

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

#### Resource Committee Meeting March 19, 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, February 20, 2024 (EXHBIT R-1)

#### IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report-February (EXHIBIT R-2 Wayne Young)
- B. March 2024 Interlocal Agreements (EXHIBIT R-3 Belinda Stude)
- C. March 2024 Amendments Over 250K (EXHIBIT R-4 Belinda Stude)
- D. Facilities Capital Update Q1 FY24 (EXHIBIT R-5 Todd McCorquodale)

#### V. 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.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

#### VIII. INFORMATION ONLY

- A. March 2024 Amendments 100k-250k (EXHIBIT R-6)
- B. March 2024 New Contracts Under 100K (EXHIBIT R-7)
- C. March 2024 Contract Amendments Under 100K (EXHIBIT R-8)
- D. March 2024 Contract Renewals Under 100K (EXHIBIT R-9)
- E. March 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-10)

IX. ADJOURN

Veronica Franco, Board Liaison

Gerald Womack, Chairman

**Resource Committee** 

THE HARRIS CENTER for Mental Health and IDD

**Board of Trustees** 

# EXHIBIT R-1

# BOARD OF TRUSTEES THE HARRIS CENTER for MENTAL HEALTH AND IDD RESOURCE COMMITTEE MEETING TUESDAY, FEBRUARY 20, 2024 MINUTES

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:11 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, Dr. M. Miller, Jr

Committee Member Absent:.

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

#### 1. CALL TO ORDER

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

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

Mr. Womack designated Dr. Moore as a voting member of the committee.

#### 3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

#### 4. PUBLIC COMMENTS

Public Comments were made by Seth Hutchinson and Sheronica Watson, regarding the desire of some Harris Center employees requesting a 7% cost of living raise for all Harris Center employees.

#### 5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday November 7, 2023.

MOTION: MOORE SECOND: GEARING

#### With unanimous affirmative votes,

**BE IT RESOLVED** that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, November 7, 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-January

MOTION: LYKES SECOND: GEARING

With unanimous affirmative votes,

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

B. February 2024 Contract Amendments Over 250K

MOTION: LYKES SECOND: GEARING

With unanimous affirmative votes,

**BE IT RESOLVED** February 2024 Contract Amendments Over 250K, under Exhibit R-3 are approved and recommended to the Full Board.

C. February 2024 Interlocal Agreements

MOTION: LYKES SECOND: MILLER

With unanimous affirmative votes,

**BE IT RESOLVED** February 2024 Interlocal Agreements, under Exhibit R- 4 are approved and recommended to the Full Board.

#### 7. REVIEW AND COMMENT

- A. Cost of Living Compensation Increase presented to the Resource Committee.
- **8. EXECUTIVE SESSION -**No executive session is required.
- 9. RECOVENE INTO OPEN SESSION
- 10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
- 11. ADJOURN

MOTION: GEARING SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:02 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 February 29, 2024

Fiscal year 2024

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

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

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

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

We blieve the statements, as presented, are materially accurate and are presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis.

Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is insurred, if measurable.

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

Vanessa McKeown Chief Financial Officer

# The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget February 29, 2024

unaudited/budget-basis reporting

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

171,719,006 171,219,006 <b>500,000</b> (500,000)		Actual 169,964,095 168,561,813 1,402,282		Variance (1,754,911) 2,657,192 902,282
171,219,006 <b>500,000</b>	\$	168,561,813		2,657,192
·		1,402,282	\$	902,282
(500,000)	\$			
0	\$	(1,820,124) 59,317 (358,525)	\$	500,000 (1,820,124) 59,317 (358,525)
			_Ψ_	(000,020)
		40,202,766		
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		129,761,329		
		775,302		
	0		59,317 \$ (358,525) ACTUAL  40,202,766 (39,575,786) 626,980  129,761,329 (128,986,027)	59,317 \$ (358,525) \$  ACTUAL  40,202,766 (39,575,786) 626,980  129,761,329 (128,986,027)

\$ 1,402,282

### The Harris Center for Mental Health and IDD Results of Financial Operations and Comparison to Original Budget February 29, 2024 Non-GAAP / Budget-Basis reporting

	For the Month of				Fiscal Year to Date						1				
	$\overline{}$													1	
		Budget		Actual		Variance \$	%		Budget		Actual		Variance \$	%	
Operating Revenue		Buuget		Actual		Ψ	/0		Buuget		Actual		Ψ	/0	
State General Revenue	\$	10.145.271	\$	10,196,005	\$	50.734	1%	\$	60,871,628	\$	61,307,725	\$	436.097	1%	
Harris County and Local	Ψ	5.420.027	Ψ	5.258.667	Ψ	(161,360)	-3%		32,520,164	Ψ	31,460,179		(1,059,985)	-3%	Α
Federal Contracts and Grants		4,034,513		4,615,003		580,490	14%		24,207,077		23,122,193		(1,084,885)	-4%	В
State Contract and Grants		1,128,277		1,571,017		442,740	39%		6,769,665		5,119,234		(1,650,430)	-24%	С
Third Party Billing		2,766,500		2,983,380		216,880	8%		16,599,003		17,946,829		1,347,826	8%	D
Charity Care Pool		3,340,350		3,340,350		(0)	0%		20,042,102		20,042,104		2	0%	
Directed Payment Programs		726,250		(94,050)		(820,300)	-113%		4,357,500		4,361,126		3,626	0%	
PAP		833,578		842,678		9,100	1%		5,001,468		4,978,634		(22,833)	0%	
Interest Income		225,067		189,033		(36,034)	-16%		1,350,400		1,626,072		275,672	20%	E
Operating Revenue, total	\$	28,619,834	\$	28,902,083	\$	282,249	1%	\$	171,719,006	\$	169,964,095	\$	(1,754,911)	-1%	
Operating expenditures															
Salaries and Fringe Benefits	\$	19,926,501	\$	19,390,250	\$	536,251	3%	\$	119,559,006	\$	120,566,759	\$	(1,007,753)	-1%	F
Contracts and Consultants		2,089,012		1,787,801		301,211	14%		12,534,072		8,527,666		4,006,405	32%	G
Contracts and Consultants-HPC		2,322,735		2,306,650		16,085	1%		13,936,408		13,839,900		96,508	1%	
Supplies and Drugs		1,531,755		2,155,074		(623,319)	-41%		9,190,529		12,675,191		(3,484,662)	-38%	Н
Purchases, Repairs and Maintenance of:															
Equipment		597,697		291,067		306,630	51%		3,586,183		2,678,925		907,258	25%	ı
Building		538,158		185,577		352,581	66%		3,228,950		1,006,168		2,222,782	69%	J
Vehicle		86,436		68,979		17,457	20%		518,617		453,550		65,066	13%	
Telephone and Utilities		318,221		480,729		(162,509)	-51%		1,909,323		1,680,735		228,588	12%	
Insurance, Legal and Audit		166,175		150,069		16,106	10%		997,052		950,843		46,209	5%	
Travel		194,028		190,582		3,446	2%		1,164,171		879,453		284,718	24%	
Other		765,783		1,079,115		(313,332)	-41%		4,594,696	_	5,302,624		(707,928)	-15%	K
Operating Expenditures, total	\$	28,536,501	_\$_	28,085,893		450,608	2%	_\$	171,219,006	_\$	168,561,813		2,657,192		
Change in Net Assets, before Other Sources	\$	83,333	\$	816,190	\$	732,857		\$	500,000	\$	1,402,282	\$	902,282		
Other Sources															
Debt payment	\$	(83,333)	\$	-	\$	(83,333)		\$	(500,000)	\$	-	\$	(500,000)		
Capital outlay		-		(395,682)		395,682			-		(1,820,124)	-	(1,820,124)		
Insurance proceeds		-		5,375		(5,375)			-		35,187		35,187		
Proceeds from Sale of Assets		-		14,860		(14,860)			-		24,130		24,130		
Change in Net Assets, all Sources	\$	0	\$	440,743	\$	440,743		\$	0	\$	(358,525)	\$	(358,525)		

### The Harris Center for Mental Health and IDD Balance Sheet February 29, 2024

Non-GAAP / Budget-Basis reporting

		January-24		February-24		Change	
ASSETS							
Current Assets							
Cash and Cash Equivalents							
Cash and Petty Cash	\$	9,057,902	\$	17,985,270		8,927,368	
Cash Equivalents		52,802,562		20,170,803		(32,631,758)	
Cash and Cash Equivalents, to	otal \$	61,860,464	\$	38,156,073	\$	(23,704,391)	AA
Inventory and Prepaid	\$	7,551,859	\$	10,001,062	\$	2,449,203	BB
Accounts Receivable:							
Other		59,994,177		69,128,140		9,133,963	CC
Patient, net of allowance		2,672,395		3,313,169		640,775	
Current Assets, to	otal \$	132,078,895	\$	120,598,444	\$	(11,480,451)	
Capital Assets	•	10.001.000		40.004.000			
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, to	otal \$	93,509,904	\$	93,509,904	\$	-	
Total Access	_		_		_	(14 100 171)	
Total Assets		225,588,798		214,108,347	\$	<u>(11,480,451)</u>	
LIADULITICO AND NET ACCETO							
LIABILITIES AND NET ASSETS							
Unearned Income	\$	27,672,552	\$	17,237,899	\$	(10,434,653)	DD
Accounts Payable and Accrued Liabilities	Ψ	26,399,281	Ψ	24,887,244	Ψ	(1,512,037)	EE
Long term Liabilities		790,013		815,510		25,497	
Liabilities, to	otal \$	54,861,846	\$	42,940,653	\$	(11,921,193)	
	γ φ	0 1,00 1,0 10	Ψ	12,010,000	Ψ	(11,021,100)	
NET ASSET							
Inventory and Capital Assets	\$	93,091,377	\$	93,395,791	\$	304,414	
Assigned	7	66,514,014	~	66,514,014	*		
Unassigned		11,920,828		11,616,415		(304,414)	
Change in net assets		(799,268)		(358,525)		440,743	
Net Assets, To	otal \$	170,726,951	\$	171,167,694	\$	440,743	

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

#### February 29, 2024

#### **Results of Financial Operations and Comparison to Budget**

#### A Harris County and Local Revenue

Harris County and Local Revenue has a net unfavorable budget variance due to several program's actual revenue differing from budgeted amounts as of February.

		\	/ariance
403025	LOCAL HARRIS SB292/HCJD FY21	\$	433,783
403026	LOCAL HARRIS SB292/CMHG FY21		(161,132)
403023	LOCAL HARRIS COUNTY COURT ADMI		(209,085)
403010	LOCAL HARRIS COUNTY JUV PROB		(229,640)
403016	LOCAL HARRIS COUNTY CSCD		(276,404)
403011	LOCAL HARRIS COUNTY SHERIFF DP		(676,521)
	contracts < \$100K variance		59,014
		\$	(1,059,986)

#### B Federal Contract and grants

Federal Contracts and Grants Revenue has a net unfavorable budget variance due to several program's actual revenue differing from budgeted amounts as of February.

		•	Variance
	428000	OTHER STATE ECI	\$ 943,463
	434059	FEDERAL MH BLOCK GR - HOMELESS	117,253
new	435056	FEDERAL SAMHSA PRSP-C	115,908
	435033	FEDERAL SAMHSA-BCM BE WELL	113,182
	435043	FEDERAL COH CDBG-CV	(132,574)
	435071	FEDERAL ARPA COUNTY YDC	(149,279)
	435064	FEDERAL ARPA COH-CIRT HPD	(196,514)
	435048	FEDERAL OUTPNT CAP EXPANS - HR133	(318,178)
	435062	FEDERAL ARPA COH - MCOT RR	(318,576)
	435060	FEDERAL ARPA HARRIS COUNTY	(578,892)
	435049	FED TPWD YTH AND FAM WELL CTR	(908,783)
		contracts < \$100K variance	228,106
			\$ (1,084,884)

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

#### February 29, 2024

#### 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.

Variance \$ (1,585,660)

425095 OTHER STATE HEALTHY COMMUNITY

#### 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.

	Budget	Actual	Variance
Pharmacy	\$ 1,823,942	\$ 6,026,433	\$ 4,202,491
all others	14,775,061	11,920,396	(2,854,665)
	\$ 16.599.003	\$ 17.946.829	\$ 1.347.826

#### 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.

	Budget	Actual	Variance
Other supplies	\$ 1,671,322	\$ 762,818	\$ 908,504
Drug:			
Pharmacy	1,674,216	5,756,782	(4,082,566)
Non pharmacy	843,523	1,176,955	(333,432)
PAP program	5,001,468	4,978,635	22,833
	\$ 9,190,529	\$ 12,675,190	\$ (3,484,661)

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

#### February 29, 2024

#### I Equipment

The primary driver of the favorable variance in equipment is desktop/laptop purchases are under budget by \$609K.

#### J Building

The primary dirver of the net favorable variance in building costs is timing of building remodel costs budgeted for 6168 apartments, \$1.4M.

#### K Other

The primary driver of the net unfavorable variance in other is due to dues and subscriptions (\$468K) and short term housing (\$241K) coming in over budget.

#### **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, the annual county allocation, and the annual chartify care program revenue. (anticipated in March).

#### BB Inventory and Prepaid

Inventory and Prepaid balances increased due to remittance of 1st and 2nd Qtr amounts to HCPC.

#### CC 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.

#### DD Unearned income

Unearned income has declined due to the recognition of revenue received for the performance contract award from HHSCH.

#### EE Accounts Payable and Accrued Liabilities

Accounts Payable and Accrued Liabilities has increased due to timing of payroll and related liabilities: Blue Cross Blue Shield owed as of February was remitted in March, \$2.4M.

# The Harris Center for Mental Health and IDD Investment Portfolio February 29, 2024

#### Local Government Investment Pools (LGIPs)

	Begi	nning Balance	Transfer In	Т	ransfer Out	Inte	rest Income	E	Ending Value	Portfolio %	Monthly Interest Rate
Texas CLASS											
Texas CLASS General Fund	\$	7,695,394	\$ -	\$	-	\$	33,509	\$	7,728,903	38.32%	5.48%
TexPool											
TexPool Prime		41,576,730	-		(32,800,000)		119,796		8,896,526	44.11%	5.33%
TexPool General Fund		1,074,610	-		-		4,547		1,079,157	5.35%	5.50%
TexPool Internal Service Fund		2,455,828	-		-		10,390		2,466,218	12.23%	5.50%
TexPool Sub-Total		45,107,168	-		(32,800,000)		134,733		12,441,901	61.68%	
Total Investments	\$	52,802,562	\$ -	\$	(32,800,000)	\$	168,242	\$	20,170,803	100%	
Additional Interest-Checking Accounts							20,792				
Total Interest Earned						\$	189,033				



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.51%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.30%
Interest Rate - Chase Hybrid Checking	3.70%
ECR - Chase	3.80%

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:

Michael T. Hooper Jr

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 February 29, 2024

Vendor	Description	Monthly Not-To- Exceed*	Feb-24	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,909,324	\$12,146,711
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$0	\$12,253,798
UNUM	Life Insurance	\$300,000	\$404,857	\$1,026,747

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

Notes: LFG Includes both 1B & 2A payments

Notes: Unum Includes both November & December invoice payments

# EXHIBIT R-3

# MARCH 2024 INTERLOCAL AGREEMENTS

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

## SNAPSHOT SUMMARY INTERLOCALS

MARCH 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine	New Interlocal Agreement	Amendment	9/1/2023 - 8/31/2024	State Grant	New Interlocal Agreement between Baylor College of Medicine and the Harris Center for reimbursement funds for Baylor resident/fellow supervision at the Harris Center as part of the Texas Child Mental Health Care Consortium (CPWE). [Revenue: \$153,270.00].
2	Baylor College of Medicine	New Program Letter Agreement.	Renewal	1/4/2024 - 1/4/2025		New Program Letter Agreement for Psychiatric services at the Harris County Jail as part of the academic program requirements for the Forensic fellowship.
3	Baylor College of Medicine	New Cost Reimbursement Agreement	New Contract	1/1/2024 - 12/31/2024	Federal Grant	New Cost Reimbursement Agreement funded by the National Institute of Mental Health between Baylor College of Medicine and the Harris Center to illustrate the feasibility, preliminary effectiveness and sustainability of a Cognitive Behavorial Therapy (CBT) programs for youths with Autism and Anxiety through providing CBT interventions and the Community-Based Anxiety Program Tailored for Autism (CAPTA) clinician training protocols in community mental health clinic. [Revenue: \$7,006.00]
4	Baylor College of Medicine	New Interlocal Agreement.	New Contract	9/1/2023 - 8/31/2024	Federal Grant	New Interlocal Agreement between Baylor College of Medicine and the Harris Center for reimbursement funds for Baylor resident/fellow supervision as part of the Texas Child Mental Health Care Consortium (GME). [Revenue: \$174,677.00].
5	City of Houston	Lease Agreement	Renewal	2/5/2024 - 1/31/2025	State Grant	Annual renewal of agreement for lease located at 6719 W. Montgomery, Houston, TX.
6	Harris County (Department of Economic Equality and Opportunity)	New Harris County Interlocal Agreement	New Contract	2/27/2024 - 2/28/2026	Federal Grant	New Interlocal Agreement with Harris County through the Department of Economic Equality and Opportunity for the Harris Center to provide services for the Responsive Intervention Services & Engagement ("RISE") Program. The RISE program is designed to provide benefits of early childhood intervention services to children in response to the COVID-19 pandemic. [Revenue: \$3,891,457.17] [ARPA Funds]
7	Harris County Hospital District d/b/a Harris Health System	EPIC EMR System	Amendment	9/1/2024 - 8/31/2025	General Revenue (GR)	Amendment to increase the NTE for additional resources needed to align with ongoing resources, upgrades and support for Epic. [NTE will increase by \$263,192.00. Revised NTE: \$2,650,101.00]. Note: Increase will be paid out of FY25 funds in September.
				1		

## **Executive Contract Summary**

and other Designation of the last of the l	Contract Section		0
	Contractor*		
	Baylor College of Medicine		
	Contract ID #*		
	N/A		
	Presented To*		
	Resource Committee		
	Full Board		
	Date Presented*		
	3/19/2024		
	Parties* (?)		
	The Harris Center and Baylor College of Medicine		
	Agenda Item Submitted For:* (?)		
	✓ Information Only (Total NTE Amount is Less than \$250)	0,000.00)	
	Board Approval (Total NTE Amount is \$250,000.00 or	more)	
	☐ Grant Proposal		
	Revenue		
	SOW-Change Order-Amendment#		
	Other		
	Procurement Method(s)*		
	Check all that Apply		
	Competitive Bid	Competitive Proposal	
	Request for Proposal	Sole Source	
	Request for Application	Request for Qualification	
	Request for Quote	☐ Tag-On	
	✓ Interlocal	Consumer Driven	
	Not Applicable (If there are no funds required)	Other	
	Funding Information*		
	New Contract Amendment		
	Contract Term Start Date * (?)	Contract Term End Date * (?)	
	9/1/2023	8/31/2024	
	If contract is off-cycle, specify the contract term (?)		
	Current Contract Amount*		
	\$ 148,875.00		
	Increase Not to Exceed*		
	\$ 4,395.00		
	Revised Total Not to Exceed (NTE)*		
	\$ 153,270.00		

Fiscal Year* (?)	Amount* (?)
2024	\$ 153,270.00
*	
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description	on of Services Being Provided* (?)
Reimbursement funds for Baylor resident/fellow	v supervision.
Contract Owner*	
Dr. Muzquiz	
Previous History of Contracting with Vendor/Contractor*	
Yes No Unknown	
Please add previous contract dates and who	at services were provided*
agency has several contracts with BCM	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
PIA 2024-054 Agreement BCM_Goodman - Ha	arris Center_Muzquiz-
Drummond 59676-C3 1692.1 CPWE.pdf	7.15MB
Vendor/Contractor Contact Person	on 🔿
N*	
Name*	
Wayne Goodman	

Address\* Street Address Baylor College of Medicine Address Line 2 One Baylor Plaza, MS: BCM350 State / Province / Region City TX Houston Postal / Zip Code Country 77030 **United States** Phone Number\* 713-798-4945 Email\* wayne.goodman@bcm.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 000000 \$ 153,270.00 2405 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\* (?) N/A Requester Name Submission Date 2/28/2024 Evans, Danyalle Budget Manager Approval(s) Approved by **Approval Date** Debbie Chambers Shelby 2/29/2024 Contract Owner Approval Approved by Approval Date Sylvia Muzguiz 2/29/2024 Contracts Approval

Approve\*

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

Approved by \*

Belinda Stude

Approval Date\*
2/29/2024

## **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	on (
Select Header For This Contract*	
Interlocal	
Current Fiscal Year	
2024	
Contract ID#*	
N/A	
*	
Contractor Name*	
Baylor College of Medicine	
Renewal Term Start Date	Renewal Term End Date
1/4/2024	1/4/2025
Term for Off-Cycle Only (For Reference Only)	
	¥
Agenda Item Submitted For: (?)	
☐ Information Only (Total NTE Amount is Less than \$2	250.000.00)
Board Approval (Total NTE Amount is \$250,000.00	
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other FYI for the Board about the Forensic Psych	iatry Fellowship
Procurement Method(s)	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract  Repowal of Existing Contract	☐ Lease ☐ Other
Renewal of Existing Contract	- Oute
Vendor/Contractor a Historically Underutilized Bus	iness (HUB) (?)
Yes	
◎ No	
Unknown	

	Contract NTE* (?) \$ 0.00
	Rate(s)/Rate(s) Description
	Unit(s) Served*
	G/L Code(s)* 0
	Current Fiscal Year Purchase Order Number*
	Contract Requestor*  Danyalle Evans
	Contract Owner*  Dr. Muzquiz
-	File Upload (?)
Annual Section	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?*
	Were Services delivered as specified in the contract?*  Yes No
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor adhere to the contracted schedule?*(?)
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor adhere to the contracted schedule?*(?)  Yes No
	Were Services delivered as specified in the contract?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor perform duties in a manner consistent with standards of the profession?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Did Contractor adhere to the contracted schedule?*  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.

	Please Explain*
	New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
	Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?* (?)
	⊚ Yes ◉ No
	Please Explain*
	New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
	Did Contractor render services consistent with Agency policy and procedures?* (?)
	Please Explain*
	New contract, this is only a program letter of agreement as
	part of the academic program requirements for the forensic fellowship.
	Maintained legally required standards for certification, licensure, and/or training?* (?)
	Please Explain*
	New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
ı	
	Renewal Determination 🔕
- decreasement	
- Decrease -	Is the contract being renewed for next fiscal year with this Contractor?* (?)
- Secretarion	
- Secretaring	Is the contract being renewed for next fiscal year with this Contractor?* (?)
- ACCRECATION	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No
The second secon	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic
The state of the s	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Budget Manager Approval(s)
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Budget Manager Approval(s)
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Budget Manager Approval(s)
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Budget Manager Approval(s)  Approved by  Sign  Contract Owner Approval
	Is the contract being renewed for next fiscal year with this Contractor?* (?)  Yes No  Please Explain*  New contract, this is only a program letter of agreement as part of the academic program requirements for the forensic fellowship.  Budget Manager Approval(s)  Approved by  Sign  Contract Owner Approval

Approved by



Approval Date 2/8/2024

## Final Board Report Comments



Service Provided (?)

Psychiatric services at the Harris County Jail

Product/Service Description

New Program Letter Agreement.

Revised Comments For Board Report\*

New Program Letter Agreement for Psychiatric services at the Harris County Jail as part of the academic program requirements for the Forensic fellowship.

Exclude this Renewal from Board Report?\*

Yes

No

## **Executive Contract Summary**

Mental Health and UD	
Contract Section	
Contractor*	
Baylor College of Medicine	
Contract ID #*	
2024-0851	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
3/19/2024	
Parties* (?)	
Baylor College of Medicine and The Harris Center for M	ental Health and IDD
Agenda Item Submitted For: * (?)	
☐ Information Only (Total NTE Amount is Less than \$2	50,000.00)
Board Approval (Total NTE Amount is \$250,000.00 o	
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
Dua 2000 2004 BE 4 10 2 4 (2) *	
Procurement Method(s)*	
Check all that Apply	☐ Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Not Applicable (If there are no funds required)	✓ Other Federal Funded Grant
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
1/1/2024	12/31/2024
If contract is off-cycle, specify the contract term (?)	
N/A	
Fiscal Year* (?)	
2024	
Funding Source*	
Federal Grant	

Contract Description / Type (1)		
Personal/Professional Services	Consultant	
Consumer Driven Contract	New Contract/Agreement	
Memorandum of Understanding	Amendment to Existing Contract	
Affiliation or Preceptor	Service/Maintenance	
■ BAA/DUA	□ IT/Software License Agreement	
Pooled Contract	Lease	
Renewal of Existing Contract	Other	
Justification/Purpose of Contract/Description of Servi		
Federal funded grant award by the National Institute of Mental Health for the purpose of Baylor College of Medicine and The Harris Center for Mental Health and IDD to illustrate the feasibility, preliminary effectiveness and sustainability of a Cognitive Behavorial Therapy (CBT) programs for youths with Autism and Anxiety through providing CBT interventions and the Community-Based Anxiety Program Tailored for Autism (CAPTA) clinician training protocols in community mental health clinic.		
Contract Owner*		
Dr. Evanthe Collins		
Previous History of Contracting with Vendor/Contract	tor*	
Yes  No  Unknown		
Please add previous contract dates and what services	s were provided*	
The Harris Center has various contractual agreements with Baylor College of Medicine for revenue, affiliations, and professional agreements.		
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)	
Community Partnership* (?)		
Yes  No  Unknown		
Specify Name*		
Baylor College of Medicine		
Supporting Documentation Upload (?)	2040040	
BCM Harris Center.pdf	464.03KB	
Vendor/Contractor Contact Person		
Name *		
Eric Storch, Ph.D. Principal Investigator		
Address*		
Street Address		
One Baylor Plaza, MS BCM 320		
Address Line 2		
City	State / Province / Region	
Houston	Texas	
Postal / Zip Code	Country	
77030-3411	USA	
Phone Number*		
7137894945		

Email\* storch@bcm.edu **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* \$ 0.00 3647 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* N/A \$ 0.00 4647 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Smith, Janai Provide Rate and Rate Descriptions if applicable \* (?) See attachment for rate and rate description. Project WBS (Work Breakdown Structure) \* (?) N/A Submission Date Requester Name 2/14/2024 Childs, Margo Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Chustin 2/14/2024 Approved by Approval Date Janai Lynnette Smith 2/14/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 2/14/2024

# Contracts Approval

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

Approved by \*

Belinda Stude

Approval Date\* 2/15/2024

## **Executive Contract Summary**

Contract Section	<ul><li>♠</li></ul>
The plants of the second and amount amount of the second second the second seco	
Contractor*	
Baylor College of Medicine	
Contract ID #*	
N/A	
Presented To *	
Resource Committee	
Full Board	
Date Presented*	
3/19/2024	
D-4:*(2)	
Parties* (?)	
The Harris Center and Baylor College of Medicine	
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$2	250,000.00)
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Ø Other Revenue Contract
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 174,677.00
Funding Source*	
Federal Grant	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Servi	ces Being Provided* (?)
Reimbursement funds for Baylor resident/fellow supervision	
Contract Owner*	
Dr. Muzquiz	
Previous History of Contracting with Vendor/Contract	or*
The same of the sa	
Please add previous contract dates and what services	were provided*
agency has several contracts with BCM	
Vendor/Contractor a Historically Underutilized Busine	ss (HIIR)*(?)
	ss (nod) ···
Yes No Unknown	
Please provide an explanation *	
agency has several contracts with BCM	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
PIA 2024-054 GME Agreement BCM_Goodman - Harris	
Center_Muzquiz-Drummond 59676-C3 1700.1 GME.pdf	9.09MB
Vendor/Contractor Contact Person	
and the second	A Section of the Commission of
Name*	
Wayne Goodman	
A -1.4 *	
Address*	
Street Address	
Baylor College of Medicine	
Address Line 2	
One Baylor Plaza, MS: BCM350	State / Province / Region
City Houston	TX
	Country
Postal / Zip Code	United States
77030	Officed Otales
Phone Number*	
7137984945	
Email*	
wayne.goodman@bcm.edu	

## **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 000000 \$ 174,677.00 2405 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) **Submission Date** Requester Name 2/28/2024 Evans, Danyalle Budget Manager Approval(s) Approved by Approval Date Debbie Chambers Shelby 2/29/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by Approval Date Sylvia Muzguiz 3/1/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 3/1/2024

Mental Health and (DI)	πιαιγ
Contract Section	
Contractor*  Harris County (Department of Economic Equality and O	pportunity)
Contract ID #* 2024-0845	
Presented To *  Resource Committee  Full Board	
Date Presented* 3/19/2024	
Parties* (?) Harris County and The Harris Center for Mental Health	and IDD
Agenda Item Submitted For:* (?)  Information Only (Total NTE Amount is Less than \$2  Board Approval (Total NTE Amount is \$250,000.00 c  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information*  New Contract Amendment	
Contract Term Start Date* (?) 2/27/2024	Contract Term End Date* (?) 2/28/2026
If contract is off-cycle, specify the contract term (?) N/A	
Fiscal Year* (?) 2024	Amount* (?) \$ 3,891,457.17
Funding Source*	

Federal Grant

Contract Description / Type * (?)					
Personal/Professional Services	Consultant				
Consumer Driven Contract	New Contract/Agreement				
Memorandum of Understanding	Amendment to Existing Contract				
Affiliation or Preceptor	Service/Maintenance				
BAA/DUA	■ IT/Software License Agreement				
Pooled Contract	Lease				
Renewal of Existing Contract	Other Other				
Justification/Purpose of Contract/Description of Service The purpose of the contracted grant is to mitigate and respondence by the COVID-19 pandemic by partnering with the of Interventional and Transitional Services for Children and childhood environments through the RISE Program. The RI children with intellectual and developmental disabilities and	ond to the negative impacts Department to expand access Families and promote healthy SE Program, will support their families, enhance early				
intervention services for children, and provide evidence-bas autism and developmental delays to children and families m					
pandemic that meet the age requirements for the Program a					
in participating in the services offered.					
Contract Owner*					
Dr. Evanthe Collins					
Previous History of Contracting with Vendor/Contractor	*				
Please add previous contract dates and what services v	were provided*				
The Harris Center has various contractual agreements with Harris County (i.e., ARPA funding) for revenue, affiliations, and professional agreements.					
Vendor/Contractor a Historically Underutilized Business	s (HUB)* (?)				
Yes No Unknown					
Community Partnership* (?)					
Yes       No       Unknown					
Specify Name*					
Harris County/ARPA - RISE					
Supporting Documentation Upload (?)					
	442 42VD				
24GEN0022_The Harris Center_RISE ARPA ILA_v4.docx	442.13KB				
Vendor/Contractor Contact Person					
Name*  Don Titcombe, Department of Economic Equity and Opportunity					

Address\* Street Address 1001 Preston St, Suite 670 Address Line 2 City State / Province / Region Houston Texas Postal / Zip Code Country 77027 USA Phone Number\* 713-755-5000 Email\* don.titcombe@harriscountytx.gov **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* N/A \$ 0.00 3530 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Provide Rate and Rate Descriptions if applicable \* (?) See attachment. Project WBS (Work Breakdown Structure)\* (?) N/A Requester Name **Submission Date** 2/13/2024 Childs, Margo Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Austin 2/13/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

Approved by

700-

Approval Date 2/13/2024

### Contracts Approval

Approve\*

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

Approved by \*

Belinda Stude

Approval Date\* 2/13/2024 HINRIE.

### **Annual Renewal Evaluation**

### **Current Fiscal Year Contract Information Current Fiscal Year** 2024 Contract ID#\* 6186 Contractor Name\* City of Houston Service Provided \* (?) City of Houston Acres Home Multi Service Center located at 6719 W. Montgomery, Houston, Texas. Renewal Term End Date\* Renewal Term Start Date\* 1/31/2025 2/5/2024 Term for Off-Cycle Only (For Reference Only) Agenda Item Submitted For: (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On ✓ Interlocal Consumer Driven Other Not Applicable (If there are no funds required) Contract Description / Type Personal/Professional Services Consultant New Contract/Agreement Consumer Driven Contract Amendment to Existing Contract Memorandum of Understanding Service/Maintenance Affiliation or Preceptor IT/Software License Agreement BAA/DUA Pooled Contract Lease Renewal of Existing Contract Other Vendor/Contractor a Historically Underutilized Business (HUB) (?) Yes No Unknown

Contract NTE * (?)
\$ 3,076.20
Rate(s)/Rate(s) Description
Unit(s) Served*
0000 and 4736
G/L Code(s)*
126006
Current Fiscal Year Purchase Order Number*
CT142775/CT143323
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
SP SOME SP SIME
Maintained legally required standards for certification, licensure, and/or training?* (?)
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
⊚ Yes ⊜ No
Renewal Information for Next Fiscal Year
Is the contract being renewed for next fiscal year with this Contractor?* (?)  • Yes • No  Renewal Information for Next Fiscal Year

Budget Units and Amoun	ts Charged to eac	h Budget Ur	nit
Budget Unit Number* 4736	Amount Charged to \$ 3,076.20	Unit*	Expense/GL Code No.* 126006
Budget Manager* Smith, Janai		econdary Budge ooper Jr., Michael	
Provide Rate and Rate Descriptio	ns if applicable * (?)		
Project WBS (Work Breakdown S 0.00	tructure)* (?)		
Fiscal Year* (?)		mount*(?) 126,006.00	
Next Fiscal Year Not to Exceed A			
Contract Funding Source* State Grant  Contract Content Change	es	2	
Are there any required changes to Yes No Will the scope of the Services changes		<b>?*</b> (?)	
Yes No  Is the payment deadline different  Yes No	than net (45)?*		
Are there any changes in the Per  Yes  No	formance Targets?*		
Are there any changes to the Sub	omission deadlines for r	notes or support	ing documentation?*
File Upload (?)			
Contract Owner			<u> </u>
Contract Owner* (?) Please Select Contract Owner Lance Britt			
Budget Manager Approv	al(s)		<b>○</b>

Approved by	
Janai Lynnette Smith	
Contract Owner Approval	•
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission     Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	2/8/2024

Increase Not to Exceed\*

Revised Total Not to Exceed (NTE)\*

\$ 263,192.00

\$ 2,590,919.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,650,101.00
*	
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Descripti	on of Services Being Provided* (?)
Additional Resources at Harris Health to align	
support for EPIC.	with ongoing resources, appraises, and
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendo	or/Contractor*
Yes  No Unknown	
Please add previous contract dates and wh	nat services were provided*
FY21, FY22, FY23	3
Vendor/Contractor a Historically Underutilia	zed Business (HUB)* (?)
○ Yes ® No ○ Unknown	
Please provide an explanation*	
N/A	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Pers	on 🕒
Name*	
Name Kari McMichael	
Address*	
Street Address	
4800 Fournace Place	
Address Line 2	
City	State / Province / Region
Bellaire	TX
Postal / Zip Code	Country
77401-2324	US

Phone Number\* 713-526-4243 Email\* invoices@harrishealth.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 574000 1130 \$ 263,192.00 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure)\* (?) N/A **Submission Date** Requester Name 3/7/2024 Hurst, Richard Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 3/7/2024 Contract Owner Approval Approved by Approval Date 3/7/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 3/7/2024

## EXHIBIT R-4

# MARCH 2024 AMENDMENTS OVER 250k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MARCH 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	UKG Kronos Systems, LLC	HMRS Software Agency Wide including Time and Attendance	\$304,000.00	\$10,560.00	\$314,560.00	9/1/2023 - 8/31/2024	General Revenue (GR)	Tag-On	Amendment to increase the NTE for additional professional services to conduct an assessment to review the requirements of Business Structure Modifications, position changes, manager changes, cost center changes, transfers (can be initiated by releasing or receiving manager), Terminations-Voluntary (e.g. voluntary resignations, retirement, promotions and current system to confirm understanding.
2	Vaco LLC d/b/a Pivot Point Consulting	Consulting and IT Staffing Services	\$96,000.00	\$200,000.00	\$296,000.00	9/1/2023 - 8/31/2024	State Grant	Tag-On	Amendment to increase the NTE for Epic form building, video development and Telehealth on demand. [Tag-on to Harris County Hospital District d/b/a Harris Health System].
	FORENSICS								
-									
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES			0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	MENTAL HEALTH								
	CPEP/CRISIS SERVICES			Distance of the second					
3	Texas West Oaks Hospital, LP d/b/a West Oaks Hospital	Community Inpatient Psychiatric Hospital Beds	\$3,245,902.51	\$1,216,950.00	\$4,462,852.51	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to extend the term through August 31st and increase the NTE as a result of increasing the per bed day rate to \$700.00. Current contract has a lower per bed day rate.
	LEASES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
F									
									<u></u>

## **Executive Contract Summary** Contract Section Contractor\* UKG Kronos Systems, LLC Contract ID #\* 6685 Presented To\* Resource Committee Full Board

Date Presented*	
3/19/2024	
Parties* (?) UKG Kronos Systems, LLC and The Harris Center for Ment	al Health and IDD
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250,0  Board Approval (Total NTE Amount is \$250,000.00 or m  Grant Proposal  Revenue  SOW-Change Order-Amendment#  Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	☐ Other
Funding Information*  New Contract  Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 304,000.00	
Increase Not to Exceed* \$ 10,560.00	
Revised Total Not to Exceed (NTE)* \$ 314,560.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 10,560.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
<ul> <li>Affiliation or Preceptor</li> </ul>	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
The intent of the amendment is to increase the e	
professional services a UKG consultant to condu	
assessment to review the requirements of Busine	
changes, manager changes, cost center changes	
releasing or receiving manager), Terminations-Vo	
resignations, retirement, promotions and current	system to confirm understanding.
Contract Owner*	
Mustafa Cochinwala	
Mustara Cochinwara	
Previous History of Contracting with Vendor/	Contractor*
Vendor/Contractor a Historically Underutilize	d Business (HUB)* (?)
	d Dusiliess (1100)
Yes No Wuknown	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
ServiceRequestWorkOrderPDF.pdf	14.35KB
dervice Requestive Resident Dr. par	
Vendor/Contractor Contact Person	n 🙆
Name*	
Kevin Bruggeman	
Address*	
Street Address	
900 Chelmsford Street	
Address Line 2	
City	State / Province / Region
Lowell	MA
Postal / Zip Code	Country
01851	US
Phone Number*	
317.558.8630	
317.330.0000	

Email\* kevin.bruggeman@ukg.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 900060 \$ 10,560.00 1147 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) Solution Consultant @ \$220.00 x 40 hrs = \$8,800.00 Project Manager @ \$220.00 x 8 hrs = \$1,760.00 Project WBS (Work Breakdown Structure)\* (?) IT21.1147.08 **Submission Date** Requester Name Jones, Anthony 2/29/2024 Budget Manager Approval(s) Approved by Approval Date Thica Brown 2/29/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Mustafa Cochinwala 2/29/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

**Approval Date\*** 2/29/2024

HIMBIR Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor* Vaco LLC d/b/a Pivot Point Consulting	
Contract ID #* 2021-0145	
Presented To*  Resource Committee Full Board	
Date Presented* 3/19/2024	
Parties* (?) Pivot Point and The Harris Center	
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$25)  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s)*	
Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information *  New Contract  Amendment	
Contract Term Start Date* (?) 9/1/2023 If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2024
Current Contract Amount* \$ 96,000.00	
Increase Not to Exceed* \$ 200,000.00	
Revised Total Not to Exceed (NTE)* \$ 296,000.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 296,000.00
	Ψ 200,000.00
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	□ Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description	n of Services Reing Provided* (?)
The funds will be used for Epic form building, vie	
demand.	seo development, and reteneath on
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor	/Contractor*
Yes  No Unknown	
Please add previous contract dates and wha	t services were provided*
FY2021 - FY2024	
Vendor/Contractor a Historically Underutilize	od Rusinoss (HIR)* (2)
Yes      No      Unknown	ed Business (110b)
Please provide an explanation*	
N/A	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n 💍
Name*	
Paul Meyer	
Address*	
Street Address	
5501 Virginia Way	
Address Line 2	
	State / Province / Region
City Brentwood	TN
Postal / Zip Code	Country
37027-7680	US

Phone Number* 2817052368			
Email*			
pmeyer@pivotpointconsulting.com			
Budget Section	security and the security and security	munatahan salahan salah termen	•
Budget Units and Amounts	Charged to e	ach Budget Un	it
Budget Unit Number* 7001	Amount Charges \$ 200,000.00	d to Unit*	Expense/GL Code No.* 542000
Budget Manager Ilejay, Kevin		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions Up to \$160/hour	if applicable* (?)		
Project WBS (Work Breakdown Stru N/A	icture)* (?)		
Requester Name		Submission Date	
Hurst, Richard	A THOUGHT AND THE MANAGEMENT	2/16/2024	
Budget Manager Approval	(s)		•
Approved by			
4		Approval Date 2/20/2024	
keviu ilejay		2/20/2024	
Procurement Approval			•
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval			•
Approved by			
WW		Approval Date 2/20/2024	
Contracts Approval			
Approve*			
Yes			
<ul> <li>No, reject entire submission</li> <li>Return for correction</li> </ul>			

Approved by \*

Belinda Stude

Approval Date\* 2/22/2024

### **Executive Contract Summary**

### **Contract Section** Contractor\* Texas West Oaks Hospital, LP d/b/a West Oaks Hospital Contract ID #\* 7563 Presented To\* Resource Committee Full Board Date Presented\* 3/19/2024 Parties\* (?) Texas West Oaks Hospital and The Harris Center for Mental Health and IDD Agenda Item Submitted For: \* (?) ☐ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)\* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Request for Quote Tag-On Consumer Driven Interlocal Other Not Applicable (If there are no funds required) Funding Information\* New Contract Amendment Contract Term End Date \* (?) Contract Term Start Date \* (?) 8/31/2024 3/1/2024 If contract is off-cycle, specify the contract term (?) Current Contract Amount\* \$ 3,245,902.51 Increase Not to Exceed\* \$ 1,216,950.00 Revised Total Not to Exceed (NTE)\* \$ 4,462,852.51

Fiscal Year* (?)	Amount* (?)
2024	\$ 1,216,950.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
	*
Justification/Purpose of Contract/Description	
Amendment to extend the term with an increase	
Hospital Beds to fiscal year end (i.e. 08/31/2024	
\$3,245,902.51 with new rate of \$700 per day per	
1st, 2024 to August 31, 2024 which equates to	an increase of \$1,210,950. Revised NTE is
now \$4,462,852.51.	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendo	r/Contractor*
Yes No Unknown	
- 122 2 112 2 2111111111111	
Please add previous contract dates and wha	at services were provided *
Currently under contract	
Vendor/Contractor a Historically Underutiliz	ed Business (HUB)* (?)
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	on 🔿
	MEN ALL RECORD DESCRIPTION OF THE PROPERTY OF
Name*	
Mandy Westerman	
Address*	
Street Address	
6500 Hornwood Drive	
Address Line 2	
City	State / Province / Region
Houston	TX
	Country
Postal / Zip Code	•
77074-5008	US

Phone Number\* 7137785210 Email\* mandy.westerman@uhsinc.org **Budget Section** Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 543044 9223 \$ 1,216,950.00 **Budget Manager** Secondary Budget Manager Ramirez, Priscilla Oshman, Jodel Provide Rate and Rate Descriptions if applicable \* (?) \$700 per bed day Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name Ramirez, Priscilla 2/28/2024 Budget Manager Approval(s) Approved by Approval Date Todel Oshman 2/28/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 2/28/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction

Approved by \*

Belinda Stude

Approval Date\* 2/28/2024

## EXHIBIT R-5



# Facilities Capital Project Update Q1-FY24

Todd McCorquodale, Director of Facilities Services



### Capital Project Updates – Multi-Year

Location,	P <sub>Oko</sub>	Project Number	POTAT BANGET	NA BURGET	Conpleton Project	Ordinas Ordinal	Sacilly Sanda	S TOTAL PROJECT
NPC	Renovations	FM21.1126.02	\$ 6,200,000.00	\$3,481,093.00	FY2024 Q2	80%		\$ 6,200,000.00
South Loop East RRR (6168)	Apartment Design & Build	FM21.1126.23	\$ 12,117,509.00	\$11,236,472.00	FY2025 Q3	67%	Phase         No. days         Percentage           I         14         2%           II         258         33%           III         180         23%           IV         173         22%           V         153         20%	\$ 12,117,509.00
Northeast Clinic (New)	Clinic Design & Build	FM21.1126.18	\$ 22,600,000.00	\$3,000,000.00	FY2025 Q4	5%		\$ 1,461,782.00
Bristow	Renovations	FM24.1126.01	\$ 5,000,000.00	\$1,000,000.00	FY2028 Q4	9%	Fire Panel Replaced / In Design	\$ 1,000,000.00
Center for Pursuit*	Coffee House 2 Center for Pursuit	FM23.1126.02	\$ 600,000.00	\$ 600,000.00	TBD	33%	Awaiting design decision	\$ 110,000.00



### Capital Project Updates – FY 24 Strategic Goal

Cocation	Podect	Project Number	TOTAL BUSSET	NGA Balance	Connoleston Project	Property Overall	Sality Gentles	\$ TOTAL PROJECT	
Dennis St	Elevator Modernization	FM23.1126.09	\$75,000.00	\$1,145.02	FY2024 Q2	100%	Complete	\$	75,000.00
SW Garage	Garage Assessment	FM23.1126.10	\$12,000.00	\$0.00	FY2024 Q1	100%	Complete	\$	12,000.00
Southwest 9401	Loading Dock Foundation Repair	FM24.1126.02	\$500,000.00		FY2024 Q2	50%	Quotes Received, in Review	\$	500,000.00
6160 RRR	Roof Repair/Completion	FM24.1126.03	\$60,000.00		FY2024 Q3	67%	Scheduling, WX dependent	\$	60,000.00
Westbury House	Kitchen Remodel update	FM24.1126.04	\$60,000.00		FY2024 Q4	17%	In Design	\$	60,000.00
9401 Garage	Exit Gate Improvements	FM24.1126.05	\$60,000.00		FY2024 Q3	67%	In Procurement phase	\$	60,000.00
Dennis St. / IL	Kitchen Update	FM24.1126.06	\$12,000.00		FY2024 Q3	3%	HVAC replaced / Self Performed work 3% scheduled		12,000.00
Bristow	Elevator Modernization	FM24.1126.01	\$84,582.50	\$47,807.50	FY2024 Q3	67%	Waiting on Parts to be delivered		\$84,582.50
Southwest	Sign Replacement **	FM24.1126.07	\$160,000.00		FY2024 Q3	024 Q3 Guotes Received, in Review		\$	160,000.00



### **Request to Capitalize**

Non-Capitalized Projects Completed in FY24										
Location	Angle of the second sec	Project Number		ACA EXPONSO	Condesion Project	Progress and				
SE Clinic	Sewer Line replacement	ERFY24-001	\$	19,960.00	Q1	100%				
RRR	Kitchen Sewer Repair	ERFY24-002	\$	6,185.00	Q1	67%				
RRR	Freezer Repair	ERFY24-003	\$	1,199.00	Q1	100%				
Dennis Street	Fire Panel Replacement - Obsolete	ERFY24-005	\$	13,100.00	Q1	100%				
SW Clinic	2nd Floor Sensory Room	ERFY24-007	\$	23,000.00	Q1	100%				
Barbarella	Fire Panel Replacement	ERFY24-009	\$	3,100.00	Q1	100%				
9401 SWF	Emergency Lighting Insp/Repairs	ERFY24-011	\$	24,500.00	Q2	100%				
Humble	Fire Panel Replacement - Obsolete	ERFY24-013	\$	5,800.00	Q2	100%				
Dennis Street	Emergency Lighting Insp/Repairs - Occupancy Permit	ERFY24-014	\$	4,850.00	Q2	100%				
Southeast	unit 2 replacement	ERFY24-015	\$	25,378.00	Q2	100%				
Southeast	unit 3 replacement	ERFY24-016	\$	18,458.00	Q2	100%				
Northwest	unit 10 replacement	ERFY24-017	\$	16,407.00	Q2	100%				
SE Clinic	unit 6 replacement	ERFY24-018	\$	49,000.00	Q3					
			\$	210,937.00						



Transforming Lives

## Thank You

## EXHIBIT R-6

# MARCH 2024 AMENDMENTS 100k - 250k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MARCH 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
1	ADMINISTRATION VCS Partners d/b/a ReKruiters	Temporary IT Recruitment and Placement Services	\$100,000.00	\$43,000.00	\$143,000.00	9/1/2023 - 8/31/2024	State Grant		Amendment to increase the NTE for IT Staff Augmentation for Crisis Line and Call Center Support. Developing tools and applications for faster recovery processes.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	CPEP/CRISIS SERVICES								
	LEASES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
		La income a series and a series			L				

HIMER Executive Contract Summary

STATISTICS OF STREET	Contract Section		2
	Contractor* ReKruiters/VC5		
	Contract ID #* 7356		
	Presented To*  Resource Committee  Full Board		
	Date Presented* 3/26/2024		
	Parties* (?) VC5 and The Harris Center		
	Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250) Board Approval (Total NTE Amount is \$250,000.00 or response) Grant Proposal Revenue SOW-Change Order-Amendment#		
	Procurement Method(s)*		
	Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal  Sole Source Request for Qualification Tag-On Consumer Driven  Other	
	Funding Information*		
	New Contract Amendment  Contract Term Start Date * (?)  9/1/2023  If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2024	
	Current Contract Amount* \$ 100,000.00		
	Increase Not to Exceed* \$ 43,000.00		
	Revised Total Not to Exceed (NTE)*		

Fiscal Year* (?)	Amount* (?)
	\$ 143,000.00
2024	\$ 145,000.00
Funding Source*	
State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	☐ Other
Justification/Purpose of Contract/Description of Sen	vices Reing Provided * (?)
IT Staff Augmentation for Crisis Line and Call Center Su	
applications for faster recovery processes.	pport. Developing tools and
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contract	ctor*
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
FY2020 - FY2024	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)*(?)
Yes  No  Unknown	
Please provide the HUB status*	
WBE - Women owned business.	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	Share and the second se
Vendon/Oomractor Comact r erson	
Name*	
Gabe Quintanilla	
Address*	
Street Address	
11111 Katy Freeway	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77079	United States

Phone Number\* 8322434000 Email\* support@rekruiters.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 542000 \$ 43,000.00 7001 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Ilejay, Kevin Provide Rate and Rate Descriptions if applicable \* (?) Up to \$160 per hour Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name 2/16/2024 Hurst, Richard Budget Manager Approval(s) Approved by Approval Date kevin ilejay 2/20/2024 Contract Owner Approval Approved by **Approval Date** 2/20/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/20/2024

### EXHIBIT R-7

# MARCH 2024 NEW CONTRACTS UNDER 100k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MARCH 2024 FISCAL YEAR 2024

CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
ADMINISTRATION						
Defensive Driver Online LTD	Agency-Wide Online Defensive Driving Courses for Staff.	\$9,000.00	9/1/2023 - 8/31/2024		Request for Quote	New Agreement to provide Online Defensive Driving Course for Staff who will be driving on behalf of the Agency.
Hampton Inn Houston/Stafford	Hotel Group Rental	\$3,600.00	2/7/2024 - 5/1/2024	State Grant		Hotel Group Rental for Agency Staff for required grant mandated training opportunity for Zero Suicide Region One.
LivingWorks Education USA Inc.	Consultant Training Services	\$48,000.00	2/1/2024 - 1/31/2025	State Grant	Sole Source	New Agreement for LivingWorks to provide grant required ASIST train the trainer suicide prevention training.
FORENSICS						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES						
Toni Falco Drysdale, Dietitian Services, LLC	Consultant Services	\$8,000.00	4/1/2024 - 8/31/2024	State	Consumer Driven	New Consultant Agreement to provide nutrition assessments and diagnosis, nutrition counseling, and in-service and education, compliance to special diets as ordered by the physician, food safety and sanitation, menu planning and revision as needed and requested by the program facility.
MENTAL HEALTH		(Newspale (S)	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Peoples United Summit	Consultant Services	\$60,000.00	2/26/2024 - 8/31/2024	State Grant		New Consultant Agreement to advise the Harris Center on community engagement and intensive behavioral health services of the Youth and Family Wellness Center at the Northeast Clinic location.
CPEP/CRISIS SERVICES						
LEASES						
INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI						
	ADMINISTRATION  Defensive Driver Online LTD  Hampton Inn Houston/Stafford  LivingWorks Education USA Inc.  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL	ADMINISTRATION  Defensive Driver Online LTD  Agency-Wide Online Defensive Driving Courses for Staff.  Hotel Group Rental  LivingWorks Education USA Inc.  Consultant Training Services  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit  Consultant Services  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL  MENTAL HEALTH Peoples United Summit  Consultant Services	ADMINISTRATION  Defensive Driver Online LTD	ADMINISTRATION  Defensive Driver Online LTD Agency-Wide Online Defensive Driving Courses for Staff.  Hampton Inn Houston/Stafford Hotel Group Rental LivingWorks Education USA Inc. Consultant Training Services  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit Consultant Services  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit Consultant Services  \$60,000.00 2/26/2024 - 8/31/2024  LEASES  INTELLECTUAL DEVELOPMENTAL  INTELLECTUAL DEVELOPMENTAL  INTELLECTUAL DEVELOPMENTAL  INTELLECTUAL DEVELOPMENTAL  INTELLECTUAL DEVELOPMENTAL	ADMINISTRATION Defensive Driver Online LTD Defensive Driver Online LTD Agency-Wide Online Defensive Driving Courses for Staff. Hotel Group Rental LivingWorks Education USA Inc. Consultant Training Services S48,000.00 2/1/2024 - 5/1/2024 State Grant  LivingWorks Education USA Inc. Consultant Training Services S48,000.00 2/1/2024 - 1/31/2025 State Grant  FORENSICS INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit Consultant Services S60,000.00 2/26/2024 - 8/31/2024 State Grant  CPEP/CRISIS SERVICES  INTELLECTUAL DEVELOPMENTAL LEASES INTELLECTUAL DEVELOPMENTAL  LIVINGWORKS Education USA Inc. Consultant Services S48,000.00 2/1/2024 - 1/31/2025 State Grant State Grant State	ADMINISTRATION Defensive Driver Online LTD General Revenue (GR) Hampton Inn Houston/Stafford Hotel Group Rental LivingWorks Education USA Inc. Consultant Training Services S48,000.00  P/1/2024 - 5/1/2024 State Grant Sole Source  FORENSICS  INTELLECTUAL DEVELOPMENTAL DISABilitry SERVICES Toni Falco Drysdale, Dietitian Services, LLC  MENTAL HEALTH Peoples United Summit Consultant Services  Consultant Services LEASES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  LEASES  LEASES  INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES  S60,000.00  P/1/2023 - 8/31/2024 State Grant Sole Source  S48,000.00  P/1/2024 - 1/31/2025 State Grant Sole Source  S60,000.00  P/1/2024 - 8/31/2024 State Consumer Driven  State Consumer Driven  S60,000.00  P/1/2024 - 8/31/2024 State Grant  Consultant Services S60,000.00  P/1/2024 - 8/31/2024 State Grant  Consumer Driven  S60,000.00  P/1/2024 - 8/31/2024 State Grant  Consultant Services S60,000.00  P/1/2024 - 8/31/2024 State Consumer Driven  S60,000.00  P/1/2024 - 8/31/2024 State Grant  CONSUMER DRIVEN  CONSUMER DRIVEN  CONSUMER DRIVEN  CONSUMER DRIVEN  CONSUMER DRIVEN  CONSUMER DRIVEN  S60,000.00  P/1/2024 - 8/31/2024 State Grant  CONSUMER DRIVEN  CONSUMER

### **Executive Contract Summary**

Contract Section	
Select Header For This Contract*  Administration  Contractor*  Defensive Driver Online LTD  Contract ID #*  2024-0849  Presented To*	
Resource Committee Full Board  Date Presented* 3/19/2024  Parties* (?)	
Defensive Driver Online LTD and The Harris Center for Magenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$25  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	0,000.00)
Procurement Method(s)*  Check all that Apply  Competitive Bid  Request for Proposal  Request for Application  Request for Quote  Interlocal  Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information *  New Contract Amendment  Contract Term Start Date * (?)  9/1/2023  If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2024
Fiscal Year* (?) 2024	Amount* (?) \$ 9,000.00

Funding Source*	
General Revenue (GR)	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	□ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/Contract	or*
Yes  No Unknown	
	*
Please add previous contract dates and what services	
2015 to current. Providing online defensive driving course	for
staff that drive on behalf of the Agency.	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
2	
Community Partnership * (?)	
Supporting Documentation Upload (?)	
Supporting Documentation Spisaa (1)	
Vendor/Contractor Contact Person	
Name*	
Candice Robinson	
A dd *	
Address*	
Street Address	
11 Greenway Plaza	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77046-1100	US
Phone Number*	
713-488-4004	
Email*	
candicer@defensivedriving.com	
Budget Section	
	ALTERNATION CONTINUES OF THE CONTINUES O
Budget Units and Amounts Charged to	each Budget Unit

**Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 1117 \$ 30.00 549005 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 549005 1124 \$ 180.00 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** \$ 150.00 549005 2177 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 \$ 180.00 2212 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 549005 2213 \$ 90.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 \$ 210.00 2214 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** \$ 420.00 549005 2215 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** \$ 150.00 549005 2250 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 549005 2301 \$ 1,140.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Shelby, Debbie Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 2424 \$ 180.00 Secondary Budget Manager **Budget Manager** Shelby, Debbie Hooper Jr., Michael

**Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 2802 \$ 60.00 549005 **Budget Manager** Secondary Budget Manager Shelby, Debbie Hooper Jr., Michael **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 3412 \$ 120.00 549005 **Budget Manager** Secondary Budget Manager Adams-Austin, Mamie Kerlegon, Charles Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 3550 \$ 120.00 5490005 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Amount Charged to Unit\* **Budget Unit Number\*** Expense/GL Code No.\* 549005 3585 \$ 120.00 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Expense/GL Code No. \* Amount Charged to Unit\* **Budget Unit Number\*** 549005 3609 \$ 120.00 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 549005 \$ 90.00 3611 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** \$ 60.00 549005 3623 **Secondary Budget Manager Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 3636 \$ 60.00 549005 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 3692 \$ 60.00 **Secondary Budget Manager Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 4323 \$ 60.00

**Secondary Budget Manager** 

Hooper Jr., Michael

**Budget Manager** 

Smith, Janai

**Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 4325 \$ 120.00 549005 **Budget Manager** Secondary Budget Manager Hooper Jr., Michael Smith, Janai **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 6204 \$ 60.00 549005 Secondary Budget Manager **Budget Manager** Williams-Wesley, Sheenia Jiles, Monalisa Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 6401 \$ 210.00 Secondary Budget Manager **Budget Manager** Williams-Wesley, Sheenia Jiles, Monalisa **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 549005 \$ 210.00 6500 Secondary Budget Manager **Budget Manager** Adams, Betty Williams-Wesley, Sheenia Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 549005 9206 \$ 720.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 9208 \$ 1,290.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 9209 \$ 90.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel **Budget Unit Number\*** Expense/GL Code No.\* Amount Charged to Unit\* \$ 90.00 549005 9210 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* \$ 90.00 549005 9243 **Secondary Budget Manager Budget Manager** Puente, Giovanni Ramirez, Priscilla **Budget Unit Number\*** Amount Charged to Unit\* Expense/GL Code No.\* 549005 9244 \$ 90.00

Secondary Budget Manager

Oshman, Jodel

**Budget Manager** 

Ramirez, Priscilla

Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 549005 9245 \$ 90.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** \$ 90.00 549005 9247 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 9248 \$ 630.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 9261 \$ 360.00 **Secondary Budget Manager Budget Manager** Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 \$ 90.00 9263 **Secondary Budget Manager Budget Manager** Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 549005 \$ 90.00 9264 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.\* Amount Charged to Unit\* **Budget Unit Number\*** 549005 \$ 90.00 9267 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Expense/GL Code No.\* **Budget Unit Number**\* Amount Charged to Unit\* 549005 9402 \$ 90.00 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No.\* **Budget Unit Number\*** 549005 9403 \$ 90.00 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No. \* **Budget Unit Number\*** 9404 \$ 90.00 549005

Secondary Budget Manager

Puente, Giovanni

Budget Manager Ramirez, Priscilla

Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 549005 9406 \$ 120.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Puente, Giovanni Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 549005 9407 \$ 60.00 **Budget Manager** Secondary Budget Manager Ramirez, Priscilla Puente, Giovanni Expense/GL Code No.\* **Budget Unit Number\*** Amount Charged to Unit\* 549005 9501 \$ 90.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Puente, Giovanni Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 549005 \$ 60.00 9502 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 549005 \$ 60.00 9504 Secondary Budget Manager **Budget Manager** Puente, Giovanni Ramirez, Priscilla Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 549005 9810 \$ 270.00 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Amount Charged to Unit\* Budget Unit Number\* Expense/GL Code No.\* 9829 \$ 60.00 549005 Secondary Budget Manager **Budget Manager** Ramirez, Priscilla Oshman, Jodel Provide Rate and Rate Descriptions if applicable \* (?) N/A Project WBS (Work Breakdown Structure) \* (?) N/A Requester Name **Submission Date** Soto, Jessica 1/17/2024 Budget Manager Approval(s)

Approved by		
Ricardo Campbell	Approval Date 1/17/2024	
Approved by		
Ekica Bhown	Approval Date 1/18/2024	
Approved by		
Debbie Chambers Shelby	Approval Date 1/18/2024	
Approved by		
Todel Oshman	Approval Date 1/18/2024	
Approved by		
Mamie Adams-Austin	Approval Date 1/18/2024	
Approved by		
Janai Lynnette Smith	Approval Date 1/18/2024	
Approved by		
Priscilla M. Ramirez	Approval Date 1/19/2024	
Procurement Approval		•
File Upload (?)		
Approved by	Approval Date	
Contract Owner Approval		•
Approved by	Annual Data	
Todd McCorquodale	Approval Date 1/22/2024	
Contracts Approval		•

Approved by

Belinda Stude

Approval Date 2/12/2024

### Final Board Report Comments



Justification / Purpose of Contract / Description of Services Being Provided (?)
Online Defensive Driving Course for staff who will be driving on behalf of the Agency.

Product/Service Description

Agency-Wide Online Defensive Driving Courses for Staff.

### **Executive Contract Summary**

Contract Section	0
Contractor* Hampton Inn Houston/Stafford	
Contract ID #* 2024-0848	
Presented To*  Resource Committee  Full Board	
Date Presented* 3/19/2024	
Parties* (?) The Hampton Inn Houston/Stafford and The Harris Cente	r for Mental Health and IDD
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
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)  Funding Information*  New Contract Amendment	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Contract Term Start Date * (?) 2/7/2024	Contract Term End Date* (?) 5/1/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?) 2024	Amount* (?) \$ 3,600.00
Funding Source* State Grant	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided* (?)
Required travel arrangements for grant mandated training	
region one	ig opportunity for Zoro outside
V V	
Contract Owner*	
Trudy Leidich	
Previous History of Contracting with Vendor/Contra	ctor*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
Yes No Dunknown	
Community Partnership* (?)	
Yes No Unknown	
les Willowii	
Supporting Documentation Upload (?)	
The Harris Center-Hampton Inn Houston-Stafford Group	Agreement 77.96KB
4.1	77.30KB
v.1.docx	
v.1.docx	
Vendor/Contractor Contact Person	<b>⊙</b>
Vendor/Contractor Contact Person	
	<b>6</b>
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person  Name*  Greeni Shura	<b>O</b>
Vendor/Contractor Contact Person  Name*  Greeni Shura  Address*	
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address	
Vendor/Contractor Contact Person  Name*  Greeni Shura  Address*	
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive	State / Province / Region
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2	State / Province / Region
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City	n Reproductives also a Productive results ■ control of the contro
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford	TX
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559  Email*	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559  Email*	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559  Email* hamptonhouston@ogihotels.com	TX Country
Vendor/Contractor Contact Person  Name* Greeni Shura  Address* Street Address 4717 Techniplex Drive Address Line 2 City Stafford Postal / Zip Code 77477  Phone Number* 281-565-0559  Email* hamptonhouston@ogihotels.com	TX Country US

Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* 1182 \$ 3,600.00 545002 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) 72/night up to 10 single rooms 5 nights per room Project WBS (Work Breakdown Structure) \* (?) see attached documentation **Submission Date** Requester Name 2/7/2024 Bittner, Tiffany Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 2/7/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by **Approval Date** Trudy Leidich 2/8/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/9/2024

### **Executive Contract Summary**

Mental Health and IDD	
Contract Section	
Select Header For This Contract* Administration	
Contractor* LivingWorks Education USA Inc.	
Contract ID #* 2024-0846	
Presented To*  Resource Committee  Full Board	
Date Presented* 2/20/2024	
Parties* (?) The Harris Center for Mental Health and IDD and LivingW	orks Education USA Inc.
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$250  Board Approval (Total NTE Amount is \$250,000.00 or is  Grant Proposal  Revenue  SOW-Change Order-Amendment#	
Procurement Method(s) * Check all that Apply	
Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	<ul> <li>Competitive Proposal</li> <li>✓ Sole Source</li> <li>Request for Qualification</li> <li>Tag-On</li> <li>Consumer Driven</li> <li>Other</li> </ul>
Funding Information*  New Contract Amendment	
Contract Term Start Date * (?) 2/1/2024  If contract is off-cycle, specify the contract term (?)	Contract Term End Date * (?) 1/31/2025
Fiscal Year* (?) 2024	Amount* (?) \$ 48,000.00

Funding Source* State Grant	
Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
■ BAA/DUA	■ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Contract Owner*	
Trudy Leidich	
Previous History of Contracting with Vendor/Contracting	ctor*
Yes       No       Unknown	
Please add previous contract dates and what service	es were provided*
unknown, contract exp in 2023	
Vendor/Contractor a Historically Underutilized Busin	ness (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
The Harris Center for Mental Health and IDD LW ASIST	T4T April 8 366,22KB
The Harris Center for Mental Health and IDD LW ASIST 2024 00000355.pdf	T4T April 8 366.22KB
	T4T April 8 366.22KB
Vendor/Contractor Contact Person	T4T April 8 366.22KB
2024 00000355.pdf	T4T April 8 366.22KB
Vendor/Contractor Contact Person  Name*  Mike Kinzel	T4T April 8 366.22KB
Vendor/Contractor Contact Person  Name*	T4T April 8 366.22KB
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address*	T4T April 8 366.22KB
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address	T4T April 8 366.22KB
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607	T4T April 8  366.22KB
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2	366.22KB
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City	State / Province / Region
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville	State / Province / Region North Carolina
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311	State / Province / Region North Carolina Country
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311  Phone Number*	State / Province / Region North Carolina Country
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311  Phone Number* 587-482-2029	State / Province / Region North Carolina Country
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311  Phone Number* 587-482-2029  Email*	State / Province / Region North Carolina Country
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311  Phone Number* 587-482-2029  Email* mike.kinzel@livingworks.net	State / Province / Region North Carolina Country
Vendor/Contractor Contact Person  Name* Mike Kinzel  Address* Street Address P.O. Box 9607 Address Line 2 City Fayetteville Postal / Zip Code 28311  Phone Number* 587-482-2029  Email*	State / Province / Region North Carolina Country

Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 542000 1182 \$ 48,000.00 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) See attached scope of service 5 Day in person workshop 15 participants 4/8/2024-4/12/2024 All needed materials Project WBS (Work Breakdown Structure)\* (?) N/A Submission Date Requester Name Bittner, Tiffany 1/23/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 1/23/2024 Procurement Approval File Upload (?) Approved by Approval Date Sharon Brauner 1/23/2024 Contract Owner Approval Approved by **Approval Date** Trudy Leidich 1/31/2024 Contracts Approval Approved by Approval Date Belinda Stude 2/7/2024 Final Board Report Comments

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

LivingWorks will provide grant required ASIST train the trainer suicide prevention training

Product/Service Description

**Consultant Training Services** 

# 4/1/2024 If contract is off-cycle, specify the contract term (?) N/A Fiscal Year\* (?) 2024 Amount\* (?) \$ 8,000.00 Funding Source\* State

*(2)			
Contract Description / Type * (?)			
Personal/Professional Services	Consultant		
Consumer Driven Contract	<ul> <li>New Contract/Agreement</li> <li>Amendment to Existing Contract</li> </ul>		
<ul> <li>Memorandum of Understanding</li> <li>■ Affiliation or Preceptor</li> </ul>	Service/Maintenance		
BAA/DUA	IT/Software License Agreement		
Pooled Contract	Lease		
Renewal of Existing Contract	Other		
None in a second of the second			
Justification/Purpose of Contract/Description of Serv			
For the purpose of providing nutrition assessments and d	lagnosis, nutrition counseling, and		
in-service and education, compliance to special diets as of	dod and requested by the program		
safety and sanitation, menu planning and revision as nee facility.	ded and requested by the program		
5.50			
Contract Owner*			
Dr. Evanthe Collins			
Previous History of Contracting with Vendor/Contract	tor*		
Yes   No  ○ Unknown			
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)		
Yes No Thinnown			
Community Partnership * (?)			
Specify Name*			
Toni Falco Drysdale, Dietitian Services, LLC			
Commention Decommentation Unless (2)			
Supporting Documentation Upload (?)	750 04KD		
2023-2024 and 2022-2023 PROF LIAB INS TFD LLC (1)			
2024 LD DRYSDALE 2024-2026 certificate.pdf	249.98KB		
2024 2-19-2024 Proposed Dietitian Consultant Toni Falco	D Drysdale.doc 50.5KB		
Vendor/Contractor Contact Person			
vendor/Contractor Contact Person			
Name*			
Toni Falco Drysdale, MA, RD, LD, FADA			
Address*			
Street Address			
P.O. Box 420			
Address Line 2			
City	State / Province / Region		
Pinehurst	Texas		
Postal / Zip Code	Country		
77362	USA		
Phone Number*			
713-818-8671 (mobile), 281-259-2828 (fax)			
Email*			
tdrysdale3732@gmail.com			

### Budget Units and Amounts Charged to each Budget Unit Budget Unit Number\* Amount Charged to Unit\* Expense/GL Code No.\* 540500 \$ 8,000.00 3390 Secondary Budget Manager **Budget Manager** Kerlegon, Charles Adams-Austin, Mamie Provide Rate and Rate Descriptions if applicable \* (?) \$70.00 per hour for all nutritional and dietitian services. Project WBS (Work Breakdown Structure) \* (?) Requester Name Submission Date 2/19/2024 Childs, Margo Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Austin 2/19/2024 Procurement Approval File Upload (?) Approval Date Approved by Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 2/19/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/26/2024

HARRIS CENTER.

### **Executive Contract Summary**

Sterior (Capitalica 162)	TO THE SEAS LETTERS OF THE SECRETARISE CONTRACTOR OF THE SECRETARI
Contract Section	•
Contractor*	
Peoples United Summit	
Contract ID #*	
2024-0852	
Presented To*	
Resource Committee	
Full Board	
*	
Date Presented *	
3/19/2024	
Parties* (?)	
Peoples United Summit 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	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	/ Other .
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date * (?)
2/26/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount*(?)
2024	\$ 60,000.00
Funding Source*	
State Grant	

Contract Description / Type* (?)  Personal/Professional Services Consumer Driven Contract Memorandum of Understanding Affiliation or Preceptor BAA/DUA Pooled Contract Renewal of Existing Contract	Consultant  New Contract/Agreement  Amendment to Existing Contract  Service/Maintenance  IT/Software License Agreement  Lease  Other		
Justification/Purpose of Contract/Description of Services Being Provided * (?)  Peoples United Summit will provide community engagement and intensive behavioral health services.			
Contract Owner* Tiffanie Williams-Brooks	. *		
Previous History of Contracting with Vendor/Contract  Yes No Unknown	tor		
Vendor/Contractor a Historically Underutilized Busine  ⊕ Yes ⊕ No ⊕ Unknown	ess (HUB)* (?)		
Community Partnership* (?)  Yes  No Unknown			
Supporting Documentation Upload (?)			
Vendor/Contractor Contact Person			
Name* Allen Provost			
Address* Street Address P.O. Box 23332 Address Line 2 City Houston Postal / Zip Code 77228-3332	State / Province / Region TX Country USA		
Phone Number* 832-423-3999			
Email* Aprovost19@yahoo.com Budget Section			
Budget Units and Amounts Charged to	each Bud <b>get Unit</b>		

Expense/GL Code No.\* Budget Unit Number\* Amount Charged to Unit\* 000000 4780 \$ 60,000.00 Secondary Budget Manager **Budget Manager** Hooper Jr., Michael Smith, Janai Provide Rate and Rate Descriptions if applicable \* (?) Project WBS (Work Breakdown Structure)\*(?) Submission Date Requester Name Bowser, Mohagony 1/31/2024 Budget Manager Approval(s) Approved by Approval Date Janai Lynnette Smith 2/16/2024 File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 2/19/2024 Fittamir (Ann Williams-Brooks Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/19/2024

### EXHIBIT R-8

## MARCH 2024 AMENDMENTS UNDER 100k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MARCH 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
$\Box$	ADMINISTRATION		STATE OF THE STATE						
1	Healing Species of Texas	Consultant Agreement	\$15,000.00	\$20,000.00	\$35,000.00	7/6/2023 - 8/31/2024	Private Grant		Amendment to increase the NTE for additional services and to add another department unit for use of services.
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	MENTAL HEALTH								
	CPEP/CRISIS SERVICES								
	LEASES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	8								

### **HIMRIS** Executive Contract Summary

Menial Health and U1D						
Contract Section	6					
Contractor* Healing Species of Texas						
Contract ID #* 2023-0691						
Presented To*  Resource Committee  Full Board						
Date Presented* 3/19/2024						
Parties*(?)						
The Harris Center for Mental Health and IDD and Healing Species						
Agenda Item Submitted For: * (?)  Information Only (Total NTE Amount is Less than \$256 Board Approval (Total NTE Amount is \$250,000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other  Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application						
Request for Quote	☐ Tag-On					
Interlocal Not Applicable (If there are no funds required)	Consumer Driven  Other Amendment					
Funding Information *  New Contract Amendment  Contract Term Start Date * (?)  7/6/2023  If contract is off-cycle, specify the contract term (?)	Contract Term End Date* (?) 8/31/2024					
The contract is one by stor, epochy the contract term (1)						
Current Contract Amount* \$ 15,000.00						
Increase Not to Exceed* \$ 20,000.00						
Revised Total Not to Exceed (NTE)*						

Fiscal Year* (?)	Amount* (?)						
2024	\$ 35,000.00						
Funding Source*							
Private Grant							
Filvate Grant							
Contract Description / Type * (?)							
Personal/Professional Services	Consultant						
Consumer Driven Contract	New Contract/Agreement						
Memorandum of Understanding	Amendment to Existing Contract						
Affiliation or Preceptor	Service/Maintenance						
BAA/DUA	<ul> <li>IT/Software License Agreement</li> <li>Lease</li> </ul>						
Pooled Contract	Other						
Renewal of Existing Contract	o other						
Justification/Purpose of Contract/Description of Services Being Provided* (?)							
Increasing amount of dollars available to use for							
adding another funding unit as well							
Contract Owner*							
Trudy Leidich	Trudy Leidich						
Previous History of Contracting with Vendor	Previous History of Contracting with Vendor/Contractor*						
Yes No Unknown							
Please add previous contract dates and what services were provided*							
lease add previous contract dates and what services were provided							
endor/Contractor a Historically Underutilized Business (HUB)* (?)							
Yes  No  Unknown							
Community Partnership* (?)							
○ Yes ○ No ⊚ Unknown							
Supporting Documentation Upload (?)							
Supporting Documentation Opioau (7)							
Vendor/Contractor Contact Perso	on						
+							
Name*							
Joy Southard							
Address*							
Street Address							
unknown							
Address Line 2							
City	State / Province / Region						
unknown	unknown						
Postal / Zip Code	Country						
unknown	unknown						
Phone Number*							
unknown							

Email\* healingspeciestexas@yahoo.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 542000 \$ 20,000.00 1192 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) same as previous Project WBS (Work Breakdown Structure) \* (?) N/A Requester Name Submission Date Bittner, Tiffany 2/20/2024 Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 2/20/2024 Contract Owner Approval Approved by **Approval Date** Trudy Leidich 2/21/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/22/2024

### EXHIBIT R-9

## MARCH 2024 RENEWALS UNDER 100k

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

MARCH 2024 FISCAL YEAR 2024

000000	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2023 NTE AMOUNT	FY 2024 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION							
1	Audimation Services, Inc.	IDEA Software License Agreement	\$2,260.00	\$3,000.00	3/1/2024 - 2/28/2025	General Revenue (GR)		Annual renewal of Software Support Services for IDEA Software License Agreement to provide comprehensive review of business data to detect possible duplicate transactions.
2	Health Mart Atlas, LLC	Pharmacy Services Administrative Organization	\$9,600.00	\$9,600.00	3/25/2024 - 3/24/2025	State	Request for Quote	Annual renewal for Pharmacy Services Administrative Organization (PBM) Agreement for 3rd party billing.
3	Set Solutions, Inc. (Illumio)	Training and Software Support Services	\$79,001.10	\$79,001.10	5/23/2024 - 5/22/2025	General Revenue (GR)	Tag-On	Annual renewal of Illumio Core Visibility and Segmentation SaaS - Micro- Segmentation SaaS software agreement. Year 3 of a 3-year quote = \$79,001.10
	FORENSICS		5,					
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
4	Teladoc Health, Inc. f/k/a MyStrength, Inc.	Mental Health Web Based Mobile Application Software for the Consumer Behavioral Health and Wellness Program.	\$42,000.00	\$42,000.00	4/1/2024 - 3/31/2025	State Grant		Annual renewal of the Mental Health Web Based Mobile Application Software for the Consumer Behavioral Health and Wellness program.
- 1	CPEP/CRISIS SERVICES							
$\exists$	LEASES							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI							
1	2							
1								

## Strucks Annual Renewal Evaluation

Mental Healthsun (100)	
Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
7353	
Contractor Name *	
Audimation Services, Inc.	
Service Provided*(?)	
Support services for IDEA software license agreement to business data to detect possible duplicate transactions.	provide comprehensive review of
Renewal Term Start Date*	Renewal Term End Date*
3/1/2024	2/28/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
✓ Information Only (Total NTE Amount is Less than \$25	(0,000,00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On Consumer Driven
<ul> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	Other
Hot replicable (if there are no talks requires)	
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement Lease
<ul> <li>Pooled Contract</li> <li>         ✓ Renewal of Existing Contract     </li> </ul>	Other
Vendor/Contractor a Historically Underutilized Busin	ness (HUB) (?)
∀es	
No     Helmoure	
Unknown	

Contract NTE* (?) \$ 2,260.00
Rate(s)/Rate(s) Description  IDEA License Renewal \$650.00. (Annual Quote and Payment.)
Unit(s) Served* 1101
G/L Code(s)* 551003
Current Fiscal Year Purchase Order Number* CT142747
Contract Requestor*  David Fojtik
Contract Owner*  David Fojtik
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  (i) Yes (ii) No
Were Services delivered as specified in the contract?* <ul> <li>● Yes</li> <li>● No</li> </ul>
Did Contractor perform duties in a manner consistent with standards of the profession?*   Yes No
Did Contractor adhere to the contracted schedule?* (?)  9 Yes 9 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?* (?)  Solution Yes O No

Renewal Information for Next Fiscal Year				
Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number*	Amount Charge \$ 3,000.00	d to Unit*	Expense/GL Code No.* 551003	
	\$ 3,000.00			
Budget Manager* Brown, Erica		Secondary B Campbell, Ric	udget Manager*	
Diowii, Liica		Oampoon, The	and the second s	
Provide Rate and Rate Description N/A	ns if applicable * (?)			
Project WBS (Work Breakdown St	ructure) * (?)			
N/A				
***		* * * * * * * * * * * * * * * * * * * *		
Fiscal Year* (?)		Amount* (?) \$ 3,000.00		
2025		\$ 3,000.00		
Next Fiscal Year Not to Exceed An	nount for Master Po	oled Contracts	5	
Contract Funding Source*				
General Revenue (GR)				
Contract Content Change	s			0
Are there any required changes to	the contract language	age?*(?)		
○ Yes ⑤ No				
Will the scope of the Services cha	nge?*			
⊚ Yes ⊚ No	3			
Is the payment deadline different	than net (45)?*			
Yes No				
Are there any changes in the Perf	ormance Targets?*			
Yes ® No	omanoo rangata.			
Are there any changes to the Sub	miccion deadlines f	or notes or su	pporting documentation?*	
Yes No	mission deadines i	or riotos or sa	sporting advantagement	
File Upload (?)				
The opious (*)				
Contract Owner				<u>^</u>
Contract Owner* (?)				
Please Select Contract Owner				
David Fojtik				
Budget Manager Approva	al(s)			•

Approved by	
Ehica Bhown	
Contract Owner Approval	
Approved by	
David W Pojtik	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	2/26/2024

# HIME

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information					
Select Header For This Contract*  Administration					
Current Fiscal Year 2024					
Contract ID#* 2020-0036					
Contractor Name* Health Mart Atlas, LLC					
Renewal Term Start Date 3/25/2024	Renewal Term End Date 3/24/2025				
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					
<ul> <li>Competitive Bid</li> <li>Request for Proposal</li> <li>Request for Application</li> <li>✓ Request for Quote</li> <li>Interlocal</li> <li>Not Applicable (If there are no funds required)</li> </ul>	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 Busine  Yes  No  Unknown	ess (HUB) (?)				

Contract NTE * (?) \$ 9,600.00
Rate(s)/Rate(s) Description \$200.00 per pharmacy x (4) per month = \$800
Unit(s) Served* 1135
G/L Code(s)* 542000
Current Fiscal Year Purchase Order Number* Pending
Contract Requestor* Teri Gleason
Contract Owner* Angela Babin
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*  ⊚ Yes ⊝ No
Did Contractor perform duties in a manner consistent with standards of the profession?*    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?* (?)
<ul> <li>Yes No</li> <li>Did Contractor render services consistent with Agency policy and procedures?* (?)</li> <li>Yes No</li> </ul>
Maintained legally required standards for certification, licensure, and/or training?* (?)  • Yes • No
Renewal Determination
Is the contract being renewed for next fiscal year with this Contractor?* (?)
Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 1135	Amount Charged to Unit* \$ 9,600.00	Expense/GL Code No.* 542000	
Budget Manager* Campbell, Ricardo	Secondar Brown, Eri	y Budget Manager* ca	
Provide Rate and Rate Descriptions \$200.00 per pharmacy per month	if applicable (?)		
Project WBS (Work Breakdown Stru \$200.00 per pharmacy per month	acture) (?)		
Fiscal Year* (?) 2024	Amount* \$ 9,600.00		
Next Fiscal Year Not to Exceed Amo	ount for Master Pooled Contra	icts	
Contract Funding Source* State  Contract Content Changes			
Are there any required changes to the contract language?* (?)  Second Se			
Will the scope of the Services change?*  ⊚ Yes ⊚ No			
Is the payment deadline different than net (45)?*  See No.			
Are there any changes in the Performance of the Per	Are there any changes in the Performance Targets?*  See No.		
Are there any changes to the Submission deadlines for notes or supporting documentation?*  See No.			
File Upload (?)			
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Angela Babin Budget Manager Approval	(s)		

Approved by	
Ricardo Campbell	
Contract Owner Approval	•
Approved by	
ANGELA BABIN	
Contracts Approval	<u> </u>
Approved by	
Belinda Stude	Approval Date 2/28/2024
Final Board Report Comments	
Service Provided (?)	
Pharmacy Services Administrative Organiz	ation PBM Contracting Services.
Product/Service Description Pharmacy Services Administrative Organiz	ation
Revised Comments For Board Report*	
	ministrative Organization (PBM) Agreement for
3rd party billing.	
Exclude this Renewal from Board Repo	rt?*
Yes	
No	

HIMERIA

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	
Current Fiscal Year	
2024	
Contract ID#*	
2022-0376	
Contractor Name*	
Set Solutions, Inc. (Illumio)	
Service Provided * (?)	
Illumio Core Visibility and Segmentation SaaS - Micro-seg that breaks data centers and cloud environments into segmentation workload level.	
Renewal Term Start Date *	Renewal Term End Date*
5/23/2024	5/22/2025
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)  Information Only (Total NTE Amount is Less than \$250 Board Approval (Total NTE Amount is \$250,000.00 or a Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply	Compatitive Proposel
Competitive Bid Request for Proposal	☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	✓ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other

Vendor/Contractor a Historically Underutilized Business (HUB) (?)  Yes  No  Unknown
Contract NTE* (?) \$ 79,001.10
Rate(s)/Rate(s) Description See executed Quote.
Unit(s) Served* 1147 (IT21_1147_13)
G/L Code(s)* 900022
Current Fiscal Year Purchase Order Number* FY23 PO CT142776
Contract Requestor* Rick Hurst
Contract Owner*  Mustafa Cochinwala
File Upload (?)  Set Solutions - ID 2022-0376 - Illumio 3 Year Quote and Agreement -  Fully Executed.pdf  1.41MB
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*  See No.
Were Services delivered as specified in the contract?*  ⊚ Yes ⊝ No
Did Contractor perform duties in a manner consistent with standards of the profession?*
Did Contractor adhere to the contracted schedule?* (?)
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?* (?)  9 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 Expense/GL Code No.\* Amount Charged to Unit\* Budget Unit Number\* 574000 \$ 79,001.10 1130 Secondary Budget Manager\* Budget Manager\* Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable \* (?) See attached Project WBS (Work Breakdown Structure)\* (?) N/A Amount\* (?) Fiscal Year\* (?) \$ 79,001.10 2024 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 (?) The Harris Center for Mental Health Illumio ARR Year 3.pdf 250.19KB Contract Owner

Contract Owner* (?)	
Please Select Contract Owner	
Mustafa Cochinwala	
Budget Manager Approval(s)	
Approved by	
Ricardo Campbell	
Contract Owner Approval	0
Approved by	
Mn	
Contracts Approval	
Approve*	
Yes	
<ul> <li>No, reject entire submission</li> </ul>	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	2/20/2024

HI ARRIS

### **Annual Renewal Evaluation**

Current Fiscal Year Contract Information	<u> </u>
Current Fiscal Year	
2024	
Contract ID#*	
6536	
*	
Contractor Name *	
Teladoc Health, Inc. f/k/a MyStrength, Inc.	
Service Provided* (?)	
Mental Health Web Based Mobile Application Software for	a Consumer behavioral health
and wellness program.	
Renewal Term Start Date*	Renewal Term End Date *
4/1/2024	3/31/2025
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	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	Tag-On
Interlocal	
Not Applicable (If there are no funds required)	Other
Contract Description / Type	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busine	ss (HUB) (?)
Yes	V, V/
No	
<ul><li>Unknown</li></ul>	

Contract NTE* (?) \$ 42,000.00
Rate(s)/Rate(s) Description
Unit(s) Served*
2212
G/L Code(s)* 553002
Current Fiscal Year Purchase Order Number* FY23 PO CT142606
Contract Requestor*
Chekesha Govan
Contract Owner*  Lance Britt
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?*
Were Services delivered as specified in the contract?*
Yes  No     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?* (?)
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 Amour	nts Charged to	each Budget	Unit
Budget Unit Number* 2626	Amount Charge \$ 2,000.00	ed to Unit*	Expense/GL Code No.* 553002
Budget Manager* Shelby, Debbie		Secondary Bud Hooper Jr., Mich	
Budget Unit Number* 2212	Amount Charge \$ 40,000.00	ed to Unit*	Expense/GL Code No.* 553002
Budget Manager* Shelby, Debbie		Secondary Bud Hooper Jr., Mich	dget Manager* nael
Provide Rate and Rate Descriptions if applicable * (?) 0.00			
Project WBS (Work Breakdown \$ 0.00	Structure)* (?)		
Fiscal Year* (?)		Amount* (?)	
2024		\$ 42,000.00	
Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts  Contract Funding Source*  State Grant  Contract Content Changes			
Are there any required changes  Yes No	to the contract langu	age?* <sup>(?)</sup>	
Will the scope of the Services change?*  ⊚ Yes ⊚ No			
Is the payment deadline different than net (45)?*			
Are there any changes in the Performance Targets?*  See No.			
Are there any changes to the Submission deadlines for notes or supporting documentation?*  Yes  No			
File Upload (?)	File Upload (?)		
Contract Owner			
Contract Owner* (?) Please Select Contract Owner			
Please Select Contract Owner  Lance Britt			

Approved by	
Debbie Chambers Shelby	
Contract Owner Approval	
Approved by	
Lance Britt	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	A CONTRACTOR OF THE CONTRACTOR
No, reject entire submission     Return for correction	
Return for correction	Approval Date *

# EXHIBIT R-10

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

### THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

### SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

MARCH 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
	MOU					
-	REVENUE					
1	New Hope Home Health Services	Individualized Skills and Socialization Services (ISS)	New Contract	1/26/2024 - 8/31/2024	State	New revenue contract for the Agency to provide both on-site and off-site ISS Services.
_						
_						
_				-		

### Hinnis Executive Contract Summary

Mental (Tealth and IDD	
Contract Section	^
Contractor*	
New Hope Home Health Services	
Contract ID #*	
NA	
Presented To *	
Resource Committee	
Full Board	
Date Presented*	
3/19/2024	
*	
Parties* (?)	- Harry Harlib Consissa
The Harris Center for Mental Health and IDD & New Hop	e Home Health Services.
Agenda Item Submitted For: * (?)	
Information Only (Total NTE Amount is Less than \$25	0,000.00)
Board Approval (Total NTE Amount is \$250,000.00 or	more)
Grant Proposal	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
	Competitive Proposal
Competitive Bid Request for Proposal	Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
☐ Interlocal	
Not Applicable (If there are no funds required)	Other
*	
Funding Information*	
New Contract	
Contract Term Start Date * (?)	Contract Term End Date* (?)
1/26/2024	8/31/2024
If contract is off-cycle, specify the contract term (?)	
NA	
Fiscal Year* (?)	
2024	
2024	
*	
Funding Source*	
State	

Contract Description / Type " (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance ☐ IT/Software License Agreement
■ BAA/DUA ■ Pooled Contract	Lease
Renewal of Existing Contract	Other
Nellewal of Existing Contract	
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
New Hope Home Health Services desires to contract with	
site and off-site ISS services.	
Contract Owner*	
Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Market Control of Cont	(UID)* (2)
Vendor/Contractor a Historically Underutilized Busine	ess (Hub) (f)
Yes No Wunknown	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Elizabeth Osorio	
Address*	
Street Address	
6161 Savoy Drive Suite 1150	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
r Ostal / Zip Code	out,
	US
77036-3308	US
	US
77036-3308	US
77036-3308  Phone Number* 713.489.8073	US
77036-3308  Phone Number* 713.489.8073  Email*	US
77036-3308  Phone Number* 713.489.8073	US
77036-3308  Phone Number* 713.489.8073  Email* info@newhopehcs.com	US 📀
77036-3308  Phone Number* 713.489.8073  Email*	US 🖎
77036-3308  Phone Number* 713.489.8073  Email* info@newhopehcs.com  Budget Section	
77036-3308  Phone Number* 713.489.8073  Email* info@newhopehcs.com	

Amount Charged to Unit\* Expense/GL Code No.\* Budget Unit Number\* \$ 0.00 3585 Secondary Budget Manager **Budget Manager** Adams-Austin, Mamie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable \* (?) Rates for both on-site and offsite ISS services will be billed based on the LON of each individual served. Project WBS (Work Breakdown Structure)\* (?) NA **Submission Date** Requester Name 1/26/2024 Wills, Thomas Budget Manager Approval(s) Approved by Approval Date Mamie Adams-Austin 1/30/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Evanthe Collins 2/5/2024 Contracts Approval Approve\* Yes No, reject entire submission Return for correction Approved by \* Approval Date\* Belinda Stude 2/7/2024