date \* (?) Contract Term Start Date \* (?) 8/31/2024 2/1/2024 If contract is off-cycle, specify the contract term (?) Amount\* (?) Fiscal Year\* (?) \$ 46,930.00 2024 Funding Source\* General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
FY24 Capital Project to add agency logo/name in 2 location	
Freeway building.	
\$41,930.00 + \$5,000.00 contingency = Total NTE: \$46,93	0.00
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contract	or*
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
Yes No Unknown	
Please provide an explanation*	
Not at HUB	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Richard Allison	
Address*	
Street Address	
2022 Pech Road	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77055-1428	US
77000-1420	
Phone Number*	
713-984-2010	
Email*	
rallison@4dsignworx.com	
Tampon (@ Tobign Work.com	
Budget Section	<u> </u>
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 900040 1126 \$ 46,930.00 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) See proposal - Performance Logic Project WBS (Work Breakdown Structure)\* (?) FM24.1126.07 Submission Date Requester Name 1/25/2024 Cantu-Espinoza, Lisa Budget Manager Approval(s) Approved by **Approval Date** Frica Brown 1/25/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 1/25/2024 Contract Owner Approval Approved by Approval Date 1/25/2024 Contracts Approval Approve\* No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/25/2024

#### **Executive Contract Summary**

METHOL PERINGEN (1997)	
Contract Section	
Contractor*	
Betty F. Adams	
Contract ID #*	
2024-0833	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
2/20/2024	
Parties* (?)	
The Harris Center for MH and IDD Services and Betty F.	Adams
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$25	(0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
☐ Other	
D	
Procurement Method(s)*	
Check all that Apply	□ Competitive Proposal
<ul> <li>☐ Competitive Bid</li> <li>☐ Request for Proposal</li> </ul>	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	✓ Other consulting services
Funding Information*	
New Contract	
	Contract Term End Date * (?)
Contract Term Start Date * (?)	8/31/2024
2/1/2024	0/3/1/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 40,020.00
Funding Source*	

Contract Description / Type * (?)	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	☐ Lease ☐ Other
Renewal of Existing Contract	Ottlei
Justification/Purpose of Contract/Description of Service	es Being Provided* (?)
To provide leadership and Development Training Services	
Managers/Practice Managers for the Forensics division.	
Contract Owner*	
Monalisa Jiles	
Worlding difes	
Previous History of Contracting with Vendor/Contractor	pr*
Vendor/Contractor a Historically Underutilized Busines	ss (HUB)* (?)
Yes No Unknown	,
Tes No 9 Olikilowii	
Community Partnership * (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Name* Betty F. Adams	
Name* Betty F. Adams Address*	
Name* Betty F. Adams Address* Street Address	
Name * Betty F. Adams Address * Street Address 12255 West Marsham Circle	
Name * Betty F. Adams  Address * Street Address 12255 West Marsham Circle Address Line 2	Challe / Despite on / Despite
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City	State / Province / Region
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston	TX
Name * Betty F. Adams  Address * Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston	TX
Name * Betty F. Adams  Address * Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number* 2817045495	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number* 2817045495  Email*	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number* 2817045495	TX Country
Name * Betty F. Adams  Address * Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number * 2817045495  Email *	TX Country
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number* 2817045495  Email* voricedmnd@aol.com	TX Country US
Name* Betty F. Adams  Address* Street Address 12255 West Marsham Circle Address Line 2 City Houston Postal / Zip Code 77066-4100  Phone Number* 2817045495  Email* voricedmnd@aol.com	TX Country US

Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 540000 6001 \$ 40,020.00 **Budget Manager** Secondary Budget Manager Williams-Wesley, Sheenia Jiles, Monalisa Provide Rate and Rate Descriptions if applicable \* (?) \$60 per hour 24 hours per week Project WBS (Work Breakdown Structure)\* (?) n/a Submission Date Requester Name Williams-Wesley, Sheenia 1/10/2024 Budget Manager Approval(s) Approved by Approval Date 1/11/2024 Sheenia Williams-Westey Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** Monalisa Tiles 1/11/2024 Contracts Approval Approve\* No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/11/2024

#### HIMBRE Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
Ambur L Copland	
Contract ID #*	
2024-0837	
Presented To *	
Resource Committee	
Date Presented*	
2/20/2024	*
Parties* (?)	
Ambur L Copland	
Agenda Item Submitted For:* (?)	
	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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On  ☑ Consumer Driven
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Other
Funding Information *	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/22/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 13,202.00
Funding Source*	

	· · · · · · · · · · · · · · · · · · ·
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	<ul> <li>Amendment to Existing Contract</li> <li>Service/Maintenance</li> </ul>
Affiliation or Preceptor BAA/DUA	☐ Service/Maintenance ☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
g contact	
Justification/Purpose of Contract/Description of Serv Provide Respite and CFC services to a waiver individual.	ices Being Provided* (?)
Contract Owner*	
Dr. Evanthe Collins	
	*
Previous History of Contracting with Vendor/Contract	tor"
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine  Yes No Unknown	ess (HUB)* (?)
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
W9 Amur.pdf	119.48KB
TVO 7 Milatipal	
Vendor/Contractor Contact Person	
Name*	
Name*	
Name* Ambur L Copeland	
Name* Ambur L Copeland Address*	
Name * Ambur L Copeland Address * Street Address	
Name * Ambur L Copeland Address * Street Address 8719 Indian Maple Dr	
Name * Ambur L Copeland Address * Street Address 8719 Indian Maple Dr Address Line 2	
Name * Ambur L Copeland Address * Street Address 8719 Indian Maple Dr Address Line 2 City	State / Province / Region
Name* Ambur L Copeland  Address* Street Address 8719 Indian Maple Dr Address Line 2 City Humble	TX
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code	TX Country
Name* Ambur L Copeland  Address* Street Address 8719 Indian Maple Dr Address Line 2 City Humble	TX
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137	TX Country
Name* Ambur L Copeland  Address* Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number*	TX Country
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number * 346-434-2658	TX Country
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number * 346-434-2658  Email *	TX Country
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number * 346-434-2658	TX Country
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number * 346-434-2658  Email *	TX Country
Name* Ambur L Copeland  Address* Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number* 346-434-2658  Email* amburxcopeland@gmail.com	Country US
Name * Ambur L Copeland  Address * Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number * 346-434-2658  Email * amburxcopeland@gmail.com	Country US
Name* Ambur L Copeland  Address* Street Address 8719 Indian Maple Dr Address Line 2 City Humble Postal / Zip Code 77338-2137  Phone Number* 346-434-2658  Email* amburxcopeland@gmail.com	Country US

Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 543009 \$ 8.050.00 3585 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* \$ 5.152.00 543005 3585 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) Requester Name Submission Date Wells, Rosa 1/17/2024 Budget Manager Approval(s) Approved by Approval Date Mamie Oddams-Odustin 1/17/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 1/17/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/18/2024

#### **Executive Contract Summary Contract Section** Contractor\* Leslie Fabela Contract ID #\* 2024-0831 Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) Leslie Fabela, 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) Other Funding Information\* New Contract Amendment

Contract Term Start Date \* (?)

Contract Term End Date \* (?)

1/8/2024

8/31/2024

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

Fiscal Year\* (?)

Amount\* (?)

2024

\$ 7,000.00

Funding Source\*

State

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Serv Providing Respite and CFT for waiver individual.	ices Being Provided* (?)
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contract	tor*
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)*(?)
Community Partnership * (?)	,
Supporting Documentation Upload (?)	
Fabela 2024.pdf	691.37KB
Vendor/Contractor Contact Person	
Name*	
Leslie Fabela	
Address*	
Street Address	
9707 South Gessner Road	
Address Line 2	
#2601	,
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77071	US
Phone Number*	
346-640-4348	
Email*	
Email* fabela97@hotmail.com  Budget Section	

Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 543005 3585 \$ 3,500.00 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 543009 3585 \$ 3,500.00 **Budget Manager** Secondary Budget Manager Adams-Austin, Mamie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) \$11.50 per hour Project WBS (Work Breakdown Structure)\* (?) Requester Name **Submission Date** 1/2/2024 Anthony, Patrina Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Austin 1/2/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 1/2/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/5/2024

#### **Executive Contract Summary Contract Section** Contractor\* **BHC Training LLC** Contract ID #\* 2024-0827 Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) BHC Training, LLC and The Harris Center for Mental Health & IDD Agenda Item Submitted For: \* (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Bid Competitive Proposal Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment Contract Term Start Date \* (?) Contract Term End Date \* (?) 12/31/2024 1/1/2024 If contract is off-cycle, specify the contract term (?) One year term

Amount\* (?)

\$ 2,890.00

Funding Source\*

Fiscal Year\* (?)

2024

General Revenue (GR)

Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Se To meet the training requirements set forth by HHSC fo	
Programs to include detox and outpatient treatment sub	
Contract Owner*	
Lance Britt	
Previous History of Contracting with Vendor/Contra	actor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busi	iness (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership* (?)	
Yes No Unknown	
les Wo & Olikhowii	
Supporting Documentation Upload (?)	
BHC Contract.docx	172.17KB
Vendor/Contractor Contact Person	<u> </u>
Vendor/Contractor Contact Person	
Name*	
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA	
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA Address*	
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA  Address* Street Address	
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA  Address* Street Address 1901 E. Palm Valley Drive Suite 201	
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201  Address Line 2	
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City	State / Province / Region
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA  Address* Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock	TX
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code	TX Country
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA  Address* Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock	TX
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664	TX Country
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number *	TX Country
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number * 512-610-0755	TX Country
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number *	TX Country
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number * 512-610-0755	TX Country
Name* Dr. Rhonda G. Patrick, LCSW-S, MPA  Address* Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number* 512-610-0755  Email*	TX Country
Name * Dr. Rhonda G. Patrick, LCSW-S, MPA  Address * Street Address 1901 E. Palm Valley Drive Suite 201 Address Line 2 City Round Rock Postal / Zip Code 78664  Phone Number * 512-610-0755  Email * director@bhctraining.com	TX Country USA

Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 549005 \$ 2,890.00 2200 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable \* (?) Annual Subscription - \$1,000.00 annually Up to 63 students @ \$30 p/seat = \$1,890.00 Project WBS (Work Breakdown Structure) \* (?) NA **Submission Date** Requester Name 12/19/2023 Brock, Sandra Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 12/19/2023 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Lance Britt 12/19/2023 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/4/2024

# EXHIBIT R-8

# FEBRUARY 2024 AMENDMENTS UNDER 100k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

#### SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

FEBRUARY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Board Bookit, Inc. D/B/A Govenda	Board Portal Software Services	\$11,450.00	\$3,000.00	\$14,450.00	1/15/2024 - 1/15/2025	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to increased annual maintenance cost.
2	Doximity, Inc.	Doximity Dialer Pro Subscription Service	\$15,000.00	\$750.00	\$15,750.00	1/1/2024 - 12/31/2024	General Revenue (GR)	Request for Quote	Amendment to increase the NTE due to annual increase of subscription cost.
3	Legal Files Software Inc.	software for Legal and Contracts Case Management	\$8,154.00	\$171.00	\$8,325.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the current NTE increasing amount of annual maintenance and support fee.
4	Susan Fordice d/b/a Fordice Consulting LLC	Consulting Services for the Harris Center's Foundation and Foundation's Board of Directors	\$45,000.00	\$7,500.00	\$52,500.00	7/1/2023 - 8/31/2024	Private Pay Source		Amendment to increase the NTE to pay for two outstanding invoices.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	CPEP/CRISIS SERVICES								
	LEASES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								

# **₩** Executive Contract Summary

### Contract Section Contractor\* Board Bookit, Inc. D/B/A Govenda Contract ID #\* 2021-0047 Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) BoardBooklt, Inc. dba Govenda 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment Contract Term End Date \* (?) Contract Term Start Date \* (?) 1/15/2025 1/15/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount\* \$ 11,450.00 Increase Not to Exceed\* \$ 3,000.00 Revised Total Not to Exceed (NTE)\* \$ 14,450.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 3,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	vices Being Provided* (?)
Board Portal to make the Board process easier and mate	
Contract Owner*	-
Wayne Young	
Previous History of Contracting with Vendor/Contracting	tor*
	*
Please add previous contract dates and what service	es were provided *
01/15/23-1/15/24	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Wunknown	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	^
vendon contractor contact research	
Name *	
BoardBookit, Inc. DBA/Govenda	
Address*	
Street Address	
900 Parish St ste 102	
Address Line 2	State / Descriptor / Region
City	State / Province / Region
Pittsburgh	PA
Postal / Zip Code	Country
15220-3425	US
Phone Number*	
415-5874872	
710-0014012	

Email\* lhuber@boardbookit.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 551003 1130 \$ 3,000.00 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) Requester Name **Submission Date** 1/19/2024 Franco, Veronica Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 1/19/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 1/22/2024 Contracts Approval Approve\* No, reject entire submission Return for correction

Approved by \*

Belinda Stude

Approval Date\*
1/23/2024

# **Executive Contract Summary**

Mental Health and IDD	
Contract Section	Ć
Contractor*  Doximity, Inc.	
Contract ID #* 7805	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) Doximity and The Harris Center	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or 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 Amendment for CT143372
Funding Information*	
New Contract  Amendment  Contract Term Start Date * (?)  1/1/2024  If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 12/31/2024
Current Contract Amount* \$ 15,000.00	
Increase Not to Exceed* \$ 750.00	
Revised Total Not to Exceed (NTE)* \$ 15,750.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 15,750.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA Pooled Contract	☐ IT/Software License Agreement ☐ Lease
Renewal of Existing Contract	Other
Renewal of Existing Contract	Other State of the
Justification/Purpose of Contract/Description of Serv	rices Being Provided * (?)
Annual Increase	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contracting	tor*
Yes  No Unknown	
	*
Please add previous contract dates and what service	es were provided "
FY22, FY23, FY24	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Supporting Documentation Upload (?)	
Doximity FY24.pdf	14.52KB
PO_CT143372_Doximity.PDF	152.84KB
Vendor/Contractor Contact Person	
Name*	
Mary Kenney	
Address*	
Street Address	
500 3rd Street	
Address Line 2	
City	State / Province / Region
SF	CA
Postal / Zip Code	Country
94107-1818	US

Phone Number\* 615-275-6263 Email\* mkenney@doximity.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 553002 \$ 750.00 1130 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable \* (?) Dialer Enterprise - Tier 1 \$15,750 Project WBS (Work Breakdown Structure)\* (?) Requester Name **Submission Date** Hurst, Richard 1/18/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 1/18/2024 Contract Owner Approval Approved by Approval Date 1/19/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/19/2024

# HIMBIR Executive Contract Summary

Mental Fresidi said 110)	
Contract Section	
Contractor* Legal Files Software Inc.	
Contract ID #* 6298	
Presented To*  Resource Committee  Full Board	
Date Presented * 2/20/2024	
Parties* (?) The Harris Center Legal Files Software, Inc.	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid Request for Proposal	Competitive Proposal Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 8,154.00	
Increase Not to Exceed* \$ 171.00	

Revised Total Not to Exceed (NTE)* \$ 8,325.00						
Fiscal Year* (?)	Amount* (?)					
2024	\$ 8,325.00					
Funding Source*						
General Revenue (GR)						
Contract Description / Type * (?)						
Personal/Professional Services	Consultant					
Consumer Driven Contract	New Contract/Agreement					
Memorandum of Understanding	Amendment to Existing Contract					
Affiliation or Preceptor	Service/Maintenance					
■ BAA/DUA	IT/Software License Agreement					
Pooled Contract	Lease					
Renewal of Existing Contract	Other					
Justification/Purpose of Contract/Description of S	ervices Being Provided* (?)					
Amendment to current contract increasing amount of						
Contract Owner*						
Kendra Thomas						
Previous History of Contracting with Vendor/Contracting	ractor*					
Yes       No       Unknown						
Please add previous contract dates and what serv	ices were provided*					
2015 - To Date						
Legal software for Legal and Contracts department.	Legal software for Legal and Contracts department.					
Vendor/Contractor a Historically Underutilized Bus	siness (HUB)* (?)					
○ Yes   No  Unknown						
Please provide an explanation *						
N/A						
Community Partnership* (?)						
Yes No Unknown						
Supporting Documentation Upload (?)						
Vendor/Contractor Contact Person						
Name*						
Joe Wheeler						

Address\* Street Address 801 South Durkin Drive Address Line 2 State / Province / Region City Springfield IL Postal / Zip Code Country 62704-6027 US Phone Number\* 800-500-0537 Email\* joe@legalfiles.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 553002 1119 \$ 171.00 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A **Submission Date** Requester Name Gerardo, Christina 1/10/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 1/10/2024 Contract Owner Approval Approved by Approval Date Kendra Thomas 1/10/2024 Contracts Approval

### Approve\*

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

Approved by \*

Belinda Stude

**Approval Date\*** 1/11/2024

# **ℋ**ituris Executive Contract Summary

### **Contract Section** Select Header For This Contract\* Administration Contractor\* Susan Fordice d/b/a Fordice Consulting LLC Contract ID #\* 7832 Presented To\* Resource Committee Full Board Date Presented\* 5/20/2024 Parties\* (?) Susan Fordice 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Application Request for Qualification Tag-On Request for Quote Consumer Driven Interlocal Not Applicable (If there are no funds required) ✓ Other . Funding Information\* New Contract Amendment Contract Term Start Date \* (?) Contract Term End Date \* (?) 7/1/2023 8/31/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount\* \$ 45,000.00 Increase Not to Exceed\* \$ 7,500.00

Revised Total Not to Exceed (NTE)*	
\$ 52,500.00	
Fiscal Year* (?)	Amount* (?)
2024	\$ 52,500.00
Funding Source*	
Private Pay Source	
Contract Description / Type * (?)	
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Contract Owner*	
Carrie Rys	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
Consulting	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) * (?)
Yes No Unknown	
Please provide the HUB status*	
WBE - Women owned business.	
Community Partnership * (?)	
○ Yes       ○ No       ○ Unknown	
Supporting Documentation Upload (?)	
	1,16MB
RE PO CT142279 - Susan Fordice Email.msg	1. I DIVID
Vendor/Contractor Contact Person	
vendon contractor contact i croon	
Name*	
Susan Fordice	
Address*	
Street Address	
16119 Celebration Lane	
Address Line 2	
City	State / Province / Region
Cypress	TX
Postal / Zip Code	Country
77433	US

Phone Number\* 7132061755 Email\* sjfordice@gmail.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 542000 1101 \$ 7,500.00 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) NA Project WBS (Work Breakdown Structure)\* (?) NA **Submission Date** Requester Name 10/20/2023 Lievsay, Nicole Budget Manager Approval(s) Approved by Approval Date Frica Brown 10/24/2023 Contract Owner Approval Approved by Approval Date Carrie Taylor Rys 1/9/2024 Contracts Approval Approved by Approval Date Belinda Stude 1/10/2024 Final Board Report Comments Justification / Purpose of Contract / Description of Services Being Provided (?) **Development Consultant Services** Product/Service Description Consulting Services for the Harris Center's Foundation and Foundation's Board of Directors

### Revised Comments For Board Report\*

Amendment to increase the NTE to pay for two outstanding invoices.

### Exclude this ECS from Board Report?\*

○ Yes @ No

# EXHIBIT R-9

# FEBRUARY 2024 RENEWALS UNDER 100k

#### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT RENEWALS LESS THAN \$100,000 FEBRUARY 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	Asset Systems, Inc.	Cloud Based Fixed Asset Tracking Software	\$6,240.00	\$6,936.00	2/1/2024 - 1/31/2025	General Revenue (GR)	Request for Quote	Annual renewal of Ingenium - a cloud based fixed asset tracking software including upgrade to previously existing software platform to cloud-based solution with mobile direct application.
2	Headspace, Inc.	Wellness Tools	\$28,980.00	\$28,980.00	4/7/2024 - 4/6/2026	State Grant	Sole Source	Annual renewal of wellness tools which provides meditation and mental health mindfulness tool for work platform Agency wide.
3	The Academy of Cognitive Therapy dba Academy of Cognitive and Behavioral Therapies	Rate and Assessment of Agency's Therapists for Cognitive Therapy	\$18,000.00	\$18,000.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Sole Source	Annual funding for Consultant Agreement for providing Rate and Assessment of Agency's Therapists for Cognitive Therapy.
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	CPEP/CRISIS SERVICES							
4	ASSA ABLOY Entrance Systems US Inc.	Maintenance of Automatic Doors at NPC	\$2,286.90	\$2,401.25	3/1/2024 - 2/28/2025	General Revenue (GR)		Annual renewal of Maintenance Agreement for the NPC.
	LEASES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
					-	-		

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### Annual Renewal Evaluation

Mental Result or A IDD	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2022-0297	
Contractor Name*	
Asset Systems, Inc.	
Service Provided* (?)	
Ingenium - a cloud based fixed asset tracking software. U	
software platform to cloud-based solution with mobile dire	ect application.
Renewal Term Start Date*	Renewal Term End Date*
2/1/2024	1/31/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	2 000 00)
Information Only (Total NTE Amount is Less than \$250	
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	Commettine Drawcool
Competitive Bid	Competitive Proposal Sole Source
Request for Application	Request for Qualification
<ul><li>☐ Request for Application</li><li>✓ Request for Quote</li></ul>	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant     ■
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	☑ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
No	
Unknown	

Contract NTE* (?) \$ 6,240.00
Rate(s)/Rate(s) Description
Unit(s) Served* 1122
G/L Code(s)* 551002
Current Fiscal Year Purchase Order Number* FY23 PO CT142730
Contract Requestor* Hayden Hernandez
Contract Owner* Hayden Hernandez
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
Please Explain* n/a
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?* (?)  No

## Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 553002 1122 \$ 6,936.00 Secondary Budget Manager\* Budget Manager\* Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A Fiscal Year\* (?) Amount\* (?) 2024 \$ 6,936.00 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)?\* 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 Hayden Hernandez Budget Manager Approval(s)

Recardo Campbell  Contract Owner Approval  Approved by  Glayden Glernandez  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*  1/11/2024	Approved by	
Approved by  Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Ricardo Campbell	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Contract Owner Approval	
Contracts Approval  Approve*  Yes  No, reject entire submission  Return for correction  Approved by*  Approval Date*	Approved by	
Approve*  Yes  No, reject entire submission  Return for correction  Approved by *  Approval Date *	Hayden Hornandez	
<ul> <li>Yes</li> <li>No, reject entire submission</li> <li>Return for correction</li> </ul> Approved by * Approval Date *	Contracts Approval	
No, reject entire submission  Return for correction  Approved by *  Approval Date *	Approve*	
Approved by *  Approval Date *		
Approved by *  Approval Date *		
Approval Date*		
	Approved by *	
Belinda Stude 1/11/2024		
	Belinda Stude	1/11/2024

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### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2021-0289	
Contractor Name*	
Headspace, Inc.	
Service Provided* (?)	
Sole Source Request - Headspace for Work Platform	
Renewal Term Start Date*	Renewal Term End Date*
4/7/2024	4/6/2026
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$250	(00.000,
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	Competitive Proposal
Request for Proposal	
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 28,980.00		
Rate(s)/Rate(s) Description		
Unit(s) Served* 2213		
G/L Code(s)* 549005		
Current Fiscal Year Purchase Order Number* CT142740		
Contract Requestor* Chekesha Govan		
Contract Owner* Lance Britt		
File Upload (?)		
The Harris Center Renewal Amendment for H4W.docx	19.93KB	
FW_ Headspace Renewal Information.msg	184.5KB	
Evaluation of Current Fiscal Year Performance		
Have there been any significant performance deficiencies within the current fiscal year?*  Second Se		
Were Services delivered as specified in the contract?*  ⊚ Yes ⊘ No		
Did Contractor perform duties in a manner consistent with standards of the profession?*		
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, a  • Yes • No	and/or training?* (?)	
Renewal Determination		
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No		

Renewal Information for	or Next Fiscal Year	•		
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*		
2213	\$ 28,980.00	549005		
Budget Manager*	Secondary B	udget Manager*		
Shelby, Debbie	Hooper Jr., Mi	ichael		
Provide Rate and Rate Descri	Provide Rate and Rate Descriptions if applicable * (?) 0.00			
Project WBS (Work Breakdow 0.00	n Structure)* (?)			
Fiscal Year* (?)	Amount* (?)			
2024	\$ 28,980.00			
Next Fiscal Year Not to Excee  Contract Funding Source*  State Grant	d Amount for Master Pooled Contracts			
Contract Content Changes  Are there any required changes to the contract language?* (?)  Yes  No				
Will the scope of the Services  Services	change?*			
Is the payment deadline differ	rent than net (45)?*			
Are there any changes in the  Yes No	Performance Targets?*			
Are there any changes to the Yes No	Submission deadlines for notes or sup	pporting documentation?*		
File Upload (?)				
Contract Owner				
Contract Owner* (?) Please Select Contract Owner				
Lance Britt				
Budget Manager Appr	oval(s)			

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Lauce Britt	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	1/24/2024

# HINRIS

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	•
Current Fiscal Year 2024	
Contract ID#* 2023-0692	
Contractor Name*  The Academy of Cognitive Therapy dba	nitive and Behavioral Therapies
Service Provided * (?) Rate and Assessment of Agency's Therapists for Cognitive	ve Therapy
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 \$25 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	<ul> <li>☐ Competitive Proposal</li> <li>☑ Sole Source</li> </ul>
Request for Proposal	Request for Qualification
Request for Application Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Other
Renewal of Existing Contract	G Ottle
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
∀es	
No	
Unknown	

Contract NTE* (?) \$ 18,000.00
Rate(s)/Rate(s) Description  \$150.00 per rating for each sample that is submitted to Provider in an electronic or digital format only.
Unit(s) Served* 1975
G/L Code(s)* 549005
Current Fiscal Year Purchase Order Number* CT141752
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?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
● Yes ● No  Did Contractor adhere to the contracted schedule?* (?)  ● Yes ● No
Did Contractor adhere to the contracted schedule?* (?)
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?*(?)
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
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?* (?)
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?*(?)

## Renewal Information for Next Fiscal Year Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Budget Unit Number\* Expense/GL Code No.\* 1975 \$ 18,000.00 549005 **Budget Manager\*** Secondary Budget Manager\* Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable \* (?) \$150.00 per rating for each sample that is submitted. Project WBS (Work Breakdown Structure) \* (?) NA Fiscal Year\* (?) Amount\* (?) 2024 \$ 18,000,00 Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts NA 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)?\* 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	
Ricardo Campbell	
Contract Owner Approval	<b>⊙</b>
Approved by	
Minfa Escobar	
Contracts Approval	
Approve*	
Yes	
<ul><li>No, reject entire submission</li><li>Return for correction</li></ul>	
Approved by *	
	Approval Date*
Belinda Stude	1/18/2024

# HINRIS Annual Renewal Evaluation

Current Fiscal Year Contract Information		
Current Fiscal Year 2024		
Contract ID#* 7106		
Contractor Name * ASSA ABLOY Entrance Systems US Inc.		
Service Provided * (?)  Maintenance of Automatic Doors at NPC.		
Renewal Term Start Date* 3/1/2024	Renewal Term End Date* 2/28/2025	
Term for Off-Cycle Only (For Reference Only)		
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or of Grant Proposal Revenue SOW-Change Order-Amendment# Other		
Procurement Method(s)*		
Check all that Apply		
Competitive Bid	Competitive Proposal	
Request for Proposal	Sole Source	
Request for Application	Request for Qualification	
Request for Quote	Tag-On	
Interlocal	Consumer Driven	
Not Applicable (If there are no funds required)	✓ Other Maintenance Agreement	
Contract Description / Type		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)	
Yes		
No		
Unknown		

Contract NTE * (?) \$ 2,286.90
Rate(s)/Rate(s) Description \$2,286.90: Main Entrance Unislide Door - Two (2) annual visits and Interior Entrance Unislide Door - Two (2) annual visits.
Unit(s) Served* 9206
G/L Code(s)* 57001
Current Fiscal Year Purchase Order Number* CT142748
Contract Requestor* Patricia Singh
Contract Owner* Kim Kornmayer
File Upload (?)  ID 7106 Assa Abloy - FY24-25 Renewal Quote CQ-000279002-0  (orig).pdf
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Did Contractor perform duties in a manner consistent with standards of the profession?*
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? $^{\star}$ (?)
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* 9206	Amount Charged 1 \$ 2,401.25	to Unit*	Expense/GL Code No.* 557001	
Budget Manager* Oshman, Jodel		Secondary Budget Ramirez, Priscilla	: Manager*	
Provide Rate and Rate Descriptions if applicable* (?)  Main Entrance Unislide Door - Two (2) annual visits and Interior Entrance Unislide Door - Two (2) annual visits.  Project WBS (Work Breakdown Structure)* (?)  na				
Fiscal Year* (?)	er sangar gar two tax con monthly and treatment decided	Amount* (?)		
2025		\$ 2,401.25		
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 ch	ange?*			
○ Yes ® No				
Is the payment deadline different than net (45)?*  Yes No				
Are there any changes in the Performance Targets?*  See Yes  No				
Are there any changes to the Submission deadlines for notes or supporting documentation?*				
File Upload (?)				
Contract Owner				

Contract Owner* (?)  Please Select Contract Owner  Kim Kornmayer	
Budget Manager Approval(s)	<u>^</u>
Approved by	
Todel Oshman	
Contract Owner Approval	
Approved by	
Kin KOPNMAYED	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	1/17/2024

# EXHIBIT R-10

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

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

# SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

FEBRUARY 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	The University of Denver Graduate School of Social Work	New Affiliation Agreement	New Contract	1/8/2024 - 12/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in The University of Denver Graduate 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.
-	MOU					
2	Allies in Hope	New MOU to establish a partnership with housing provider.	New Contract	2/1/2024 - 8/31/2024	County	New MOU for the Jail Diversion program to partner with Allies in Hope (formerly known as AIDS Foundation Houston) to gain access to housing referrals. Allies in Hope also has availability to expand housing options for Jail Diversion Aftercare consumers.
3	Community Health Network	New MOU	New Contract	2/1/2024 - 8/31/2029	Private Pay Source	New MOU for The Harris Center Crisis Line and Community Health Network to collaborate in helping those with mental health needs in the community. By working together will allow both parties to make referrals when appropriate or direct people in need.
4	The Party Sober Partnership	New MOU	New Contract	1/26/2024 - 12/31/2024	General Revenue (GR)	New MOU between the Party Sober Partnership and The Harris Center to form a partnership that will host and promote sobriety in the Houston community area. [NTE: \$500.00 membership fee]
	REVENUE					
-				-		
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# **Executive Contract Summary**

Contract Section	
Contractor* The University of Denver Graduate School of Social Work	<b>«</b>
Contract ID #* 2024-0829	
Presented To*  Resource Committee Full Board	
Date Presented* 12/19/2023	
Parties*(?)	
The Harris Center for Mental Health and IDD and The Un	liversity of Denver Graduate School of Social Work
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$256) Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment#	
Procurement Method(s)*  Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	Tag-On Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/8/2024	12/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
Funding Course *	
Funding Source*  General Revenue (GR)	
participation and Community (September 2014) and Community (September 2014)	

Contract Description / Type (7)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
	Service/Maintenance
■ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Other
Justification/Purpose of Contract/Description of Servi This agreement will allow students enrolled in The Univers Social Work to complete clinical field placements as part of students will utilize the skills gained through education who procedures.  Contract Owner* Ninfa Escobar  Previous History of Contracting with Vendor/Contract  Yes No Unknown  Vendor/Contractor a Historically Underutilized Busine Yes No Unknown	sity of Denver Graduate School of of their degree requirements. The ile adhering to agency policy and or*
Community Partnership* (?)	
Yes No Unknown	
*	
Specify Name*	
The University of Denver Graduate School of Social Work	
Supporting Documentation Upload (?)	
Supporting Documentation options (*)	
Vendor/Contractor Contact Person	
Name*	
Rachel Haag	
*	
Address*	
Street Address	
2199 S University Blvd	
Address Line 2	
City	State / Province / Region
Denver	CO
Postal / Zip Code	Country
80210	USA
00210	
Phone Number*	
(720) 710-1580	
Email*	
rhaag@onlinemsw.du.edu	
Budget Section	

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number*	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* NA
Budget Manager Brown, Erica		Secondary Budget Campbell, Ricardo	t Manager
Provide Rate and Rate Description	s if applicable*(?)		
Project WBS (Work Breakdown Str	ructure)*(?)		
Requester Name Daswani, Bianca		Submission Date 12/19/2023	
Budget Manager Approva	l(s)		•
Approved by  Ekica Bkswr		Approval Date 12/20/2023	
Procurement Approval			<b>○</b>
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval			<u> </u>
Approved by  Minfa Escobar		Approval Date 12/27/2023	
Contracts Approval			
Approve*  Yes  No, reject entire submission Return for correction  Approved by*  Belinda Stude		Approval Date* 1/4/2024	

00		
$\Re$	HAR	HS
OD	(1/X)	ER
Personal Property		

### **Executive Contract Summary**

Mental Health and IDD	
Contract Section	<u>^</u>
Contractor*	
Allies in Hope	
Contract ID #*	
2024-0836	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
2/20/2024	
Parties*(?)	
The Harris Center for Mental Health & IDD and Allies in	n Норе
Agenda Item Submitted For:* (?)	
☑ Information Only (Total NTE Amount is Less than \$2	250 000 00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	,
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
	Competitive Proposal
Competitive Bid Request for Proposal	☐ Competitive Proposal ☐ Sole Source
Request for Proposal Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
2/1/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
Funding Source* County	

Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract  Justification/Purpose of Contract/Description of Services Being Provided*  Consultant New Contract/Agreement Service/Maintenance IT/Software License Agreement Lease Other  Justification/Purpose of Contract/Description of Services Being Provided*  (?)
Memorandum of Understanding  Affiliation or Preceptor  BAA/DUA  Pooled Contract  Renewal of Existing Contract  Other
Affiliation or Preceptor  BAA/DUA  IT/Software License Agreement  Pooled Contract  Renewal of Existing Contract  Other
BAA/DUA Pooled Contract Renewal of Existing Contract Other
Pooled Contract  Renewal of Existing Contract  Other
Renewal of Existing Contract  Other
Justification/Purpose of Contract/Description of Services Being Provided * (?)
The Latest and the Latest and the Alline in Line of Secretary and the Latest and
The Jail Diversion program is seeking to partner with Allies in Hope (formerly known as AIDS Foundation Houston) to gain access to housing referrals AIH has available to expand housing options for Jail Diversion Aftercare consumers. Please refer to the enclosed MOU provided by AIH.
Contract Owner*
Kim Kornmayer
Previous History of Contracting with Vendor/Contractor*
Vendor/Contractor a Historically Underutilized Business (HUB)* (?)
⊚ Yes ⊚ No ⊚ Unknown
Community Partnership * (?)
Specify Name*
Allies in Hope
Supporting Documentation Upload (?)
Collaboration Agreement draft AIH.docx 75.45KB
Vendor/Contractor Contact Person
Name*
Charleston T. Stoker   Allies in Hope
Address*
Street Address
6260 Westpark Drive
Address Line 2
Suite 100
City State / Province / Region
Houston TX
Postal / Zip Code Country
77057 US
*
Phone Number*
713-623-6796 x 260 (o); 346-290-9129 (c)
Email*
stokerc@aihhouston.org
Budget Section

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 9406	Amount Charge \$ 0.00	d to Unit <sup>*</sup>	Expense/GL Code No.* n/a
Budget Manager Ramirez, Priscilla		Secondary Budget Puente, Giovanni	Manager
Provide Rate and Rate Descriptions	s if applicable*(?)		
N/A			
Project WBS (Work Breakdown Str N/A	ucture)*(?)		
Requester Name		Submission Date	
Ramirez, Priscilla		1/11/2024	
Budget Manager Approval	l(s)		
Approved by			
Priscilla M. Ramirez		Approval Date 1/11/2024	
Procurement Approval			Ó
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approval			<b>○</b>
Approved by			
		Approval Date	
KIM KOPNMAYER		1/11/2024	
Contracts Approval			
Approve*			
<ul><li>Yes</li><li>No, reject entire submission</li></ul>			
Return for correction			
Approved by *			
Belinda Stude		Approval Date* 1/17/2024	
Deunaa Stuae		1/1//2024	

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### **Executive Contract Summary**

Contract Section	
Contract Section	
Contractor*	
Community Health Network	
Contract ID #*	
unknown	
Presented To*	
Resource Committee	
Full Board	
*	
Date Presented *	
1/16/2024	
Parties* (?)	
The Harris Center Crisis Line and Community Health Net	work
Agenda Item Submitted For:* (?)	
	000 00)
<ul> <li>Information Only (Total NTE Amount is Less than \$250</li> <li>Board Approval (Total NTE Amount is \$250,000.00 or</li> </ul>	
Grant Proposal	more)
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote Interlocal	<ul><li>Tag-On</li><li>Consumer Driven</li></ul>
Not Applicable (If there are no funds required)	Other
The tripping to the table to ta	
Funding Information*	
New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
2/1/2024	8/31/2029
	0.0112.02.0
If contract is off-cycle, specify the contract term (?)	
starting mid cycle, but can be on regular cycle.	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
EVET	V 0.00
Funding Source*	
Private Pay Source	

Contract Description 7 Type (1)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	CENTRALISMENT AND COURT OF SUMMAN SHAPE AND PROPERTY AND CONTRALISMENT CONTRALISMENT AND CONTRALISMENT CONTRAL
Justification/Purpose of Contract/Description of Services	vices Being Provided* (?)
The Harris Center Crisis Line and Community Health Ne	The state of the s
helping those with mental health needs in the community	
make referrals to each other when appropriate or direct p	people in need to each others
agencies.	
Contract Owner*	
Jennifer Battle	
Jennier Datte	
Previous History of Contracting with Vendor/Contracting	ctor*
⊚ Yes ⊚ No ⊚ Unknown	
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Community Health Network	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
veriden centracter centact i erecii	
Name*	
Nydia Garcia	
Nyula Galda	
Address*	
Street Address	
10851 Scarsdale Blvd	
Address Line 2	
Ste 160	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77089	USA
WITH 1990 COSSES	
Phone Number*	
281-824-1480	
- "*	
Email*	
ngarcia@mychn.org	
Budget Section	

Budget Units and Amounts	s Charged to e	ach Budget Un	iit
Budget Unit Number* 7001	Amount Charged	d to Unit*	Expense/GL Code No.*
Budget Manager Ilejay, Kevin		Secondary Budget Campbell, Ricardo	t Manager
	** ** ** ** (2)		
Provide Rate and Rate Descriptions n/a	s if applicable "(7)		
Project WBS (Work Breakdown Stron/a	ucture)* (?)		
Requester Name Cote, Janice		Submission Date 12/14/2023	
Budget Manager Approval	(s)		0
Approved by			
kevin ilejay		Approval Date 12/14/2023	
Procurement Approval			0
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval			
Approved by			
(Jensta)		Approval Date 1/2/2024	
Contracts Approval		America America	
Approve*  Yes  No, reject entire submission  Return for correction			
Approved by*			
Belinda Stude		Approval Date* 1/4/2024	

## **Executive Contract Summary Contract Section** Contractor\* The Party Sober Partnership Contract ID #\* 2024-0843 Presented To\* Resource Committee Full Board Date Presented\* 2/20/2024 Parties\* (?) The Party Sober Partnership 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 Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment

Contract Term Start Date \* (?)

Contract Term End Date \* (?)

12/31/2024

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

Fiscal Year\* (?)

1/26/2024

Amount\* (?)

2024

\$ 500.00

Funding Source\*

General Revenue (GR)

Personal/Professional Services	Consultant
Consumer Driven Contract	
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other State
Justification/Purpose of Contract/Description of Service Organization and Partner enter into this MOU to form a promote sober, social events in the Houston area.	
Contract Owner* Wayne Young	
Previous History of Contracting with Vendor/Contracting	ctor*
	300
Vendor/Contractor a Historically Underutilized Busin  Yes No Unknown	ness (HUB)*(?)
Community Partnership* (?)	
○ Yes ○ No ◎ Unknown	
Tes Tivo & Olikilowii	
Supporting Documentation Upload (?)	
The Harris Center PSP MOU 2024.pdf	347.08KB
Vendor/Contractor Contact Person	
Name*	<b>⊘</b>
Name* The Party Sober Partnership	
Name*	
Name* The Party Sober Partnership	
Name* The Party Sober Partnership Address*	
Name* The Party Sober Partnership  Address* Street Address	
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St.	State / Province / Region
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2	State / Province / Region Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City	
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston	Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston Postal / Zip Code	Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston Postal / Zip Code 77002  Phone Number* 7138999893	Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston Postal / Zip Code 77002  Phone Number* 7138999893  Email*	Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston Postal / Zip Code 77002  Phone Number* 7138999893	Texas
Name* The Party Sober Partnership  Address* Street Address 515 Caroline St. Address Line 2 City Houston Postal / Zip Code 77002  Phone Number* 7138999893  Email*	Texas

Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 542000 \$ 500.00 1101 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure) \* (?) Requester Name **Submission Date** 1/26/2024 Franco, Veronica Budget Manager Approval(s) Approved by Approval Date Exica Brown 1/26/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 1/26/2024 Contract Owner Approval Approved by Approval Date 1/26/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 1/26/2024