



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
(EXHIBIT 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

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 believe 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 incurred, 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

	Original budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 31,328,756	\$ 2,708,921
Expenditures	28,536,501	30,760,498	(2,223,997)
Change in net assets	\$ 83,333	\$ 568,257	\$ 484,924
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital		(359,114)	(359,114)
Other sources and uses		2,869	2,869
	<u>\$ 0</u>	<u>\$ 212,012</u>	<u>\$ 212,012</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 143,099,171	\$ 141,062,012	\$ (2,037,159)
Expenditures	142,682,505	140,475,920	2,206,584
Change in net assets, operations	\$ 416,667	\$ 586,092	\$ 169,425
Debt payment	\$ (416,667)	\$ -	\$ 416,667
Capital		(1,424,442)	(1,424,442)
Other sources and uses		39,082	39,082
	<u>\$ 0</u>	<u>\$ (799,268)</u>	<u>\$ (799,268)</u>

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			
	Budget	Actual	Variance \$	%	Budget	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 10,145,271	\$ 11,392,784	\$ 1,247,513	12%	\$ 50,726,356	\$ 51,111,720	\$ 385,363	1%
Harris County and Local	5,420,027	5,740,898	320,870	6%	27,100,137	26,201,512	(898,625)	-3% A
Federal Contracts and Grants	4,034,513	4,564,510	529,997	13%	20,172,565	18,507,190	(1,665,375)	-8% B
State Contract and Grants	1,128,277	736,954	(391,323)	-35%	5,641,387	3,548,217	(2,093,170)	-37% C
Third Party Billing	2,766,500	3,156,405	389,904	14%	13,832,502	14,963,449	1,130,947	8% D
Charity Care Pool	3,340,350	3,340,350	(0)	0%	16,701,751	16,701,754	3	0%
Directed Payment Programs	726,250	1,320,320	594,070	82%	3,631,250	4,455,176	823,926	23%
PAP	833,578	792,228	(41,350)	-5%	4,167,890	4,135,956	(31,933)	-1%
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								
Salaries and Fringe Benefits	\$ 19,926,501	\$ 21,622,642	\$ (1,696,141)	-9%	\$ 99,632,505	\$ 101,176,509	\$ (1,544,004)	-2% F
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% H
Purchases, Repairs and Maintenance of:								
Equipment	597,697	797,371	(199,674)	-33%	2,988,486	2,387,858	600,627	20% I
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		-	(1,424,442)	(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)	

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 Equivalents, total	\$ 70,951,532	\$ 61,860,464	\$ (9,091,067)	AA
Inventory and Prepaid	10,265,374	7,551,859	\$ (2,713,515)	BB
Accounts Receivable:				
Other	52,656,165	59,994,177	7,338,012	CC
Patient, net of allowance	5,542,036	2,672,395	(2,869,641)	
Current Assets, total	\$ 139,415,106	\$ 132,078,895	\$ (7,336,211)	
Capital Assets				
Land	\$ 12,694,280	\$ 12,694,280	\$ -	
Building and Building Improvements	46,595,256	46,595,256	-	
Furniture, Equipment and Vehicles	9,952,470	9,952,470	-	
Construction in Progress	24,267,898	24,267,898	-	
Capital Assets, total	\$ 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	24,259,352	26,399,281	2,139,929	EE
Long term Liabilities	780,716	790,013	9,297	
Liabilities, total	\$ 62,410,069	\$ 54,861,846	\$ (7,548,223)	
NET ASSET				
Inventory and Capital Assets	\$ 93,654,093	\$ 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 Assets, 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 driver of the net favorable variance in building costs is timing of building remodel costs budgeted for the Hospital to Home program.

Balance sheet

AA Cash and Investments

The decline in cash and cash equivalents 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.

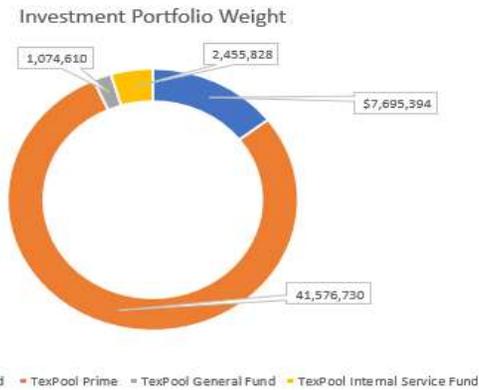
DD Accounts Payable and Accrued Liabilities

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)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Interest Rate	Monthly Yield
Texas CLASS								
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%
<i>TexPool Sub-Total</i>	<i>44,896,222</i>	<i>-</i>	<i>-</i>	<i>210,946</i>	<i>45,107,168</i>	<i>85.4%</i>		<i>4.786%</i>
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

* 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



Executive Contract Summary

Contract Section



Contractor*

Health Management Associates

Contract ID #*

2022-0509

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/20/2024

Parties* (?)

Health Management Associates and The Harris Center for Mental Health and IDD Services

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/4/2024

Contract Term End Date* (?)

5/31/2024

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* (?)

2024

Amount* (?)

\$ 71,428.60

Funding Source*

Private Grant

Contract Description / Type* (?)

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

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

Per Dr. Williams' email dated 01-04-23: Please submit an ECS to extend the term of the agreement and increase the NTE for January's board approval.

Contract Owner*

Stanley Williams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

09-01-2022 to 12-31-2023

Vendor/Contractor a Historically Underutilized Business (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

Name*

Stephen Palmer PhD

Address*

Street Address

120 North Washington Square

Address Line 2

City

Lansing

Postal / Zip Code

48933-1617

State / Province / Region

MI

Country

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2626	\$ 71,428.60	542000
Budget Manager	Secondary Budget Manager	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Requester Name

Shelby, Debbie

Submission Date

1/4/2024

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

1/4/2024

Contract Owner Approval

Approved by

DR. STANLEY WILLIAMS, PHD

Approval Date

1/5/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/5/2024



Executive Contract Summary

Contract Section



Select Header For This Contract*

Administration

Contractor*

Master Pool Foreign and Sign Language Translation Services

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#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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* (?)

2024

Amount* (?)

\$ 405,052.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

The pool contract is made up of some vendors returning from the previous contract and new vendors

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Dallas

Postal / Zip Code

75373

State / Province / Region

TX

Country

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

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	543018

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

Budget Unit Number*	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
Budget Manager	Secondary Budget Manager	
Adams-Austin, Mamie	Kerlegon, Charles	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3360	\$ 74,000.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4323	\$ 15,328.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4325	\$ 2,068.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 7,981.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4913	\$ 10,576.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6201	\$ 200.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6204	\$ 300.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6205	\$ 1,200.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6302	\$ 300.00	543018
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	

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 *	Amount Charged to Unit *	Expense/GL Code No. *
6601	\$ 7,536.00	543018
Budget Manager	Secondary Budget Manager	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 13,000.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7008	\$ 12,200.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7110	\$ 4,000.00	543018
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 4,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 1,500.00	543018
Budget Manager	Secondary Budget Manager	
Oshman, Jodel	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	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 1,500.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9244	\$ 400.00	543018

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Oshman, Jodel

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 500.00	543018

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 6,180.00	543018

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 6,000.00	543018

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	Secondary Budget Manager
Brown, Erica	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)* (?)

N/A

Requester Name

MacKinney, Egla

Submission Date

1/25/2024

Budget Manager Approval(s)



Approved by

Erica Brown

Approval Date
1/25/2024

Approved by

Debbie Chambers Shetty

Approval Date
1/25/2024

Approved by

Mamie Adams-Austin

Approval Date
1/25/2024

Approved by

Tanai Lynnette Smith

Approval Date
1/25/2024

Approved by

Shemica Williams-Wesley

Approval Date
1/26/2024

Approved by

Kevin DeJoy

Approval Date
1/26/2024

Approved by

Priscilla M. Ramirez

Approval Date
1/26/2024

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

Kendra Thomas

Approval Date
1/29/2024

Contracts Approval 

Approved by

Belinda Stude

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?*

Yes No



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 for Mental Health & IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 291,365.00

Increase Not to Exceed*

\$ 8,300.00

Revised Total Not to Exceed (NTE)*

\$ 299,665.00

Fiscal Year* (?)
2024

Amount* (?)
\$ 8,300.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Increase Unit budgets due to increased medical surgical supply needs.

Contract Owner*

Kia Walker

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Many years.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Sarah Brady Zujic

Address*

Street Address

4250 Patriot Drive

Address Line 2

City

Grapevine

Postal / Zip Code

76051

State / Province / Region

TX

Country

US

Phone Number*

713-377-4677

Email*

sarah.brady@mckesson.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 4,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 2,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 2,300.00	547002

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

Provide Rate and Rate Descriptions if applicable* (?)

VARIOUS RATES

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Arceneaux, Linda

Submission Date

1/30/2024

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

1/30/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kia Denaé Walker

Approval Date

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



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 County Office of County Administration

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

1/1/2024

Contract Term End Date * (?)

3/31/2027

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

County fiscal year

Fiscal Year * (?)

2024

Amount * (?)

\$ 213,333.33

Fiscal Year* (?)

Amount* (?)

2025

\$ 186,666.67

Funding Source*

County

Contract Description / Type* (?)

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

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- 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)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

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

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

United States

Phone Number*

8329276938

Email *

micheal.giordanelli@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
6003	\$ 400,000.00	540000
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable * (?)

n/a

Project WBS (Work Breakdown Structure) * (?)

n/a

Requester Name	Submission Date
Williams-Wesley, Sheenia	1/26/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

1/26/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

1/27/2024

Contracts Approval

Approved by

Belinda Stude

Approval Date

1/30/2024

Final Board Report Comments



Executive Contract Summary

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 Harris County Office of County Administration

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

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

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

To operate the Community Assistance Referral Program ("CARP"), offering 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

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- 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)* (?)

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

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

Houston

Postal / Zip Code

77002-1839

State / Province / Region

TX

Country

US

Phone Number*

832-927-6938

Email*

micheal.giordanelli@harriscountytexas.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
Budget Manager Williams-Wesley, Sheenia		Secondary Budget Manager Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

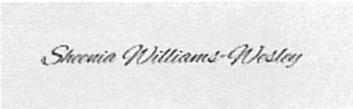
Williams-Wesley, Sheenia

Submission Date

1/25/2024

Budget Manager Approval(s)

Approved by



Approval Date

1/26/2024

Procurement Approval

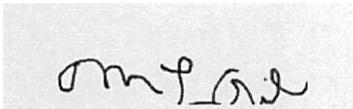
File Upload (?)

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

1/27/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/29/2024



Executive Contract Summary

Contract Section



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 Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

12/31/2024

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

Fiscal Year* (?)

2024

Funding Source *

County

Contract Description / Type* (?)

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

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

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

Yes No Unknown

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name *

Lupe Washington

Address *

Street Address

1111 Fannin Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

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	0

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 0.00	0

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 0.00	0

Budget Manager	Secondary 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)* (?)
na

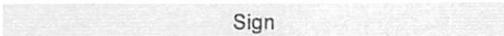
Requester Name	Submission Date
Singh, Patricia	1/26/2024

Budget Manager Approval(s)

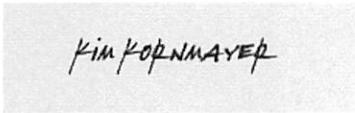
Approved by	Approval Date
	1/26/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	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 County Sheriff Office

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/1/2023

Contract Term End Date* (?)

9/30/2024

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

Count fiscal year

Fiscal Year* (?)

2024

Amount* (?)

\$ 9,166,666.67

Fiscal Year* (?)

2025

Amount* (?)

\$ 833,333.33

Funding Source*

County

Contract Description / Type* (?)

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

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

To provide the Services in the Detention Facilities including, but not limited to:
 Psychological services
 Psychiatric services
 Other mental health care and IDD services as appropriate

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

10/1/22 - 09/30/23 services for inmates with HCSO

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Michael Lanham

Address*

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1206

State / Province / Region

TX

Country

US

Phone Number*

346-286-1620

Email*

micheal.lanham@sheriff.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6201	\$ 1,275,466.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6202	\$ 2,371,228.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6203	\$ 2,326,297.00	540000

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6204	\$ 4,027,009.00	540000

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

Provide Rate and Rate Descriptions if applicable* (?)

n/a

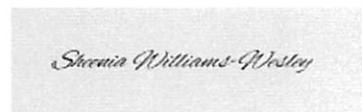
Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name Williams-Wesley, Sheenia	Submission Date 1/24/2024
---------------------------------------------------	-------------------------------------

Budget Manager Approval(s)

Approved by



Approval Date

1/29/2024

Procurement Approval

File Upload (?)

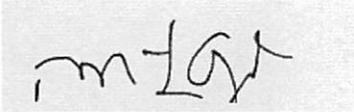
Approved by

Sign

Approval Date

Contract Owner Approval

Approved by



Approval Date

1/29/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*

1/29/2024



Executive Contract Summary

Contract Section ⬆

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:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

9/30/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 392,354.00

Funding Source*

County

Contract Description / Type* (?)

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

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

This is a \$392,354 revenue contract. Harris County will fund 3 CIRT clinicians for the Crisis Intervention Response Team (CIRT) program and cover all expenditures for the 2023/24 fiscal year. The Harris Center will provide all services as outlined in the Terms of The Harris Center's responsibilities.

Program Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

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

Houston

Postal / Zip Code

77002

State / Province / Region

Texas

Country

United States

Phone Number*

713-221-6000

Email*

Victoria.Jimenez@Sheriff.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 392,354.00	403011
Budget Manager	Secondary 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)* (?)

na

Requester Name	Submission Date
Singh, Patricia	1/11/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

1/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

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 Information



Current Fiscal Year

2024

Contract ID#*

7089

Contractor Name*

Houston Downtown Management District ("HDMD")

Service Provided* (?)

Provision of Intensive Case Management and Care Coordination Services for those Experiencing Chronic Homelessness.

Renewal Term Start Date*

1/1/2024

Renewal Term End Date*

12/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 262,361.00	419080

Budget Manager*	Secondary Budget Manager*
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
Funding is used to cover operational costs for CCAP. Rates
NA.

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 262,361.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
262,361

Contract Funding Source*
Private Grant

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

Please Explain*
Program added Peer Support Services in FY24

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9238	\$ 262,361.00	419080
Budget Manager* Oshman, Jodel		Secondary Budget Manager* Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)
Funding is used to cover operational costs for CCAP. Rates
NA.

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 262,631.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
262,361

Contract Funding Source*
Private Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

Please Explain*
Program added Peer Support Services in FY24

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/24/2024



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*

2/1/2024

Renewal Term End Date*

1/31/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination 

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

Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2299	\$ 2,000.00	574000
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael

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

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

Fiscal Year* (?)	Amount* (?)
2024	\$ 2,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change? *
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/24/2024

EXHIBIT R-5

Employee Compensation Journey

FY2019

FY2020

FY2021

FY2022

FY2023

FY2024

✓ Phase I
Market Increase
\$5.8M

✓ Performance
Award
\$2.7M

✓ Merit Increase
\$1.7M

✓ Performance
Award
\$1.1M

✓ Phase II
Market Increase
\$4.8M

✓ Performance
Award
\$3.0M

✓ Phase III
Market Increase
\$13.3M

✓ Merit Increase
\$1.8M

✓ Ongoing Review
Market Increase
\$0.9M

✓ Performance
Award
\$3.2M

✓ Ongoing Review
Market Increase
\$0.3M

✓ Merit Increase
\$2.5M

✓ Performance
Award
\$0.6M

\$8.5
Million

\$2.8
Million

\$7.8
Million

\$15.1
Million

\$4.1
Million

\$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

	Original budget	Actual	Variance
Revenues	\$ 114,479,337	\$ 109,733,256	\$ (4,746,081)
Expenditures	114,146,004	109,715,422	4,430,582
Change in net assets, operations	\$ 333,333	\$ 17,834	\$ (315,499)
Debt payment	\$ (333,333)	\$ -	\$ 333,333
Capital, net		(1,065,328)	(1,065,328)
Other sources and uses		36,213	36,213
	<u>\$ 0</u>	<u>\$ (1,011,280)</u>	<u>\$ (1,011,280)</u>

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

unaudited/budget-basis reporting

	Fiscal Year to Date			
	Budget	Actual	Variance \$	%
<i>revised February 5, 2024</i>				
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	
Change in Net Assets, before Other Sources	\$ 333,333	\$ 17,834	\$ (315,499)	
Other Sources				
Debt payment	\$ (333,333)	\$ -	\$ 333,333	
Capital outlay	-	(1,065,328)	(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)	

The Harris Center for Mental Health and IDD

Balance Sheet

December 31, 2023

unaudited/budget-basis reporting

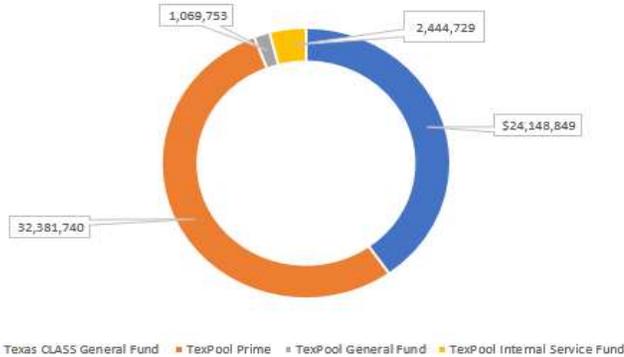
<i>revised February 5, 2024</i>	December-23
ASSETS	
Current Assets	
Cash and Cash Equivalents	
Cash and Petty Cash	\$ 10,906,461
Cash Equivalents	60,045,071
Cash and Cash Equivalents, total	\$ 70,951,532
Inventory and Prepaid	\$ 10,265,374
Accounts Receivable:	
Other	52,656,165
Patient, net of allowance	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	\$ 37,370,002
Accounts Payable and Accrued Liabilities	24,259,352
Long term Liabilities	780,716
Liabilities, total	\$ 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)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Interest Rate	Monthly Yield
<i>Texas CLASS</i>								
Texas CLASS General Fund	\$ 24,063,543	\$ -	\$ -	\$ 85,306	\$ 24,148,849	40.2%	5.57%	5.595%
<i>TexPool</i>								
TexPool Prime	17,163,257	24,100,000	(9,000,000)	118,483	32,381,740	53.9%	5.60%	4.801%
TexPool General Fund	1,064,897	-	-	4,856	1,069,753	1.8%	5.37%	4.611%
TexPool Internal Service Fund	2,433,631	-	-	11,098	2,444,729	4.1%	5.37%	4.611%
<i>TexPool Sub-Total</i>	<u>20,661,785</u>	<u>24,100,000</u>	<u>(9,000,000)</u>	<u>134,437</u>	<u>35,896,222</u>	<u>59.8%</u>		<u>4.782%</u>
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				<u>\$ 285,018</u>				

Investment Portfolio Weight



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

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

Approved:


Hayden Hernandez, Accounting and Treasury Manager

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

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

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

Notes:

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

* 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)	Sole Source	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							
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 Services/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							



Executive Contract Summary

Contract Section



Contractor*

Behavioral Health Industry News, 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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/15/2024

Contract Term End Date* (?)

12/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 33,660.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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.

Contract Owner*

Carrie Rys

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

OPENMINDS_TheHarrisCenter_110BlockofHours_Agreement_1215... 113.58KB

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

US

Phone Number*

7173341329

Email*

openminds@openminds.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 33,660.00	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

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

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

Requester Name	Submission Date
Franco, Veronica	1/5/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date
1/5/2024

Procurement Approval

File Upload (?)

Approved by

Sharon Brauner

Approval Date
1/10/2024

Contract Owner Approval

Approved by

Carrie Taylor Reynolds

Approval Date
1/10/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
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. (CAQH) 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:
Frances Otto
18F53534C825405

Frances Otto, CTCD
Buyer II

DocuSigned by:
Nina Cook
3163F0913774C8

Nina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Vanessa McKeown
0405B9FF5CE8A...

Vanessa McKeown, CPA
Chief Financial Officer



Executive Contract Summary

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 IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 7,640.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The intent of the ECS is to create a contract with CAQH to provide a Provider Data Portal eliminates 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 for our organization.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

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

Washington

Postal / Zip Code

20006

State / Province / Region

DC

Country

US

Phone Number*

540.522.1199

Email*

ELambert@caqh.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 5,640.00	553002
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1147	\$ 2,000.00	553003
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

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

Requester Name	Submission Date
Jones, Anthony	1/16/2024

Budget Manager Approval(s)

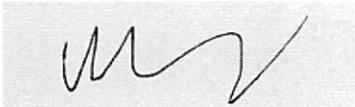
Approved by	Approval Date
	1/17/2024

Procurement Approval

File Upload (?)

Approved by	Approval Date
	1/17/2024

Contract Owner Approval

Approved by	Approval Date
	1/17/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/18/2024



Executive Contract Summary

Contract Section



Contractor*

GenSolutions LLC

Contract ID #*

2024-0844

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/20/2024

Parties* (?)

GenSolutions, LLC and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 27,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

need a new contract for FY2024 as we were unaware that the previous contract period had ended, want to do a one year contract for business continuity purposes as provider is willing 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/Contractor*

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 Business (HUB)* (?)

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

Address*

Street Address

14519 East Freeway

Address Line 2

City

Houston

Postal / Zip Code

77015-6463

State / Province / Region

TX

Country

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 Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
see attached / NTE 27,000.00

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

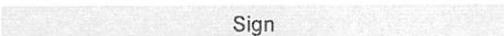
Requester Name Harper, Sarah	Submission Date 1/19/2024
----------------------------------------	-------------------------------------

Budget Manager Approval(s)

Approved by 	Approval Date 1/19/2024
----------------------------------------------------------------------------------------------------------	-----------------------------------

Procurement Approval

File Upload (?)

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

Contract Owner Approval

Approved by 	Approval Date 1/29/2024
-----------------------------------------------------------------------------------------------------------	-----------------------------------

Contracts Approval

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

Approved by* 	Approval Date* 1/29/2024
------------------------------------------------------------------------------------------------------------	------------------------------------



Executive Contract Summary

Contract Section

Contractor*

Intrado Interactive Services Corporation (Televox)

Contract ID #*

7451

Presented To*

- Resource Committee
- 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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

7/1/2024

Contract Term End Date* (?)

6/30/2027

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

36 Months

Fiscal Year* (?)

2025

Amount* (?)

\$ 72,000.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 72,000.00

Fiscal Year* (?)

Amount* (?)

2027

\$ 72,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

The Harris Center currently uses Televox/Intrado for client notifications via an interface with EPIC. Harris Center IT would like to extend the contract for 3 more years. This is the same system that Harris Health uses for patient notifications, which enables support and workflow changes to be supported by Harris Health.

Total amount for 3 years will be \$216,000 for the agency/ \$72,000 per year.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY14-FY24

Client Notifications

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Copy of HouseCalls Pro Order Form - The Harris Center_.pdf

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 72,000.00	574000
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

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

Requester Name	Submission Date
Hurst, Richard	12/19/2023

Budget Manager Approval(s)

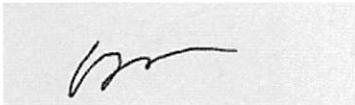
Approved by	Approval Date
	12/19/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	12/27/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/26/2024



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

2/1/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 46,930.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

FY24 Capital Project to add agency logo/name in 2 locations on the 9401 Southwest Freeway building.
 \$41,930.00 + \$5,000.00 contingency = Total NTE: \$46,930.00

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

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

Houston

Postal / Zip Code

77055-1428

State / Province / Region

TX

Country

US

Phone Number*

713-984-2010

Email*

rallison@4dsignworx.com

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 46,930.00	900040
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

Requester Name	Submission Date
Cantu-Espinoza, Lisa	1/25/2024

Budget Manager Approval(s) 

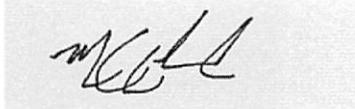
Approved by	Approval Date
	1/25/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	1/25/2024

Contract Owner Approval 

Approved by	Approval Date
	1/25/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/25/2024



Executive Contract Summary

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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 40,020.00

Funding Source*

County

Contract Description / Type* (?)

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

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

To provide leadership and Development Training Services for new Program Managers/Practice Managers for the Forensics division.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Betty F. Adams

Address*

Street Address

12255 West Marsham Circle

Address Line 2

City

Houston

Postal / Zip Code

77066-4100

State / Province / Region

TX

Country

US

Phone Number*

2817045495

Email*

voricedmnd@aol.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6001	\$ 40,020.00	540000
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

Requester Name

Williams-Wesley, Sheenia

Submission Date

1/10/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

1/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

1/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Scudo

Approval Date*

1/11/2024



Executive Contract Summary

Contract Section

**Contractor***

Ambur L Copland

Contract ID #*

2024-0837

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/20/2024

Parties* (?)

Ambur L Copland

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/22/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 13,202.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Provide Respite and CFC services to a waiver individual.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

W9 Amur.pdf

119.48KB

Vendor/Contractor Contact Person

Name*

Ambur L Copeland

Address*

Street Address

8719 Indian Maple Dr

Address Line 2

City

Humble

Postal / Zip Code

77338-2137

State / Province / Region

TX

Country

US

Phone Number*

346-434-2658

Email*

amburxcopeland@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 8,050.00	543009

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 5,152.00	543005

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)* (?)

n/a

Requester Name	Submission Date
Wells, Rosa	1/17/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

1/17/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/17/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/8/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 7,000.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Providing Respite and CFT for waiver individual.

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Fabela 2024.pdf

691.37KB

Vendor/Contractor Contact Person ⬆

Name*

Leslie Fabela

Address*

Street Address

9707 South Gessner Road

Address Line 2

#2601

City

Houston

Postal / Zip Code

77071

State / Province / Region

TX

Country

US

Phone Number*

346-640-4348

Email*

fabela97@hotmail.com

Budget Section ⬆

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,500.00	543005

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 3,500.00	543009

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)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	1/2/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

1/2/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Evanthe Collins

Approval Date

1/2/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

12/31/2024

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

One year term

Fiscal Year* (?)

2024

Amount* (?)

\$ 2,890.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To meet the training requirements set forth by HHSC for Substance Use Recovery Programs to include detox and outpatient treatment substance use programs.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

BHC Contract.docx

172.17KB

Vendor/Contractor Contact Person

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

State / Province / Region

TX

Country

USA

Phone Number*

512-610-0755

Email*

director@bhctraining.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 2,890.00	549005

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

Requester Name	Submission Date
Brock, Sandra	12/19/2023

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Approval Date

12/19/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Lance Britt

Approval Date

12/19/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/4/2024

EXHIBIT R-8

FEBRUARY 2024 AMENDMENTS UNDER 100k



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* (?)

BoardBookIt, 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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/15/2024

Contract Term End Date* (?)

1/15/2025

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* (?)

2024

Amount* (?)

\$ 3,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Board Portal to make the Board process easier and materials easily accessible

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

01/15/23-1/15/24

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

BoardBookit, Inc. DBA/Govenda

Address*

Street Address

900 Parish St ste 102

Address Line 2

City

Pittsburgh

Postal / Zip Code

15220-3425

State / Province / Region

PA

Country

US

Phone Number*

415-5874872

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.*
1130	\$ 3,000.00	551003
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Franco, Veronica

Submission Date

1/19/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/19/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

1/22/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/23/2024



Executive Contract Summary

Contract Section

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 \$250,000.00)
 Board Approval (Total NTE Amount is \$250,000.00 or more)
 Grant Proposal
 Revenue
 SOW-Change Order-Amendment#
 Other

Procurement Method(s)*

Check all that Apply

- | | |
|--------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input type="checkbox"/> Request for Quote | <input type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input checked="" type="checkbox"/> Other Amendment for CT143372 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2024

Contract Term End Date* (?)

12/31/2024

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

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

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

Annual Increase

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY22, FY23, FY24

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

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

SF

Postal / Zip Code

94107-1818

State / Province / Region

CA

Country

US

Phone Number*

615-275-6263

Email*

mkenney@doximity.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 750.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

Dialer Enterprise - Tier 1
\$15,750

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

1/18/2024

Budget Manager Approval(s)

Approved by

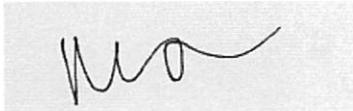


Approval Date

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*

1/19/2024



Executive Contract Summary

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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 8,325.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Amendment to current contract increasing amount of annual maintenance and support fee.

Contract Owner*

Kendra Thomas

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2015 - To Date

Legal software for Legal and Contracts department.

Vendor/Contractor a Historically Underutilized Business (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

City

Springfield

State / Province / Region

IL

Postal / Zip Code

62704-6027

Country

US

Phone Number *

800-500-0537

Email *

joe@legalfiles.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1119	\$ 171.00	553002
Budget Manager	Secondary Budget Manager	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Gerardo, Christina

Submission Date

1/10/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/10/2024

Contract Owner Approval

Approved by

Kendra Thomas

Approval Date

1/10/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/11/2024



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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

7/1/2023

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 52,500.00

Funding Source *

Private Pay Source

Contract Description / Type* (?)

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

Contract Owner *

Carrie Rys

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

Consulting

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

Yes No Unknown

Please provide the HUB status *

WBE - Women owned business.

Community Partnership * (?)

Yes No Unknown

Supporting Documentation Upload (?)

RE PO CT142279 - Susan Fordice Email.msg

1.16MB

Vendor/Contractor Contact Person

Name *

Susan Fordice

Address *

Street Address

16119 Celebration Lane

Address Line 2

City

Cypress

Postal / Zip Code

77433

State / Province / Region

TX

Country

US

Phone Number*

7132061755

Email*

sjfordice@gmail.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 7,500.00	542000
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Lievsay, Nicole

Submission Date

10/20/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

10/24/2023

Contract Owner Approval

Approved by

Carrie Taylor Reps

Approval Date

1/9/2024

Contracts Approval

Approved by

Belinda Stude

Approval Date

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								



Annual Renewal Evaluation

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. Upgrade to previously existing software platform to cloud-based solution with mobile direct application.

Renewal Term Start Date*

2/1/2024

Renewal Term End Date*

1/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?* (?)

Yes No

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
1122	\$ 6,936.00	553002
Budget Manager *	Secondary Budget Manager *	
Campbell, Ricardo	Brown, Erica	

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

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)? *

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner



Contract Owner * (?)

Please Select Contract Owner

Hayden Hernandez

Budget Manager Approval(s)



Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Hayden Hernandez

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 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*

4/7/2024

Renewal Term End Date*

4/6/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*** Yes No**Were Services delivered as specified in the contract?*** Yes No**Did Contractor perform duties in a manner consistent with standards of the profession?*** Yes No**Did Contractor adhere to the contracted schedule?* (?)** Yes No**Were reports, billing and/or invoices submitted in a timely manner?* (?)** Yes No**Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)** Yes No**Did Contractor render services consistent with Agency policy and procedures?* (?)** Yes No**Maintained legally required standards for certification, licensure, and/or training?* (?)** Yes No**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)** Yes No

Renewal Information for Next Fiscal Year 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 28,980.00	549005
Budget Manager* Shelby, Debbie		Secondary Budget Manager* Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 28,980.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes 

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner 

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s) 

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0692

Contractor Name *

The Academy of Cognitive Therapy dba Academy of Cognitive and Behavioral Therapies

Service Provided* (?)

Rate and Assessment of Agency's Therapists for Cognitive 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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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?*

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1975	\$ 18,000.00	549005
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* 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)?*

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ninfa Escobar

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Ninfa Escobar

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/18/2024



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 \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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

1.07MB

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,401.25	557001
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

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* (?)	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 change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/17/2024

EXHIBIT R-10

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



Executive Contract Summary

Contract Section

**Contractor***

The University of Denver Graduate School of Social Work

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 University of Denver Graduate School of Social Work

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

1/8/2024

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University of 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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The University of Denver Graduate School of Social Work

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Rachel Haag

Address*

Street Address

2199 S University Blvd

Address Line 2

City

Denver

Postal / Zip Code

80210

State / Province / Region

CO

Country

USA

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

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

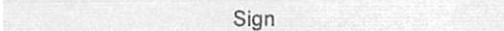
Requester Name	Submission Date
Daswani, Bianca	12/19/2023

Budget Manager Approval(s)

Approved by	Approval Date
	12/20/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

Contract Owner Approval

Approved by	Approval Date
	12/27/2023

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	1/4/2024



Executive Contract Summary

Contract Section

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 Hope

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/1/2024

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

County

Contract Description / Type* (?)

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

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

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*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

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

Houston

Postal / Zip Code

77057

State / Province / Region

TX

Country

US

Phone Number*

713-623-6796 x 260 (o); 346-290-9129 (c)

Email*

stokerc@aihouston.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9406	\$ 0.00	n/a

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable * (?)

N/A

Project WBS (Work Breakdown Structure) * (?)

N/A

Requester Name	Submission Date
Ramirez, Priscilla	1/11/2024

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

1/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

1/11/2024

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/17/2024



Executive Contract Summary

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 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#
- 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* (?)

2/1/2024

Contract Term End Date* (?)

8/31/2029

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

starting mid cycle, but can be on regular cycle.

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

The Harris Center Crisis Line and Community Health Network would like to work together in helping those with mental health needs in the community. By working together, we will make referrals to each other when appropriate or direct people in need to each others agencies.

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Community Health Network

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Nydia Garcia

Address*

Street Address

10851 Scarsdale Blvd

Address Line 2

Ste 160

City

Houston

Postal / Zip Code

77089

State / Province / Region

TX

Country

USA

Phone Number*

281-824-1480

Email*

ngarcia@mychn.org

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 0.00	n/a

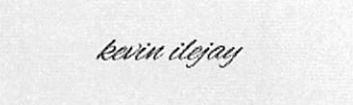
Budget Manager	Secondary Budget Manager
Ilejay, Kevin	Campbell, Ricardo

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

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

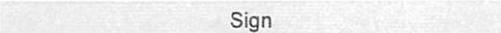
Requester Name	Submission Date
Cote, Janice	12/14/2023

Budget Manager Approval(s)

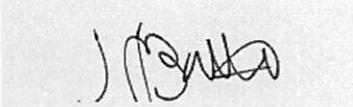
Approved by	Approval Date
	12/14/2023

Procurement Approval

File Upload (?)

Approved by	Approval Date
	

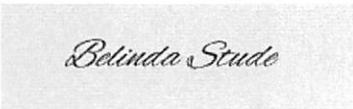
Contract Owner Approval

Approved by	Approval Date
	1/2/2024

Contracts Approval

Approve*

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

Approved by*	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 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* (?)

1/26/2024

Contract Term End Date* (?)

12/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 500.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Organization and Partner enter into this MOU to form a partnership that will host and promote sober, social events in the Houston area.

Contract Owner*

Wayne Young

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center PSP MOU 2024.pdf 347.08KB

Vendor/Contractor Contact Person

Name*

The Party Sober Partnership

Address*

Street Address

515 Caroline St.

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

Texas

Country

United States

Phone Number*

7138999893

Email*

danderson@justiceforwardtx.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 500.00	542000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Franco, Veronica	1/26/2024

Budget Manager Approval(s) 

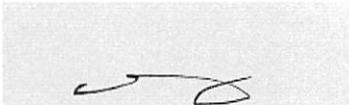
Approved by	Approval Date
	1/26/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
	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*
	1/26/2024