

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

REVISED Resource Committee Meeting April 16, 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, March 19, 2024 (EXHBIT R-1)

IV. CONSIDER AND RECOMMEND ACTION

- A. Approve FY'24 Year-to-Date Budget Report-March (EXHIBIT R-2 Stanley Adams)
- B. April 2024 Interlocal Agreements (EXHIBIT R-3 Belinda Stude)
- C. Award Recommendation Sole Source Due Diligence for VisionLink (EXHIBIT R-4 Stanley Adams)

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.
- Pursuant to §551.072 of the Texas Government Code, to deliberate the purchase, exchange, lease, or value of real property. Wayne Young, CEO and Keena Pace, COO
- Pursuant to §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the legal issues related to a City of Houston and Harris County contract award. Wayne Young, CEO, Keena Pace, COO, and Kendra Thomas, General Counsel.
- VI. RECONVENE INTO OPEN SESSION
- VII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

VIII. INFORMATION ONLY

- A. April 2024 Amendments 100K-250K (EXHIBIT R-5)
- B. April 2024 Contract Amendments Under 100K (EXHIBIT R-6)

- C. April 2024 Affiliation Agreements, Grants, MOU's and Revenues Information Only (EXHIBIT R-7)
- D. Financials by Clinic + NPC Q2 FY2024 (EXHIBIT R-8)

E. Clinical Financial KPI Report 2nd Quarter (EXHIBIT R-9)

F. Revenue Management (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, MARCH 19, 2024 MINUTES

Mr. Gerald Womack, Committee Chair, called the meeting to order at 9:18 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, Mrs. B. Hellums, Dr. L. Fernandez

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, Mrs. Hellums and Dr. Fernandez as a voting member of the committee.

3. DECLARATION OF QUORUM

Mr. Womack declared a quorum was present.

4. PUBLIC COMMENTS

No public comment.

5. MINUTES

Approve Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday February 20, 2024.

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Board of Trustees Resource Committee Meeting Held on Tuesday, February 20, 2024, 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-February

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative votes,

Board of Trustees Resource Committee Meeting (3/19/2024) MINUTES Page 1 of 3 **BE IT RESOLVED** FY'24 Year-to-Date Budget Report-February, is approved and recommended to the Full Board.

B. March 2024 Interlocal Agreements

MOTION: LYKES SECOND: GEARING

Dr. Fernandez abstained and did not participate in any discussion related to the Interlocal agreement with the Harris County Hospital District d/b/a Harris Health System because he is employed by Harris Health.

With unanimous affirmative votes,

BE IT RESOLVED March 2024 Interlocal Agreements, under Exhibit R-3 are approved and recommended to the Full Board.

C. March 2024 Amendments Over 250K

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative votes,

BE IT RESOLVED March 2024 Amendments Over 250K, under Exhibit R- 4 are approved and recommended to the Full Board.

D. Facilities Capital Update Q1 FY24

MOTION: SANTOS

Dr. Santos moved for the approval of all noncapitalized projects except the Sensory Room project at Southwest Clinic- 2^{nd} floor to obtain more information about the expenses associated with the project.

SECOND: HELLUMS

With unanimous affirmative votes,

BE IT RESOLVED Facilities Capital Update Q1 FY24, under Exhibit R- 5 are approved and recommended to the Full Board.

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

MOTION: SANTOS SECOND: LYKES

With unanimous affirmative voted and there being no further business, the meeting was adjourned at 10:03 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 March 31, 2024

Fiscal year 2024

The Harris Center for Mental Health and IDD

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

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

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

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

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

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

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

Stanley Adams
Chief Financial Officer - interim

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

Non-GAAP / Budget-Basis reporting

For the Month

	Ori	ginal budget	Actual	Variance
Revenues Expenditures	\$	28,619,834 28,536,501	\$ 26,050,142 27,476,282	\$ (2,569,692) 1,060,219
Change in net assets, operations	\$	83,333	\$ (1,426,140)	\$ (1,509,473)
Debt payment Capital Other sources and uses	\$	(83,333)	\$ - (159,790) 3,585 (1,582,345)	\$ 83,333 (159,790) 3,585 (1,582,345)

Fiscal Year to Date

	Or	iginal budget	Actual	Variance
Revenues Expenditures	\$	200,338,840 199,755,507	\$ 196,014,237 196,038,096	\$ (4,324,603) 3,717,411
Change in net assets, operations	\$	583,333	\$ (23,859)	\$ (607,192)
Debt payment Capital Other sources and uses	\$	(583,333)	\$ - (1,979,914) 62,903	\$ 583,333 (1,979,914) 62,903
	\$	0	\$ (1,940,870)	\$ (1,940,870)

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

Non-GAAP / Budget-Basis reporting

	For the Month of							Fiscal Year to Date							
- -															
		Decilerat		A -41		Variance	0/		Devilent		A -41		Variance	0/	
Operating Revenue		Budget		Actual		\$	%		Budget		Actual		\$	%	
State General Revenue	\$	10,145,271	\$	9,946,659	\$	(198,613)	-2%	Φ	71,016,899	\$	71,254,383	\$	237,484	0%	
Harris County and Local	Ψ	5,420,027	Ψ	4,614,134	Ψ	(805,893)	-15%		37,940,191	Ψ	36,074,313	*	1,865,878)	-5%	Α
Federal Contracts and Grants		4,034,513		2,448,818		(1,585,695)	-39%		28,241,590		25,571,011		2,670,579)	-9%	В
State Contract and Grants		1,128,277		547,776		(580,501)	-51%		7,897,942		5,667,010		2,230,932)	-28%	C
Third Party Billing		2,766,500		3,269,566		503,065	18%		19,365,503		21,216,394		1,850,891	10%	D
Charity Care Pool		3,340,350		3,340,350		*	0%		23,382,452		23,382,454		1,030,091	0%	D
Directed Payment Programs		3,340,350 726,250		3,340,350 791,859		(0) 65,609	0% 9%		23,362,452 5,083,750		5,152,984		69,235	1%	
PAP		833,578		846,443		12,865	2%		5,835,046		5,825,078		(9,968)	0%	
Interest Income		225,067		244,537		19,471	9%		1,575,467		1,870,609		295,143	19%	
Operating Revenue, total	\$	28,619,834	\$	26,050,142	•	(2,569,692)	-9%	_		\$		\$ /	4,324,603)	-2%	
Operating expenditures	Ψ	20,013,004	φ	20,030,142	φ	(2,503,032)	- 3 /0	φ	200,000,040	φ	190,014,237	φ (7,024,000)	-2 /0	
Salaries and Fringe Benefits	\$	19,926,501	\$	19,270,809	\$	655,692	3%	Ф	139,485,506	\$	139,837,567	\$	(352,061)	0%	
Contracts and Consultants	Ψ	2,089,012	Ψ	1,531,424	Ψ	557,588	27%		14,623,083	Ψ	10,059,090	Ψ.	4,563,994	31%	E
Contracts and Consultants-HPC		2,322,735		2,306,650		16,085	1%		16,259,143		16,146,550		112,593	1%	
Supplies and Drugs		1,531,755		2,250,576		(718,821)	-47%		10,722,284		14,925,767		4,203,483)	-39%	F
Purchases, Repairs and Maintenance of:		1,001,700		2,230,570		(710,021)	-47 70		10,722,204		14,525,767	'	4,200,400)	-33 70	•
Equipment		597,697		747,799		(150,102)	-25%		4,183,880		3,426,725		757,155	18%	
Building		538,158		247,148		291,011	54%		3,767,108		1,253,316		2,513,792	67%	
Vehicle		86,436		20,042		66,394	77%		605,053		473,593		131,460	22%	
Telephone and Utilities		318,221		260,831		57,389	18%		2,227,544		1,941,566		285,977	13%	
Insurance, Legal and Audit		166.175		212,691		(46,516)	-28%		1,163,228		1,163,534		(306)	0%	
Travel		194,028		193,019		1,010	1%		1,358,199		1,072,472		285,728	21%	
Other		765,783		435,292		330,490	43%		5,360,479		5,737,916		(377,438)	-7%	
Operating Expenditures, total	\$	28,536,501	\$	27,476,282		1,060,219	4%	_		\$	196,038,096		3,717,411	1 70	
operating Experiationes, total	Ψ	20,000,001	Ψ	21,410,202		1,000,210	470	Ψ	100,100,001	Ψ	100,000,000		0,717,411		
Change in Net Assets, before Other Sources	\$	83,333	\$	(1,426,140)	\$	(1,509,473)		\$	583,333	\$	(23,859)	\$	(607,192)		
g	Ψ	00,000	Ψ	(1,420,140)	Ψ	(1,000,470)		Ψ	000,000	Ψ	(20,000)	۳	(007,102)		
Other Sources															
Debt payment	\$	(83,333)	\$	_	\$	(83,333)		\$	(583,333)	\$	_	\$	(583,333)		
Capital outlay		-		(159,790)	·	159,790			-		(1,979,914)	. (1,979,914)		
Insurance proceeds		-		3,585		(3,585)			-		38,773	,	38,773		
Proceeds from Sale of Assets		-		-		-			-		24,130		24,130		
Change in Net Assets, all Sources	\$	0	\$	(1,582,345)	\$	(1,582,345)		\$	0	\$	(1,940,870)	\$ (1,940,870)		
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The Harris Center for Mental Health and IDD Balance Sheet March 31, 2024

Non-GAAP / Budget-Basis reporting

		ORIGINAL			UPDATED							
		F	ebruary-24		February-24		Change		March-24		Change	
ASSETS			_						_			
Current Assets												
Cash and Cash Equivalents												
Cash and Petty Cash		\$	17,985,270	\$	17,985,270	\$	-	;	12,384,338	\$	(5,600,932)	
Cash Equivalents			20,170,803		20,170,803				60,636,301		40,465,498	_
Cash and Cash Equivale	ents, total	\$	38,156,073	\$	38,156,073	\$	-	:	73,020,639	\$	34,864,566	FF
Inventory and Prepaid Accounts Receivable:		\$	10,001,062	\$	10,001,062	\$	-	;	7,508,049	\$	(2,493,013)	
Other			69,128,140		69,128,140		_		56,397,203		(12,730,937)	GG
Patient, net of allowance			3,313,169		3,313,169		_		3,912,974		599,804	
Current Ass	ets, total	\$	120,598,444	\$	120,598,444	\$	-	-	140,838,864	\$	20,240,420	
Capital Assets												
Land		\$	12,694,280	\$	13,004,859	\$	310,579 A	Α	13,004,859	\$	_	
Building and Building Improvements		•	46,595,256	•	52,615,143	•	6.019.887 B		52,615,143	*	_	
Furniture, Equipment and Vehicles			9,952,470		11,062,791		1,110,321 C	С	11,062,791		_	
Construction in Progress			24,267,898		5,764,164		(18,503,734) D		5,764,164		_	
Capital Ass	ets, total	\$	93,509,904	\$	82,446,957	\$	(11,062,947)	_	82,446,957	\$	-	
Total Assets		\$	214,108,347	\$	203,045,400	\$	(11,062,947)	<u>_</u>	223,285,821	\$	20,240,420	
LIABILITIES AND NET ASSETS												
Unearned Income		\$	17,237,899	\$	17,237,899	\$	_		40,681,614	\$	23,443,715	нн
Accounts Payable and Accrued Liabilities		Ψ	24,887,244	Ψ	25,029,783	Ψ	142,539		23,434,006	Ψ	(1,595,777)	
Long term Liabilities			815,510		846,587		31,077		821,412		(25,174)	
<u>~</u>	ties, total	\$	42,940,653	\$	43,114,269	\$	173,616	-	64,937,033	\$	21,822,764	•
NET ASSET												
Inventory and Capital Assets		\$	93,395,791	\$	81.835.754	\$	(11,560,037) E	E	81,940,661	\$	104,907	
Assigned		~	66,514,014	*	66,514,014	~	-		66,514,014	~	0	
Unassigned			11,616,415		11,939,889		323,474		11,834,981		(104,907)	
Change in net assets			(358,525)		(358,525)		,		(1,940,869)		(1,582,344)	
•	ets, Total	\$	171,167,694	\$	159,931,131	\$	(11,236,563)	-	158,348,787	\$	(1,582,344)	

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

March 31, 2024

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

The unfavorable variance is driven by vacancies in our cost-reimbursable contracts with Harris County and some allowable expenses that have not been billed. Based on Supplemental billings we expect to be fully caught up in Revenue by the end of May.

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 March, including \$900K related to unbuilt NE clinic.

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 6168 apartments (\$1.9MM).

D Third party billing

Third party billing exceeds anticipated budget, in total, due to revenue generated in our pharmacies. However, we are seeing patient revenue fall under budget due to low patient volume.

E 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.

F Supplies

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing revenue = \$4,963,521 and the Pharmacy billing program expense = (\$4,867,092).

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

March 31, 2024

FEB24 Balance sheet - Audit Adjustments

AA Land

The increase is attributable to the capitalization of the perimeter fences at 6160 (\$253K).

BB Building and Building Improvements

The increase is driven by capitalization of 6160 renovations (\$1.4MM) and HVAC projects (\$106K).

CC Furniture and Equipment

The increase is driven by recording of the Right of Use Asset for subscriptions (\$497K) related to the adoption of GASB 96 as well as the capitalization of capital spending on network hardware refresh (\$203K), Southloop HCC Project (\$264K), and other projects.

DD Construction in Progress

The \$18.5MM decrease is related to a review of the CIP accounts which resulted in the write-off or capitalization of a variety of capital project-related assets. The assets written off primarily consist of software assets no longer considered capitalizable following the adoption of GASB 96, an accounting standard newly effective in FY23.

EE Inventory and Capital Assets

The decrease in this fund account was driven by the write-off of assets previously reflected in CIP, primarily consisting of EPIC-related costs (\$10.5MM), which is no longer considered capitalizable following the adoption of GASB 96.

MAR24 Balance sheet

FF Cash and Investments

The increase in cash and cash equivalents is driven by receipt of the Q3 allocation from HHSC, the annual county allocation, and cash collection on outstanding contract invoices. Additionally, we collected \$41MM in April pertaining to our Charity Care program.

GG Accounts receivable, other

The primary driver of the decrease in Accounts Receivable, other is the collection of amounts owed from the County for the annual allocation as well as continued collections on outstanding contract invoices.

HH Unearned income

Unearned income has increased due to cash received for the performance contract award from HHSC.

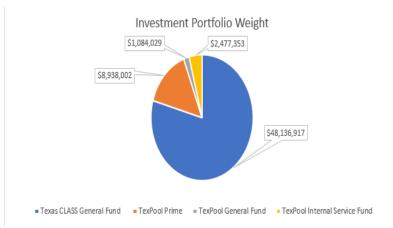
II Accounts Payable and Accrued Liabilities

Accounts Payable and Accrued Liabilities has decreased 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 March 31, 2024

Local Government Investment Pools (LGIPs)

	Begi	nning Balance	Transfer In	Transfer Out	Inte	rest Income	Ending Value	Portfolio %	Monthly Yield
Texas CLASS Texas CLASS General Fund	\$	7,728,903	\$ 40,300,000	\$ -	\$	108,015 \$	48,136,917	79.39%	5.47%
TexPool									
TexPool Prime		8,896,526	-	-		41,476	8,938,002	14.74%	5.32%
TexPool General Fund		1,079,156	-	-		4,872	1,084,029	1.79%	5.49%
TexPool Internal Service Fund		2,466,218	-	-		11,135	2,477,353	4.09%	5.49%
TexPool Sub-Total		12,441,901	-	-		57,483	12,499,384	20.61%	
Total Investments	\$	20,170,803	\$ 40,300,000	\$ -	\$	165,498	60,636,300	100%	
Additional Interest-Checking Accounts						79,040			
Total Interest Earned					\$	244,536			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.47%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.29%
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 March 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

Michael Hooper, Controller - interim

The Harris Center for Mental Health and IDD Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits March 31, 2024

Vendor	Description	Monthly Not-To- Exceed*	Mar-24	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,896,086	\$14,042,797
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$5,053,195	\$17,306,993
UNUM	Life Insurance	\$300,000	\$422,552	\$1,449,299

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

Notes: BCBSTX Includes both February and March payments Notes: Unum Includes both January & February invoice payments

EXHIBIT R-3

APRIL 2024 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY INTERLOCALS

APRIL 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Baylor College of Medicine	New Affiliation Agreement	New Contract	3/18/2024 - 3/31/2027	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in Baylor College of Medicine, College of Arts and Science, Department of Psychiatry & Behavioral Sciences to complete clinical field placements as part of their degree requirements.
2	Gulf Coast Center	Crisis Intervention Helpline Services to provide MH and IDD Resources and Support	Renewal	3/1/2024 - 2/28/2025	Private Pay Source	Annual renewal of agreement for Crisis Intervention Helpline Services. [Revenue: \$90,000].
3	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.
4	Health and Human Services	New Interlocal Agreement	New Contract	2/15/2024 - 3/31/2025	State	New Health Human Services Interlocal Agreement for the Vocational Apprenticeship Program for IDD. Funding for program and salary. [Revenue: \$342,782.00]
5	Lone Star College	Amendment	Amendment	3/1/2024 - 2/28/2025	County	Amendment to add Lone Star College to the Harris County Interlocal Agreement for the CORE Program.
6	Rice University	Amendment	New Contract	3/27/2024 - 3/31/2025	County	Amendment to add Rice University Police Department to the Harris County CORE Interlocal Agreement for the CORE program with the Harris Center.
7	Spindletop Center	Crisis Intervention Helpline Services to provide MH and IDD Resources and Support	Renewal	3/1/2024 - 2/28/2025	Private Pay Source	Annual renewal of Interlocal Agreement. [Revenue: \$49,200.00].
8	The University of Texas Health Science Center at Houston Cizik School of Nursing	New Affiliation Agreement	New Contract	4/1/2024 - 3/31/2028	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in The University of Texas Health Science Center at Houston Cizik School of Nursing to complete clinical field placements as part of their degree requirements.
9	University of Texas at Tyler Soules College of Business	New Affiliation Agreement	New Contract	4/1/2024 - 3/31/2029	General Revenue (GR)	New Affiliation Agreement with the University of Texas at Tyler Soules College of Business to allow students to complete clinical field placements as part of their degree requirements.

Executive Contract Summary Contract Section Contractor* Baylor College of Medicine Contract ID #* NA Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties*(?) Baylor College of Medicine, College of Arts and Science, Dept of Psychology and The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal Other ✓ Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?) 3/18/2024 3/31/2027 If contract is off-cycle, specify the contract term (?)

Amount* (?)

2024

\$ 0.00

Funding Source*

Fiscal Year* (?)

General Revenue (GR)

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
	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	
This agreement will allow students enrolled in Baylor Colle	
and Science, Department of Psychiatry & Behavioral Science placements as part of their degree requirements. The study	
through education while adhering to agency policy and pro	
anong to agond, pane, and p	
https://www.bcm.edu/departments/psychiatry-and-behavio sciences/education/psychology-internship	oral-
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contract	or*
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ss (HUB)* (?)
○ Yes ○ No ◎ Unknown	
Community Partnership * (?)	
Yes ○ No ○ Unknown	
Specify Name*	
Baylor College of Medicine, College of Arts and Science,	
Dept of Psychology	
Supporting Documentation Upload (?)	
Supporting Documentation Spisaa (//	
	to a strain as the strain as t
Vendor/Contractor Contact Person	
Name*	
Phuong T. Nguyen, PhD	
Address*	
Street Address	
1977 Butler Blvd Address Line 2	
	Chala I Danisara / Danisar
City	State / Province / Region TX
Houston	
Postal / Zip Code	Country
77030-4101	US
Phone Number*	
713-873-4914	
Email*	
ptnguyen@bcm.edu	

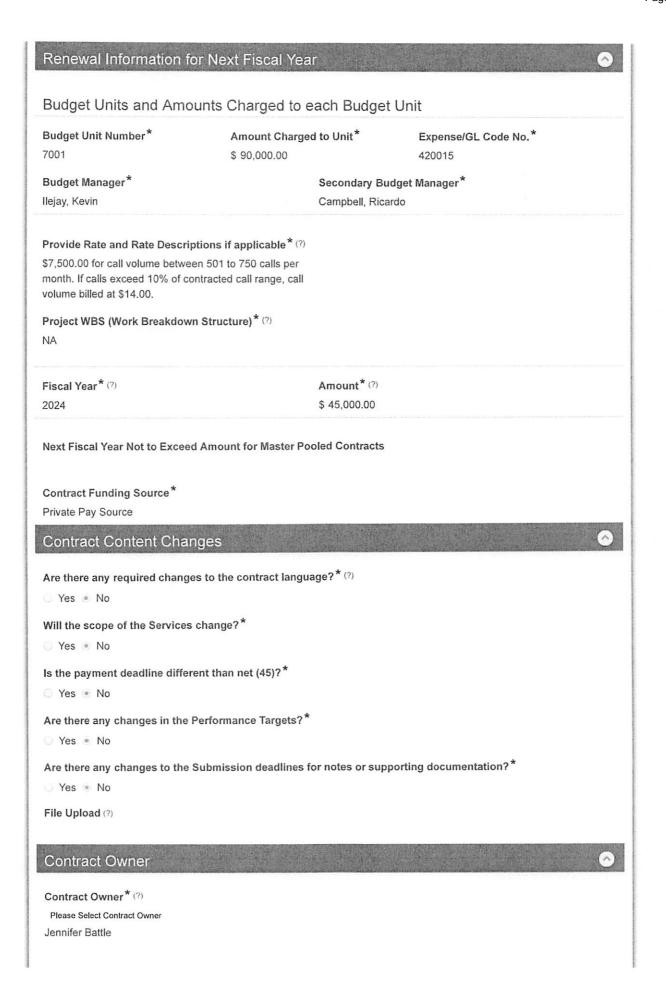
Budget Section Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Budget Unit Number* Expense/GL Code No.* 1108 \$ 0.00 NA **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) Requester Name Submission Date 3/11/2024 Daswani, Bianca Budget Manager Approval(s) Approved by Approval Date Exica Brown 3/11/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 3/12/2024 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/13/2024

	○ The	
M	Q'HARRIS	
	O CENTER,	
Men	ital Health and ID	į

Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	o i
Current Fiscal Year	
2024	
Contract ID#*	
7409	
Contractor Name*	
Gulf Coast Center	
Service Provided* (?)	
Crisis Intervention Helpline/Access Services provided to 0	Callers.
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 \$250	
□ Board Approval (Total NTE Amount is \$250,000.00 or	more)
☐ Grant Proposal	
✓ Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
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 ☐ Pooled Contract	☐ IT/Software License Agreement ☐ Lease
✓ Renewal of Existing Contract	Other
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (?)
Yes	
No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description \$7,500.00 for call volume between 501 to 750 calls per month. If calls exceed 10% of contracted call range, call volume billed at \$14.00.
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Jennifer Battle
Contract Owner* Jennifer Battle
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?*
Were Services delivered as specified in the contract?* • Yes • No Did Contractor perform duties in a manner consistent with standards of the profession?*
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?*(?)
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?*(?)
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?*(?)
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?*(?)
Were Services delivered as specified in the contract?* Yes No Did Contractor perform duties in a manner consistent with standards of the profession?* Yes No Did Contractor adhere to the contracted schedule?*(?) Yes No Were reports, billing and/or invoices submitted in a timely manner?*(?) Yes No Did Contractor provide adequate or proper supporting documentation of time spent rendering services for the Agency?*(?) Yes No Did Contractor render services consistent with Agency policy and procedures?*(?) Yes No Maintained legally required standards for certification, licensure, and/or training?*(?)



Budget Manager Approval(s)	The favorable from the time their selections of the months of the contract of
Approved by	
kevin ilejay	
Contract Owner Approval	
Approved by	
Tennifer Battle	
Jennifer Battle Contracts Approval	
Contracts Approval	
Contracts Approval	
Contracts Approval Approve* Yes	
Contracts Approval Approve* Yes	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	
Contracts Approval Approve* Yes No, reject entire submission Return for correction	Approval Date*
Contracts Approval Approve* Yes No, reject entire submission	Approval Date* 3/6/2024



Executive Contract Summary

Contract Section	<u> </u>
Contractor* Harris County Hospital District d/b/a Harris Health	
Contract ID #* 7731	
Presented To * Resource Committee Full Board	
Date Presented* 3/19/2024	
Parties* (?) Harris Health and The Harris Center	
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250.000.00 or Grant Proposal Revenue SOW-Change Order-Amendment# Other	
Procurement Method(s)*	
Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required)	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other
Funding Information*	
○ New Contract Amendment	
Contract Term Start Date * (?) 9/1/2024	Contract Term End Date* (?) 8/31/2025
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount* \$ 2,327,727.00	
Increase Not to Exceed* \$ 263,192.00	
Revised Total Not to Exceed (NTE)* \$ 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 ✓ Service/Maintenance
☐ Affiliation or Preceptor ☐ BAA/DUA	▼ Service/Maintenance ▼ IT/Software License Agreement ▼ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Ser	vices Being Provided* (?)
Additional Resources at Harris Health to align with ongo	
support for EPIC.	
Contract Owner*	
Mustafa Cochinwala	
Previous History of Contracting with Vendor/Contra	ctor*
Please add previous contract dates and what servic	es were provided*
FY21, FY22, FY23	
	(AUD)*(2)
Vendor/Contractor a Historically Underutilized Busin	ness (HOB) 10
○ Yes ● No ○ Unknown	
Please provide an explanation*	
N/A	
Community Partnership* (?)	
○ Yes ○ No ● Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
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 Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1130 \$ 263,192.00 574000 **Budget Manager** Secondary Budget Manager Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) N/A Requester Name Submission Date 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* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/7/2024

Contractor* Health and Human Services		
Contract ID #* New		
Presented To* Resource Committee		
Full Board		
Date Presented * 4/16/2024		
Parties * (?) Health and Human Services, The Harris Center for Mental Health and IDD		
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00)		
1177.7	\$250,000.00)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment#		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*		
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply	O or more)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid	Competitive Proposal	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal	Competitive Proposal Sole Source	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application	Competitive Proposal Sole Source Request for Qualification	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote	Competitive Proposal Sole Source	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal	Competitive Proposal Sole Source Request for Qualification Tag-On	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive 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	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information*	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date * (?)	
Information Only (Total NTE Amount is Less than \$ Board Approval (Total NTE Amount is \$250,000.00 Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)*	Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other	

Funding Source*

State

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
☐ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv Vocational Apprenticeship Salaries	ices Being Provided* (?)
Contract Owner* Dr. Evanthe Collins	
Previous History of Contracting with Vendor/Contrac	tor*
Yes No Unknown	
	*
Please add previous contract dates and what service 9/1/2022-8/31/2023	s were provided *
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ○ No ● Unknown	
Community Partnership * (?)	
○ Yes ○ No ◉ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Monty Chamberlain	
Address*	
Street Address	
701 West 51st Street	
Address Line 2	
City	State / Province / Region
Austin	TX
Postal / Zip Code	Country
78751-2312	US
Phone Number*	
512-971-8839	
Email*	
monty.chamberlain@hhs.texas.gov	
Budget Section	<u> </u>
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 3412 \$ 28,800.00 540508 **Budget Manager** Secondary Budget Manager Adams-Austin, Mamie Kerlegon, Charles Provide Rate and Rate Descriptions if applicable * (?) !0.00 per hour Project WBS (Work Breakdown Structure) * (?) n/a Requester Name **Submission Date** Anthony, Patrina 3/12/2024 Budget Manager Approval(s) Approved by Approval Date Mamie Adams Austin 3/12/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date 3/12/2024 Contracts Approval Approve* · Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/14/2024

Executive Contract Summary Contract Section Contractor* Lone Star College Contract ID #* 2024-0862 Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties* (?) Harris County Sheriff's Office and The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal ✓ Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Request for Proposal Sole Source Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven ✓ Interlocal Not Applicable (If there are no funds required) Other Funding Information* New Contract Amendment Contract Term Start Date * (?) Contract Term End Date * (?)

3/1/2024

2/28/2025

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

Fiscal Year* (?)

2024

Funding Source*

County

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	☐ Service/Maintenance
□ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other Interlocal Agreement
Justification/Purpose of Contract/Description of Ser	vices Being Provided * (?)
This is a revenue contract in the amount of \$853,600. He	
Program to cover all expenditures for the 23/24 Fiscal ye	
to Lonestar College Police Department for 3 iPads.	
Director: Kisha Lorio	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Contract	ator*
	Stol
Yes No Unknown	
Please add previous contract dates and what service	es were provided*
Currently under contract	

Vendor/Contractor a Historically Underutilized Busin	ness (HUB) * (?)
○ Yes ○ No ⑨ Unknown	
Community Partnership* (?)	
Yes No Unknown	
e ies o no o similovii	
Specify Name*	
Harris County	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Paul Willingham - Chief	
Address*	
Street Address	
20515 state highway 249	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77070	US
Phone Number*	
281-655-3712	
Email*	
Paul.Willingham@lonestar.edu	

Budget Section Budget Units and Amounts Charged to each Budget Unit Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 9259 \$ 853,600,00 403024 **Budget Manager** Secondary Budget Manager Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down. Project WBS (Work Breakdown Structure) * (?) Requester Name **Submission Date** 3/11/2024 Singh, Patricia Budget Manager Approval(s) Approved by Approval Date Todel Oshman 3/11/2024 Contract Owner Approval Approved by Approval Date KIN KORNMAYER 3/13/2024 Contracts Approval Approve* · Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/15/2024

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Mental	AU.	M	12	13	Ä

Executive Contract Summary

Mental Health and IDD	ROUGHERDE BUSINES AND SOME SERVICE DE COMPANION DE LA COMPANIO
Contract Section	^
- Contract Scotton	And the standard and th
Contractor*	
Rice University	
Contract ID #*	
2024-0855	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
3/19/2024	
Parties* (?)	
Harris County Sheriff's Office and The Harris Center for I	Mental Health and IDD
	TOTAL CONTROL OF THE SECOND
Agenda Item Submitted For: * (?)	
✓ Information Only (Total NTE Amount is Less than \$25)	
Board Approval (Total NTE Amount is \$250,000.00 or	r more)
Grant Proposal	
Revenue SOW-Change Order-Amendment#	
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	☐ Tag-On ☐ Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract	
Contract Term Start Date* (?)	Contract Term End Date * (?)
1/31/2024	1/31/2025
If contract is off-cycle, specify the contract term (?)	
in contract is on-cycle, specify the contract term (r)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
2027	Ψ 0.00
5 · ' · · · · · *	
Funding Source*	
County	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	TT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description o	f Services Reing Provided * (?)
This is a revenue contract in the amount of \$853,60	
Program to cover all expenditures for the 23/24 Fis to Rice University Police Department for 2 iPads.	
Director: Kisha Lorio	
Contract Owner*	
Kim Kornmayer	
Previous History of Contracting with Vendor/Co	ontractor*
Yes No Unknown	
Please add previous contract dates and what s	ervices were provided*
HCSO currently under contract.	
Vendor/Contractor a Historically Underutilized	Business (HUB)* (?)
Yes No Unknown	
Community Partnership* (?)	
Yes No Unknown	
Specify Name*	
Harris County Sheriff's Office	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Chief Clemente Rodriguez	
Address*	
Street Address	
6100 Main Street	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77005	US
Phone Number*	
713-348-6000	
Email*	
crod@rice.edu	

Budget Section Budget Units and Amounts Charged to each Budget Unit **Budget Unit Number*** Amount Charged to Unit* Expense/GL Code No.* 9259 \$ 853,600.00 403024 Secondary Budget Manager **Budget Manager** Oshman, Jodel Ramirez, Priscilla Provide Rate and Rate Descriptions if applicable * (?) Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down. Project WBS (Work Breakdown Structure)* (?) na Requester Name Submission Date 2/13/2024 Singh, Patricia Budget Manager Approval(s) Approved by Approval Date Todel Oshman 2/13/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date KIN KOPNMAYER 2/13/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by*

Belinda Studo

Approval Date*
2/27/2024



Annual Renewal Evaluation

Mental Health and IDD	
Current Fiscal Year Contract Information	on 🤄
Current Fiscal Year	
2024	
Contract ID#*	
7424	
Contractor Name *	
Spindletop Center	
Spiridietop Center	
Service Provided * (?)	
Crisis Line Services to provide MH and IDD resources a	and support to Callers.
Renewal Term Start Date*	Renewal Term End Date*
3/1/2024	2/28/2025
Town for Off Cuals Only (For Deference Only)	
Term for Off-Cycle Only (For Reference Only)	
Agenda Item Submitted For: (?)	
Information Only (Total NTE Amount is Less than \$2	
Board Approval (Total NTE Amount is \$250,000.00 c	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
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 Busi	ness (HUB) (?)
○ Yes	A
No	
Unknown	

Contract NTE* (?) \$ 0.00
Rate(s)/Rate(s) Description \$8,200.00 for call volume between 751 and 1,000 calls per month. If call(s) volume exceeds 10% of the current contracted range, then the volume will be billed at Twelve dollars (\$12.00) for only calls beyond the range of 751 to 1,000 calls per month.
Unit(s) Served* N/A
G/L Code(s)* N/A
Current Fiscal Year Purchase Order Number* N/A
Contract Requestor* Jennifer Battle
Contract Owner* Jennifer Battle
File Upload (?)
Evaluation of Current Fiscal Year Performance
Have there been any significant performance deficiencies within the current fiscal year?* 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?* (?) 9 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 N	ext Fiscal Year			<u> </u>
Budget Units and Amounts	s Charged to ea	ach Budget Un	it	
Budget Unit Number*	Amount Charged		Expense/GL Code No.*	
7001	\$ 98,400.00		42015	
Budget Manager*		Secondary Budget	Manager*	
Ilejay, Kevin		Campbell, Ricardo		
Provide Rate and Rate Descriptions	s if applicable * (?)			
\$8,200.00 for call volume between 75				
month. If call(s) volume exceeds 10% contracted range, then the volume will				
dollars (\$12.00) for only calls beyond				
1,000 calls per month.				
Project WBS (Work Breakdown Stre	ucture)* (?)			
NA				
Fiscal Year* (?)		Amount* (?)		
2024		\$ 49,200.00		
Next Fiscal Year Not to Exceed Am	ount for Master Poo	led Contracts		
Contract Funding Source*				
Private Pay Source				
Contract Content Changes	\$			(A)
Are there any required changes to	the contract language	ge?* (?)		
○ Yes ® No				
Will the scope of the Services chan	nge?*			
○ Yes ◉ No				
Is the payment deadline different th	han net (45)?*			
○ Yes ◉ No				
Are there any changes in the Perfo	rmance Targets?*			
○ Yes [®] No				
Are there any changes to the Subm	nission deadlines fo	r notes or supporti	ng documentation?*	
Yes No				
File Upload (?)				
Contract Owner				

Contract Owner* (?) Please Select Contract Owner Jennifer Battle Budget Manager Approval(s)	
Approved by	anne si de la compania del la compania del la compania de la compania del la compania del la compania de la compania del la compa
kevin ilejay	
Contract Owner Approval	\odot
Approved by	
Tennifer Battle	
Contracts Approval	
Approve*	
Yes	
No, reject entire submission	
Return for correction	
Approved by *	
	Approval Date*
Belinda Stude	3/4/2024

OO CENTER for Mental Health and IDD	
Contract Section	
Contractor*	
The University of Texas Health Science Center at Houst	on Cizik School of Nursing
Contract ID #*	
2024-0867	
Presented To*	
Resource Committee	
○ Full Board	
Date Presented*	
4/16/2024	
Parties*(?)	
The University Of Texas Health Science Center At House	ton School Of Nursing & The Harris Center for Mental
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 c	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 * (?)
4/1/2024	3/31/2028
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
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	
has life and a second of Contract ID and a second of Contract ID	in Deline Brownidge (* 72)	
Justification/Purpose of Contract/Description of Serv		
This agreement will allow students enrolled in The Univer		
Center At Houston School Of Nursing to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while		
adhering to agency policy and procedures.		
Contract Owner*		
Ninfa Escobar		
Previous History of Contracting with Vendor/Contracting	tor*	
Yes No Unknown		
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)	
○ Yes ○ No Unknown		
* * * * * * * * * * * * * * * * * * * *		
Community Partnership* (?)		
Yes O No O Unknown	*	
Specify Name*		
The University Of Texas Health Science Center At Houst	on	
School Of Nursing		
Supporting Documentation Upload (?)		
Vendor/Contractor Contact Person		
Vendon contractor contract reserv	the contraction of the second	
Name*		
JOE PEREZ		
Address*		
Street Address		
Holcombe Blvd		
Address Line 2		
City	State / Province / Region	
Houston	TX	
Postal / Zip Code	Country	
77030	US	
Phone Number*		
713-500-2168		
Email*		
JOE.J.PEREZ@UTH.TMC.EDU		
Budget Section	<u> </u>	

Budget Units and Amounts	Charged to	each Budget Un	nit
Budget Unit Number* 1108	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* NA
Budget Manager Brown, Erica		Secondary Budget Campbell, Ricardo	Manager
Provide Rate and Rate Descriptions	if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name Daswani, Bianca		Submission Date 3/18/2024	
Budget Manager Approval	(s)		<u> </u>
Approved by Exica Brown		Approval Date 3/18/2024	
Procurement Approval			6
File Upload (?)			
Approved by		Approval Date	
Contract Owner Approval		ana ana ana anta ana ana ana ana ana ana	0
Approved by Minfa Escobar		Approval Date 3/19/2024	
Contracts Approval			
Approve* Yes No, reject entire submission Return for correction Approved by* Belinda Stude		Approval Date* 3/25/2024	

SCHARRIS Executive Contract Sur

Mental Health and IDD	
Contract Section	<u> </u>
Control of a *	
Contractor* University of Texas at Tyler Soules College of Business	
Contract ID #*	
2024-0868	
Presented To*	
Resource Committee Full Board	
Full Board	
Date Presented*	
4/16/2024	
Parties* (?)	
The Harris Center for Mental Health and IDD & University	of Texas at Tyler Soules College of Business
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 Proposal
☐ Competitive Bid☐ Request for Proposal	☐ Competitive Proposal ☐ Sole Source
Request for Application	Request for Qualification
Request for Quote	☐ Tag-On
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
Funding Information *	
New Contract	
Contract Term Start Date* (?)	Contract Term End Date * (?)
4/1/2024	3/31/2029
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
Funding Source*	
General Revenue (GR)	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	□ Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serve This agreement will allow students enrolled in University Business to complete clinical field placements as part of The students will utilize the skills gained through education and procedures. Contract Owner* Ninfa Escobar Previous History of Contracting with Vendor/Contraction Yes No Unknown Vendor/Contractor a Historically Underutilized Busine Yes No Unknown Community Partnership* (?) Yes No Unknown	of Texas at Tyler Soules College of their degree requirements. on while adhering to agency policy
Specify Name*	
University of Texas at Tyler Soules College of Business	
University of Texas at Tyler Soules College of Business	
Supporting Documentation Upload (?)	
1-hrd4370_spring22_mcwhorter.pdf	141.01KB
Vendor/Contractor Contact Person	o
Name*	
Judy Sun	
Address*	
Street Address	
3501 Liberty Ln	
Address Line 2	
	Chala / Desirings / Desires
City Tyler	State / Province / Region TX
10. F (10.00)	
Postal / Zip Code	Country
75701	US
Phone Number*	
903-565-5912	
Email*	
jsun@uttyler.edu	
Budget Section	⊙

Budget Units and Amounts	s Charged to e	each Budget Ur	nit
Budget Unit Number* 1108	Amount Charge \$ 0.00	d to Unit*	Expense/GL Code No.* NA
Budget Manager Brown, Erica		Secondary Budger Campbell, Ricardo	t Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Stru NA	ucture)* (?)		
Requester Name		Submission Date	
Daswani, Bianca		2/22/2024	
Budget Manager Approval	(s)		lacktriangle
Approved by			
		Approval Date	
Exica Brown		2/22/2024	
Procurement Approval			0
Approved by		Approval Date	
Sign			
Contract Owner Approval			\bigcirc
Approved by			
		Approval Date	
Ninfa Escobar		2/22/2024	
Contracts Approval			
Approve*			
Yes			
 No, reject entire submission Return for correction 			
Approved by *			
Approved by		Approval Date*	
Belinda Stude		3/25/2024	

EXHIBIT R-4



Award Recommendation Sole Source Due Diligence for VisionLink Project# FY24-0287

Purchasing received a request from Janice Cote with Crisis Line for a VisionLink application. Before discovering VisionLink as a sole source vendor, Janice Cote with the assistance of Anthony Jones searched on Texas State DIR, Interlocal Agreements and GSA Schedule 70, without any success in locating a vendor that provides the functionality they needed.

CommunityOS, is the Community Operating System by Visionlink, is designed to evolve to always be future ready. The core architecture is itself modular: designed to support the replacement of technical frameworks and features as new options emerge. The administrative suite allows every page, menu, form, field, search, result, data exchange and more to be configured by non-programmers, which would allow our staff to be self-sufficient. The application is Multi-Lingual using a special module that allows the application to translate and deploy different modules and forms in multiple languages simultaneously.

Vision link is unique due to the following functionality available in one platform. Mobile ready, data integrations, reliability, HIPAA secure, data analytics and exclusive API builder. It's currently the only solution in the marketplace that lets organizations build their own API endpoints, without the need to have highly advanced data exchange engineers build a solution.

Due diligence shows that other Crisis Line use the following:

- Electronic Health System which is not an option for the Crisis Line as the Agency have contracted lines, and the Agency cannot add all our contacts from the other counties in EPIC.
- In-house developed system that's managed and maintained by internal Information Technology staff.
- 3. iCarol which is currently being used by the Agency has much more limited features than VisionLink, VisionLink has more ability to customize to Agency needs, the security features on VisionLink are much improved, and should be able to incorporate our operational guideline system, report transfer and on-call calendars into this new system. This will be replacing the current "Crisis Line Calendar website" with VisionLink.

The Crisis Center Department recommendation is to move forward with the vendor that met all the team's requirements.

VisionLink

The total NTE (Not to Exceed) for three (3) years is \$384,000.00 to be funded annually subject to availability of the budget each year. A 10 percent discount applies to a (3) three-year contract. Forecast for each year is:

FY24 - \$150,000.00 FY25 - \$117,000.00

FY26 - \$117,000.00

Funding Source: Unit 7001, GL Code 574000

Substitute By:

James Blunt

James Blunt, C.P.M.

Buyer II

Recommended By:

Sharon Brauner

Sharon Brauner, C.P.M., A.P.P.

Purchasing Manager

-DocuSigned by:

Stanley Idams Stanley Adams, MBA

Interim Chief Financial Officer

EXHIBIT R-5

APRIL 2024 AMENDMENTS 100k – 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

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

APRIL 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	Creative Financial Staffing	Consulting Services	\$60,000.00	\$100,000.00	\$160,000.00	1/3/2024 - 8/31/2024	General Revenue (GR)	Quote	Amendment to increase the NTE due to the need for extended services for the Grants department as a result of the search for Grant Accountants to fill permanent role who are qualified while meeting the Agency's current demands. Also to ensure that business operations progress as needed over the next few months to continue to utilize contractors as needed.
2	Whitley Penn LLP	Agency External Auditing Services	\$110,673.00	\$24,200.00	\$134,873.00	5/1/2023 - 4/30/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE to pay for remaining outstanding invoices.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	MENTAL HEALTH								
	LEASES								
		,							

90 Truppie 5 4 6 4 6	
Harris Executive Contract Sun	nmary
Contract Section	
Contractor*	
Creative Financial Staffing	
Contract ID #*	
2023-0816	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
4/16/2024	
Parties*(?)	
Creative Financial Staffing	
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 c	
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 * (?)

1/3/2024

Contract Term End Date * (?)

8/31/2024

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

Current Contract Amount*

\$ 60,000.00

Increase Not to Exceed*

\$ 100,000.00

Revised Total Not to Exceed (NTE)*

\$ 160,000.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 160,000.00
Funding Source*	
General Revenue (GR)	
Contract Description / Type * (?)	
Personal/Professional Services	✓ Consultant
Consumer Driven Contract	New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
☐ BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
 Renewal of Existing Contract 	Other
Justification/Purpose of Contract/Description	of Services Being Provided* (?)
Financial and Grant Accounting require profession	
provide detailed review of grants and oversight of	
review at a near senior level. Turnover has creat	- 1997年 - MANOSTON (1996年 1997年) - 1997年 (1997年) - 19
Pooled vendors were not able to provide qualifie	d candidates.
Contract Owner*	
Rachel Beasley	
Previous History of Contracting with Vendor/	Contractor*
Yes No Unknown	
Please add previous contract dates and what	services were provided*
Contract approved in December 2023 for current	
Vendor/Contractor a Historically Underutilize	d Business (HUB)* (?)
Yes No Unknown	
Please provide an explanation*	
Employee Owned Business	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Perso	n 🔿
Name*	
Pam Rodriguez	

Address*

Street Address

21 Custom House Street

Address Line 2 Suite 210

City

State / Province / Region

Boston
Postal / Zip Code

MA Country

02110

USA

Phone Number*

7132605243

Email*

prodriguez@cfstaffing.com

Budget Section

(0)

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*

Amount Charged to Unit*

Expense/GL Code No.*

1122

\$ 100,000.00

540500

Budget Manager

Secondary Budget Manager

Campbell, Ricardo

Brown, Erica

Provide Rate and Rate Descriptions if applicable * (?)

Not to Exceed amount of additional \$100,000 for consulting services of 40 hours per week for 3 months and expected to be reduced over time. Bill Rate: \$64.60 Will assist with Audit Preparation, Grant Payouts, Journal Entries, Grant budgets, General Ledger support, Reconciliations

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Submission Date

Beasley, Rachel

3/18/2024

Budget Manager Approval(s)



Approved by

Approval Date

Ricardo Campbell

3/18/2024

Procurement Approval



File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval Approved by Approval Date 3/19/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction Approved by* Approval Date* 3/20/2024

₩ HARRIS Executive Contract Sur	mmary
Mental Health and IDD	
Contract Section	Ć.
Contractor*	
Whitley Penn LLP	
Contract ID #*	
7693	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
3/26/2024	
Parties*(?)	
Whitley Penn, LLP	
Agenda Item Submitted For: * (?)	
☑ Information Only (Total NTE Amount is Less than \$	
Board Approval (Total NTE Amount is \$250,000.00	or more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment# Other	
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)	Consumer Driven Other
That Applicable (If there are no funds required)	
Funding Information*	
New Contract Amendment	
Contract Term Start Date * (?)	Contract Term End Date * (?)
5/1/2023	4/30/2024
If contract is off-cycle, specify the contract term (?	
Current Contract Amount*	
\$ 110,673.00	
Increase Not to Exceed*	
\$ 24,200.00	

Revised Total Not to Exceed (NTE)*

\$ 134,873.00

Fiscal Year* (?)	Amount* (?)
2024	\$ 134,873.00
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	T/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
Agency External Auditing Services	
Contract Owner*	
Vanessa McKeown	
Previous History of Contracting with Vendor/Contrac	tor*
Yes ○ No ○ Unknown	
Please add previous contract dates and what service	s were provided*
NA	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes No ○ Unknown	
Please provide an explanation*	
NA	
Community Partnership* (?)	
∪ Yes ● No ∪ Unknown	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	
Name*	
Whitley Penn LLP	
54-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Address*	
Street Address	
640 Taylor Street, Ste 2200	
Address Line 2	
City	State / Province / Region
Forth Worth	TX
Postal / Zip Code	Country
76102	USA

Phone Number* 713-377-3667 Email* celina.cereceres@whitleypenn.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Amount Charged to Unit* Expense/GL Code No.* Budget Unit Number* 578000 1122 \$ 134,873.00 Secondary Budget Manager **Budget Manager** Campbell, Ricardo Brown, Erica Provide Rate and Rate Descriptions if applicable * (?) Project WBS (Work Breakdown Structure)* (?) NA **Submission Date** Requester Name 2/29/2024 Oquin, Shiela Budget Manager Approval(s) Approved by Approval Date Ricardo Campbell 3/1/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Var 3/7/2024 Contracts Approval Approve* Yes No, reject entire submission Return for correction

Approved by *

Belinda Stude

Approval Date* 3/13/2024

EXHIBIT R-6

APRIL 2024 AMENDMENTS UNDER 100k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY CONTRACT AMENDMENTS LESS THAN \$100,000

APRIL 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	PREVIOUS AMOUNT	INCREASE AMOUNT	NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ADMINISTRATION								
1	AUTOsist	AUTOsist Fleet Management Software to Manage Leased and Owned Vehicles	\$6,800.00	\$1,000.00	\$7,800.00	9/1/2023 - 8/31/2024	General Revenue (GR)		Amendment to increase the NTE due to a new quote for the services.
2	mStrategic Partners	Project Management Consultant Services for Ben Taub NPC Renovation Project	\$40,790.00	\$13,060.24	\$53,850.24	9/1/2023 - 8/31/2024	General Revenue (GR)	Request for Proposal	Amendment to increase the NTE for additional construction administration and project closeout services due to the 6 months addition to the project timeline for FM21.1126.02 NPC Renovations.
	CPEP/CRISIS SERVICES								
	FORENSICS								
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES				24.7				
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES-ECI								
	MENTAL HEALTH								
	LEASES								
		2							



⊮ Executive Contract Summary

Mental Health and IDD	
Contract Section	
Contractor*	
AUTOsist	
7.01000	
Contract ID #*	
2023-0811	
*	
Presented To*	
Resource Committee	
Full Board	
Date Presented*	
4/16/2024	
Parties* (?)	
AUTOsist and The Harris Center for Mental Health and II	OD.
ACTOSISTAND THE HAMS CONTENT OF WEINATHEART AND IN	
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
Interlocal	Consumer Driven
Not Applicable (If there are no funds required)	Other
The tripping be (in the early in take requires)	
Funding Information*	
New Contract Amendment	
They contract a randinant	
Contract Term Start Date * (?)	Contract Term End Date * (?)
9/1/2023	8/31/2024
Management in affirmation and the state of the same of the same of	
If contract is off-cycle, specify the contract term (?)	
Current Contract Amount*	
\$ 6,800.00	
Increase Not to Exceed*	
\$ 1,000.00	
Revised Total Not to Exceed (NTE)*	
\$ 7,800.00	

Fiscal Year* (?)	Amount* (?)
2024	\$ 7,800.00
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
Listification/Durance of Contract/Deceription	of Sarvings Raing Provided* (?)
Justification/Purpose of Contract/Description AUTOsist Fleet Management Software is needed	
This software will allow work orders to be sent to	
created by units and the software is able to be int	
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/G	Contractor*
Yes No Unknown	
Vandari Gantinatana Historiaalla Hudomitiliaa	A Business (HIIB)* (2)
Vendor/Contractor a Historically Underutilized	d Business (nob) (17
○ Yes No ○ Unknown	
Please provide an explanation*	
Vendor does not meet HUB requirements.	
Community Partnership* (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
AUTOsist_Invoice New Amount 7,800.pdf	566.04KB
Vendor/Contractor Contact Persor	Û
Name*	
Zorrane Abdeali	
Address*	
Street Address	
22311 Butterfield	
Address Line 2	
City	State / Province / Region
Mission Viejo	CA
50 (C-00196-0108-01000-00-00-00-00-00-00-00-00-00-00-00-	
Postal / Zip Code	Country
92692-4513	US
Phone Number*	
805-304-4315	

Email*			
z@autosist.com			
Budget Section			\circ
Budget Units and Amoun	ts Charged to 6	each Budget L	Init
A service of the serv			
Budget Unit Number* 1150	Amount Charge \$ 7,800.00	ed to Unit	Expense/GL Code No.* 553002
Budget Manager		Secondary Budg	get Manager
Campbell, Ricardo		Brown, Erica	
Provide Rate and Rate Descriptio	ns if applicable* (?)		
Project WBS (Work Breakdown S	tructure)* (?)		
N/A			
Requester Name Soto, Jessica		Submission Date 3/26/2024	e
Budget Manager Approva	al(e)		<u>^</u>
Budget Mariager Approve	al(o)		
Approved by		Approval Date	
Ricardo Campbell		3/26/2024	
Procurement Approval			<u> </u>
File Upload (?)			
Approved by Sign		Approval Date	
Contract Owner Approva			Carrie State Control of the Control
Approved by		Approval Date	
Todd McCorquedale		3/26/2024	
Management and report from the anti-honor scale of a pre-			
Contracts Approval			
Approve*			
Yes			
No, reject entire submission Return for correction			

Approved by*

Belinda Stude

Approval Date* 3/27/2024

HARRIS Executive Contract Sum	ımary
Control Control	
Contract Section	
Contractor* mStrategic Partners	
Contract ID #* 2021-0150	
Presented To*	
Resource Committee	
Full Board	
- Tuli Board	
Date Presented*	
4/16/2024	
Parties* (?)	
mStrategic Partners 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 o	r more)
Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
C. 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	
Visit Time Benefit Administration of the Control of	
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*	
\$ 40,790.00	
Increase Not to Exceed*	
\$ 13,060.24	
Revised Total Not to Exceed (NTE)*	
\$ 53 850 24	

Fiscal Year* (?)	Amount* (?)
2024	\$ 53,850.24
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 Renewal of Existing Contract	Lease Other po CT#143295
Reflewar of Existing Contract	9 Other po C1#143293
Justification/Purpose of Contract/Description	of Services Being Provided * (?)
additional construction administration and project	t closeout services due to addition of 6
months to project timeline for FM21.1126.02 NPC	
PO CT#143295 for FY24 was \$40,790.00, adding	g #13060.24 to bring NTE up to
\$53,850.24	
Contract Owner*	
Todd McCorquodale	
Previous History of Contracting with Vendor/9	Contractor*
Yes ○ No ○ Unknown	
Please add previous contract dates and what	services were provided*
fy24 to present / project management services	SCIVIOCS NOIS PROVIDED
Vendor/Contractor a Historically Underutilize	d Business (HUB)* (?)
○ Yes No ○ Unknown	
Please provide an explanation*	
does not meet criteria	
Community Partnership * (?)	
Yes No Unknown	
Supporting Documentation Upload (?)	
mSP_NPC_ASR-1_Extended_CA_2024.01.26.p	odf 235.66KB
Vendor/Contractor Contact Person	n 💿
Name*	
mStrategic Partners / Stephen Cheatham	

Address* Street Address 9977 West Sam Houston Parkway North ste 105 Address Line 2 City State / Province / Region Houston TX Postal / Zip Code Country 77064-7509 US Phone Number* 8324304020 Email* stephen.cheatham@mstrategicpartners.com **Budget Section** Budget Units and Amounts Charged to each Budget Unit Expense/GL Code No.* Amount Charged to Unit* Budget Unit Number* 900040 1126 \$ 13,060.24 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) see attachment - adding \$13,060.24 to current PO for an FY24 NTE of \$53,850.24 Project WBS (Work Breakdown Structure)* (?) FM21.1126.02 NPC Renovations Submission Date Requester Name 2/29/2024 Harper, Sarah Budget Manager Approval(s) Approved by Approval Date Frica Brown 3/1/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval

	Approval Date
Todd McCorquodale	3/1/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date*

3/1/2024

EXHIBIT R-7

APRIL 2024 AFFILIATION AGREEMENTS GRANTS, MOUS AND REVENUES

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY AFFILIATIONS, REVENUE, AND MOUS

APRIL 2024 FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
	AFFILIATION					
1	Galen College of Nursing	New Affiliation Agreement	New Contract	3/25/2024 - 3/31/2027	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in Galen College of Nursing to complete clinical field placements as part of their degree requirements.
2	Walden University	New Affiliation Agreement	New Contract	3/6/2024 - 3/31/2027	General Revenue (GR)	New Affiliation Agreement to allow students enrolled in the Counseling Master's or Doctoral program at Walden University College of Social and Behavioral Sciences to gain an educational experience and complete practicum hours at The Harris Center.
-	MOU					
3	Catapult Health, LLC	New Service Agreement for Biometric Screenings	New Contract	5/1/2024 - 5/1/2025	Private Pay Source	New Agreement to provide biometric screenings for employees. Catapult is a mobile service that also offers options for employees to complete their biometric screenings at home. The cost of services will be charged to the wellness fund provided by Blue Cross Blue Shield. The vendor was also chosen and recommended by Blue Cross Blue Shield.
4	Jason D. Baron d/b/a DAPA Psychiatric and Substance Abuse Programs	New MOU	New Contract	3/1/2024 - 2/28/2025	General Revenue (GR)	New MOU between Jason D. Baron d/b/a DAPA Psychiatric and Substance Abuse Programs (DAPA) and the Harris Center to provide evaluation and screening for patients of DAPA who are being considered for admission to state mental health facilities. The Harris Center will determine the appropriateness of such admissions.
5	Kelsey-Seybold Medical Group, PLLC	New Letter Agreement	New Contract	5/1/2024 - 5/1/2025	Private Pay Source	New Agreement with Kelsey-Seybold Medical Group to offer onsite mammography services to employee, in addition to other wellness health services through Kelsey-Seybold Clinic. Fees to be charged back through employees' insurance plan.
-	DEVENUE					
-	REVENUE					
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			1			

Fiscal Year* (?) Amount* (?) 2024 \$ 0.00 Funding Source* General Revenue (GR)

Contract Description / Type* (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	rices Being Provided* (?)
This agreement will allow students enrolled in Galen Coll field placements as part of their degree requirements. The gained through education while adhering to agency police	e students will utilize the skills
Contract Owner*	
Ninfa Escobar	Constitution of the Consti
Previous History of Contracting with Vendor/Contracting	tor*
○ Yes ● No ○ Unknown	Control
Vendor/Contractor a Historically Underutilized Busin	ess (HUB)* (?)
○ Yes ○ No ⊚ Unknown	
Community Partnership* (?)	
Yes ○ No ○ Unknown	
Specify Name*	
Galen College of Nursing	
Supporting Documentation Upload (?)	
Vendor/Contractor Contact Person	\wedge
Veridon Contractor Contract Person	
Name*	The state of the s
Amber Williams, MSN-Ed, RNC-OB	THE STATE OF THE S
Address*	
Street Address	·
11210 Equity Dr	
Address Line 2	
City	State / Province / Region
Houston	TX
Postal / Zip Code	Country
77041-8239	US
Phone Number*	
346.568.4909	
Email*	
awilliams7@galencollege.edu	
Budget Section	⊙ l
Budget Units and Amounts Charged to	each Rudget Unit
badget office and Amounts offarged to	caon budget offit

Budget Unit Number* Expense/GL Code No.* Amount Charged to Unit* 1108 \$ 0.00 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) NA Requester Name **Submission Date** 3/11/2024 Daswani, Bianca Budget Manager Approval(s) Approved by Approval Date Exica Brown 3/11/2024 Procurement Approval File Upload (?) Approved by **Approval Date** Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 3/12/2024 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/20/2024



HARRIS Executive Contract Summary

Contract Section Contractor* Walden University Contract ID #* 2024-0857 Presented To* Resource Committee Full Board Date Presented * 4/16/2024 Parties**(?) Walden University College of Social and Behavioral Sciences & 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) Board Approval (Total NTE Amount is \$250,000,00) Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Competitive Bid Competitive Proposal Request for Application Request for Quote Interiocal Request for Quote Interiocal Consumer Driven Not Applicable (if there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date*(?) 3/6/2024 3/3/1/2027 Fiscal Year*(?) Amount*(?) 2024 Soloo Funding Source* General Revenue (GR)	Mental Health and IDD	
Valden University Contract ID #* 2024-0857 Presented To* Resource Committee Full Board Date Presented * 4/16/2024 Parties* (?) Walden University College of Social and Behavioral Sciences & 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 mat Apely Competitive Bid Request for Proposal Request for Proposal Request for Quote Interfocal Not Applicable (If there are no funds required) Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 Fiscal Year* (?) Amount* (?) Fiscal Year* (?) Amount* (?) Funding Source*	Contract Section	
Contract ID #* 2024-0857 Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties* (?) Walden University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For:* (?) Walden University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For:* (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interiocal Not Applicable (If there are no funds required) Not Applicable (If there are no funds required) Not Applicable (If there are no funds required) Funding Information* * New Contract Amendment Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Amount* (?) 2024 Funding Source*	Contractor*	
Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties* (?) Walden University College of Social and Behavioral Sciences & 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 mail Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Qualification Request for Quote Interlocal Not Applicable (If there are no funds required) Not Applicable (If there are no funds required) Funding Information* * New Contract Amendment Contract Term Start Date* (?) 3/6/2024 Amount* (?) Sound Funding Source*	Walden University	
Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties*(?) Walden University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For:*(?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Proposal Request for Application Request for Application Request for Application Request for Moute Outler Interiocal Not Applicable (If there are no funds required) Procurement Method(s)* Consumer Driven Other Funding Information* New Contract Amendment Contract Term Start Date*(?) 3/6/2024 3/3/1/2027 Fiscal Year*(?) Amount*(?) Funding Source*	Contract ID #*	
Resource Committee Full Board Date Presented * 4/16/2024 Parties * (?) Walden University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Proposal Request for Quote Interlocal Not Applicable (If there are no funds required) Pruding Information * Not Applicable (If there are no funds required) Contract Term Start Date * (?) 3/6/2024 3/31/2027 If contract is off-cycle, specify the contract term (?) Fiscal Year * (?) 2024 Funding Source *	2024-0857	
Date Presented * 4/16/2024 Parties * (?) Walden University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s) * Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Application Other Interlocal Not Applicable (If there are no funds required) Not Applicable (If there are no funds required) Funding Information * New Contract Term Start Date * (?) 3/6/2024 Fiscal Year * (?) Amount * (?) 2024 Funding Source *		
A/16/2024 Parties* (?) Walden University College of Social and Behavioral Sciences & 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 □ Request for Application □ Request for Quote □ Interiocal □ Not Applicable (If there are no funds required) Funding Information* □ New Contract □ Amendment Contract Term Start Date* (?) 3/6/2024 Fiscal Year* (?) Amount* (?) \$ 0.00 Funding Source*		
A/16/2024 Parties* (?) Walden University College of Social and Behavioral Sciences & 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 □ Request for Application □ Request for Quote □ Interiocal □ Not Applicable (If there are no funds required) Funding Information* □ New Contract □ Amendment Contract Term Start Date* (?) 3/6/2024 Fiscal Year* (?) Amount* (?) \$ 0.00 Funding Source*	Data Presented*	
Validen University College of Social and Behavioral Sciences & The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) ☐ Board Approval (Total NTE Amount is \$250,000.00 or more) ☐ Grant Proposal ☐ Revenue ☐ SOW-Change Order-Amendment# ☐ Other Procurement Method(s) * Check all that Apply ☐ Competitive Bid ☐ Request for Proposal ☐ Request for Application ☐ Request for Quote ☐ Interlocal ☐ Not Applicable (If there are no funds required) ☐ Not Applicable (If there are no funds required) ☐ Contract Term Start Date * (?) 3/6/2024 ☐ Contract Term End Date * (?) 3/31/2027 If contract is off-cycle, specify the contract term (?) Fiscal Year * (?) 2024 Amount * (?) \$ 0.00 Fundling Source *		
Agenda Item Submitted For:* (?) Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 3/31/2027 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Amount* (?) 2024 Funding Source*	Parties*(?)	
Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) Amount* (?) \$0.00 Funding Source*	Walden University College of Social and Behavioral Scien	nces & The Harris Center for Mental Health and IDD
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 Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date*(?) 3/6/2024 Fiscal Year*(?) 2024 Funding Source* Readest or Consumer Driven Contract Term End Date*(?) 3/31/2027 Funding Source Amount*(?) \$ 0.00 Funding Source*	Agenda Item Submitted For:* (?)	
Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Term Start Date* (?) 3/6/2024 Fiscal Year* (?) Amount* (?) \$ 0.00 Funding Source*		
Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Amount* (?) \$ 0.00 Funding Source*		more)
Procurement Method(s)* Check all that Apply Competitive Bid Request for Proposal Request for Application Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 Fiscal Year* (?) Amount* Amount* (?) \$ 0.00 Funding Source*		
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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 Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Funding Source* Competitive Proposal Competitive Proposal Competitive Proposal Competitive Proposal Competitive Proposal Sole Source Request for Qualification Tag-On Consumer Driven Other Contract Term End Date* (?) 3/31/2027	Other	
Competitive Proposal Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Funding Source* Competitive Proposal Sole Source Request for Qualification Request for Qualification Consumer Driven Consumer Driven Contract Term End Date* (?) 3/31/2027 Contract Term End Date* (?) 3/31/2027 Amount* (?) \$ 0.00	Procurement Method(s)*	
Request for Proposal Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Term Start Date* (?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Funding Source* Sole Source Request for Qualification Request for Qualification Tag-On Consumer Driven Other Contract Term End Date* (?) 3/31/2027 Amount* (?) \$ 0.00	Check all that Apply	
Request for Application Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Term Start Date* (?) 3/6/2024 Contract Term End Date* (?) 3/3/2027 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Funding Source*	□ Competitive Bid	
Request for Quote Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract		
Interlocal Not Applicable (If there are no funds required) Funding Information* New Contract Amendment Contract Term Start Date*(?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year*(?) 2024 Funding Source* Consumer Driven Other Other Amount*(?) Source* Contract Term End Date*(?) Amount*(?) Source*		
Funding Information* New Contract	Secret P. C. S. S.	50 July 100
New Contract Amendment Contract Term Start Date*(?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year*(?) 2024 Amount*(?) \$ 0.00		Other
Contract Term Start Date*(?) 3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year*(?) 2024 Amount*(?) \$ 0.00	Funding Information*	
3/6/2024 If contract is off-cycle, specify the contract term (?) Fiscal Year* (?) 2024 Amount* (?) \$ 0.00 Funding Source*	New Contract	
Fiscal Year* (?) Amount* (?) \$ 0.00 Funding Source*	Contract Term Start Date * (?)	Contract Term End Date * (?)
Fiscal Year* (?) 2024 Amount* (?) \$ 0.00 Funding Source*	3/6/2024	3/31/2027
2024 \$ 0.00 Funding Source*	If contract is off-cycle, specify the contract term (?)	
Funding Source*	Fiscal Year* (?)	
	2024	\$ 0.00
	Funding Source*	

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
✓ Affiliation or Preceptor	Service/Maintenance
□ BAA/DUA	☐ IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
Allow students enrolled in the counseling master's or doc	toral program at Walden University
College of Social and Behavioral Sciences to gain an edu	icational experience and
completer practicum hours at The Harris Center.	
Contract Owner*	
Ninfa Escobar	
	*
Previous History of Contracting with Vendor/Contract	tor
Yes No Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB)* (?)
○ Yes ○ No ⑨ Unknown	
A	
Community Partnership * (?)	
Yes No Unknown	
Specify Name*	
Walden University College of Social and Behavioral	
Sciences	
Our months of Decours and this and the lead (2)	
Supporting Documentation Upload (?)	
Counseling_Masters_Programs_Field_Experience_Manu	ial_9.2023.pdf 605.05KB
Vandar/Centractor Contact Bornen	\sim
Vendor/Contractor Contact Person	
Name*	
Xai Thao Assistant Coordinator, Field Experience	
Address*	
Street Address	
100 Washington Avenue South, Suite 1210	
Address Line 2	
City	State / Province / Region
Minneapolis	MN
Postal / Zip Code	Country
55401	US
Phone Number*	
1-800-925-3368	
Email*	
socassessment@mail.waldenu.edu	
Budget Section	

Budget Units and Amounts Charged to each Budget Unit				
Budget Unit Number* 1108	Amount Charged	to Unit*	Expense/GL Code No.* NA	
Budget Manager Brown, Erica		Secondary Budget Campbell, Ricardo	Manager	
Provide Rate and Rate Descriptio	ns if applicable*(?)			
Project WBS (Work Breakdown S	tructure)*(?)			
Requester Name Daswani, Bianca		Submission Date 1/30/2024		
Budget Manager Approva	al(s)		⊙	
Approved by Ekica Brown		Approval Date 1/30/2024		
Procurement Approval		And the state of t	•	
File Upload (?)				
Approved by		Approval Date		
Contract Owner Approva				
Approved by (Hinfa Escobar		Approval Date 1/30/2024		
Contracts Approval	and the state of t			
Approve* Yes No, reject entire submission Return for correction				
Approved by* Belinda Stude		Approval Date* 3/6/2024		

Recutive Contract Sun	nmary
Contract Section	<u> </u>
Contractor* Catapult Health, LLC	
Contract ID #* 2024-0866	
Presented To* Resource Committee Full Board	
Date Presented * 4/16/2024	
Parties* (?) Catapult Health and The Harris Center for Mental Healt	h and IDD
Agenda Item Submitted For: * (?) Information Only (Total NTE Amount is Less than \$2 Board Approval (Total NTE Amount is \$250,000.00 of 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 chosen vendor by insurance provider (Blue Cross Blue Shield)
Funding Information* New Contract	
Contract Term Start Date * (?) 5/1/2024	Contract Term End Date* (?) 5/1/2025
If contract is off-cycle, specify the contract term (?) 05/01/2024 - 05/01/2025	
Fiscal Year* (?) 2024	Amount* (?) \$ 0.00
Funding Source* Private Pay Source	

Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
 Memorandum of Understanding 	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	ices Being Provided* (?)
We desire to reinstate biometric screenings for employee	s; Catapult is a mobile service that
also offers options for employees to complete their biome	
of services will be charged to the wellness fund provided	by Blue Cross Blue Shield.
Contract Owner*	
Ninfa Escobar	
Time Esossai	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ⊚ Unknown	
	4.4.4m *
Vendor/Contractor a Historically Underutilized Busin	ess (HUB) (f)
○ Yes ○ No ● Unknown	
Community Partnership* (?)	
Yes No Unknown	
Tes O No S DIIKIIOWII	
Supporting Documentation Upload (?)	
Catapult Health Services Agreement - The Harris Center	for Mental
Health and IDD - 053123.pdf	411.47KB
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person	
Vendor/Contractor Contact Person	
Name* Andrew Gonzales	
Name* Andrew Gonzales Address*	
Name* Andrew Gonzales Address* Street Address	
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road	
Name* Andrew Gonzales Address* Street Address	
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City	State / Province / Region
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2	State / Province / Region TX
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City	
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas	TX
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number*	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number*	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number* 214-313-9708	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number* 214-313-9708 Email* andrew.gonzales@catapulthealth.com	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number* 214-313-9708 Email*	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number* 214-313-9708 Email* andrew.gonzales@catapulthealth.com	TX Country
Name* Andrew Gonzales Address* Street Address 5294 Belt Line Road Address Line 2 City Dallas Postal / Zip Code 75254-7571 Phone Number* 214-313-9708 Email* andrew.gonzales@catapulthealth.com	TX Country US

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1108 \$ 0.00 595000 **Budget Manager** Secondary Budget Manager Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) NA Project WBS (Work Breakdown Structure)* (?) Requester Name **Submission Date** Escobar, Ninfa 3/19/2024 Budget Manager Approval(s) Approved by **Approval Date** Exica Brown 3/19/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 3/21/2024 Contracts Approval Approve* No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/22/2024

HARRIS Mental Health and IDD Executive Contract Summ	nary
Contract Section	$oldsymbol{\circ}$
Contractor*	
Blues Management, Inc. dba DAPA Psychiatric and Subst	ance Abuse Programs
Contract ID #*	
2024-0589	
Presented To*	
Resource Committee Full Board	
Date Presented*	
4/16/2024	
Parties*(?)	
Blues Management, Inc. dba DAPA Psychiatric and Subst Mental Health and IDD	ance Abuse Programs and The Harris Center for
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 I	more)
☐ Grant Proposal	
Revenue	
SOW-Change Order-Amendment#	
Other	
Procurement Method(s)*	
Check all that Apply	
Competitive Bid	Competitive Proposal
Request for Proposal	Sole SourceRequest for Qualification
Request for Application 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 * (?)
3/1/2024	2/28/2025
If contract is off-cycle, specify the contract term (?)	
Fiscal Year* (?)	Amount* (?)
2024	\$ 0.00
Fiscal Year* (?)	Amount*(?)
2025	\$ 0.00

Funding Source*				
General Revenue (GR)				
Contract Description / Type * (?)				
	C. Committeet			
Personal/Professional Services Consumer Driven Contract	 ☐ Consultant ☐ New Contract/Agreement 			
Memorandum of Understanding	 New Contract/Agreement □ Amendment to Existing Contract 			
Affiliation or Preceptor	Service/Maintenance			
BAA/DUA	☐ IT/Software License Agreement			
Pooled Contract	Lease			
Renewal of Existing Contract	Other			
Justification/Purpose of Contract/Description of Serv				
To establish a relationship whereby The Harris Center is and screening for patients of DAPA who are being considerable.				
health facilities. The Harris Center will determine the appl				
Contract Owner*				
Kim Kornmayer				
Previous History of Contracting with Vendor/Contract	or*			
Yes O No O Unknown				
Please add previous contract dates and what service	s were provided*			
2004	·			
	4445 * A			
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) "(7)			
Yes No Unknown				
Community Partnership* (?)				
○ Yes ○ No ● Unknown				
Supporting Documentation Upload (?)				
Supporting Documentation Spicate (1)				
Vendor/Contractor Contact Person	9			
Name*				
Jana Bethea				
Address*				
Street Address				
5500 Guhn Road #100				
Address Line 2				
City	State / Province / Region			
Houston	TX			
Postal / Zip Code	Country			
77040-6161	US			
Phone Number*				
8325674235				
Email*				
jbethea@dapaprograms.com				
Budget Section	<u>^</u>			

Budget Units and Amounts Charged to each Budget Unit			
Budget Unit Number* 9206	Amount Charge \$ 0.00	ed to Unit*	Expense/GL Code No.*
Budget Manager Oshman, Jodel		Secondary Budge Ramirez, Priscilla	t Manager
Provide Rate and Rate Descriptions	s if applicable * (?)		
Project WBS (Work Breakdown Str	ucture)* (?)		
na	,		
Requester Name		Submission Date	
Singh, Patricia	W-0-7/	3/7/2024	
Budget Manager Approval	(s)		0
Approved by			
Todel Oshman		Approval Date 3/7/2024	
Ovace Oshman		3/1/2024	
Procurement Approval			<u></u>
File Upload (?)			
Approved by		Approval Date	
Sign			
Contract Owner Approval		See See See all the second transport of the second	•
Approved by			
Via Vah Ju Aveh		Approval Date	
Kin KOPNMAYER		3/7/2024	
Contracts Approval	The state of the s		
Approve*			
Yes			
No, reject entire submissionReturn for correction			
Approved by *		these	
Belinda Stude		Approval Date* 3/13/2024	
Xeunaa Stuae		3/13/2024	

Contract Section

Executive Contract Summary Contractor* Kelsey-Seybold Clinic Contract ID #* NA Presented To* Resource Committee Full Board Date Presented* 4/16/2024 Parties*(?) Kelsey-Seybold Clinic and The Harris Center for Mental Health and IDD Agenda Item Submitted For: * (?) ✓ Information Only (Total NTE Amount is Less than \$250,000.00) Board Approval (Total NTE Amount is \$250,000.00 or more) Grant Proposal Revenue SOW-Change Order-Amendment# Other Procurement Method(s)* Check all that Apply Competitive Proposal Competitive Bid Sole Source Request for Proposal Request for Qualification Request for Application Tag-On Request for Quote Consumer Driven Interlocal ✓ Other chosen vendor by insurance provider (Blue) Not Applicable (If there are no funds required) Cross Blue Shield) Funding Information* New Contract Amendment Contract Term End Date * (?) Contract Term Start Date * (?) 5/1/2025 5/1/2024 If contract is off-cycle, specify the contract term (?) see above. Amount* (?) Fiscal Year* (?) \$ 0.00 2024

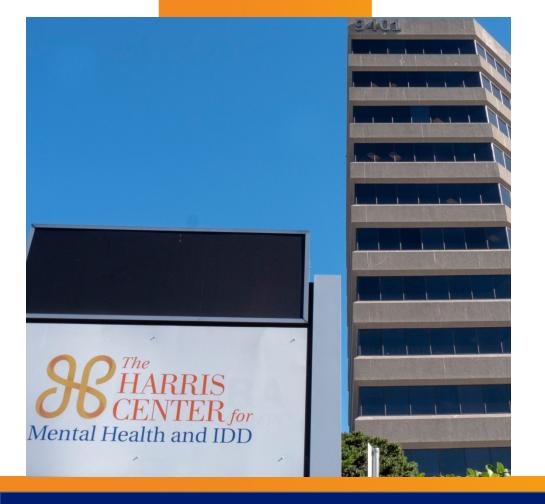
Funding Source* Private Pay Source

Contract Description / Type * (?)	
Personal/Professional Services	Consultant
Consumer Driven Contract	✓ New Contract/Agreement
Memorandum of Understanding	Amendment to Existing Contract
Affiliation or Preceptor	Service/Maintenance
BAA/DUA	IT/Software License Agreement
Pooled Contract	Lease
Renewal of Existing Contract	Other
Justification/Purpose of Contract/Description of Serv	
We would like to offer onsite mammography services to e health services through Kelsey-Seybold Clinic.	mployee, in addition to other
Contract Owner*	
Ninfa Escobar	
Previous History of Contracting with Vendor/Contrac	tor*
○ Yes ○ No ⑩ Unknown	
Vendor/Contractor a Historically Underutilized Busine	ess (HUB) * (?)
○ Yes ○ No ⑨ Unknown	
Community Partnership * (?)	
○ Yes ○ No ◎ Unknown	
Supporting Documentation Upload (?)	
The Harris Center_Onsite_MMU_MHU LOA_v2_021924	.pdf 296.27KB
The Hams Center_Onsite_winto_winto Eco. (_v2_c2 to 2 to	
Vendor/Contractor Contact Person	<u> </u>
Name*	
Krasia Sefah	
Address*	
Street Address	
11511 Shadow Creek Parkway	
Address Line 2	
	State / Province / Popion
City	State / Province / Region TX
Pearland	
Postal / Zip Code	Country
77584-7298	US
Phone Number*	
832-594-08070	
Email*	
Krasia.Sefah@kelsey-seybold.com	
Masia.Scian@Reisey-seybold.com	
Budget Section	
	The state of the s
Budget Units and Amounts Charged to	each Budget Unit
Budget Units and Amounts Charged to	each Budget Unit
Budget Units and Amounts Charged to	each Budget Unit

Budget Unit Number* Amount Charged to Unit* Expense/GL Code No.* 1108 \$ 0.00 595000 Secondary Budget Manager **Budget Manager** Brown, Erica Campbell, Ricardo Provide Rate and Rate Descriptions if applicable * (?) Charges will be covered through BlueCross Blue Shield Project WBS (Work Breakdown Structure)* (?) NA. Requester Name **Submission Date** 3/19/2024 Escobar, Ninfa Budget Manager Approval(s) Approved by Approval Date Exica Brown 3/20/2024 Procurement Approval File Upload (?) Approved by Approval Date Sign Contract Owner Approval Approved by Approval Date Minfa Escobar 3/21/2024 Contracts Approval Approve* · Yes No, reject entire submission Return for correction Approved by * Approval Date* Belinda Stude 3/22/2024

EXHIBIT R-8

Transforming Lives





Financials by Clinic + NPC

Q2FYTD FY2024

Northwest Community Service Center



FY2024 Q2 Financial Performance

 Revenues
 \$8,263,746

 Expenses
 (\$10,893,972)

 Gross Margin
 (\$2,630,226)

Annual Patient Visits	19209
Average Monthly Patient V	3202
Average No Show	34.01%
Average Patient Wait Time	38 Minutes
Average Third Next Available	1.7 Day
Average Patient Satisfaction	89%

	Clinic Information	
Address Facility Size		3737 Dacoma St 40,000 Sq Ft
Clinic FTE's		40,000 Sq Ft 145

Page 89 of 109

Northwest Community Service Center

Service Description Adult Mental Health

Address
 3737 Dacoma St

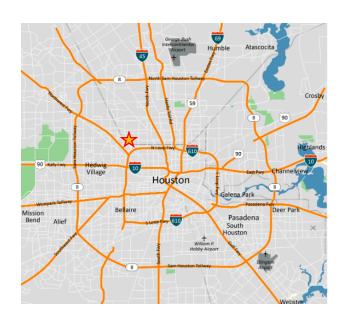
• Patients Served 6,098

• **FTEs** 145

• Facility Size 40,000 sq ft

Q2FYTD 2024 Financial Performance

+ Revenues \$ 8,263,746 - Expenses 10,893,972 = Gross Margin (\$ 2,630,226)





Northeast Community Service Center



FY2024 Q2 Financial Performance

Revenues \$5,712,529 Expenses (\$9,712,969) Gross Margin (\$4,000,440)

Annual Patient Visits	11948
Average Monthly Patient V	1991
Average No Show	40.08 %
Average Patient Wait Time	30 Minutes
Average Third Next Available	2.1 Day
Average Patient Satisfaction	90%

Clinic Information		
Address	7200 N Loop East Fwy	
Facility Size	18,000 Sq Ft	
Clinic FTE's	103	



Northeast Community Service Center

Service Description Adult Mental Health

Address
 7200 N Loop East Fwy

• Patients Served 3,316

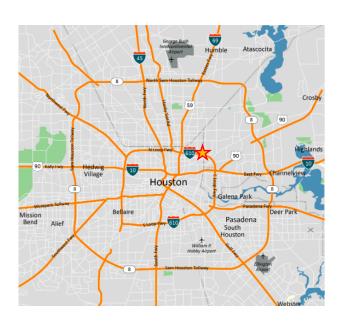
• **FTEs** 103

• Facility Size 18,000 sq ft

\cap	2 EVTD	2024	Tipopoial.	Dorfor	2000
u	ZFIIU	ZUZ4	Financial	Perion	Hance

+ Revenues \$ 5,712,529 - Expenses 9,712,969

= Gross Margin (\$ 4,000,440)





Southeast Community Service Center



FY2024 Q2 Financial Performance

 Revenues
 \$12,573,072

 Expenses
 (\$15,748,265)

 Gross Margin
 (\$3,175,192)

Annual Patient Visits	18660
Average Monthly Patient V	3110
Average No Show	36.07 %
Average Patient Wait Time	23 Minutes
Average Third Next Available	1.9 Day
Average Patient Satisfaction	88%

	Clinic Information	
Address Facility Size Clinic FTE's		5901 Long Drive 45,000 Sq Ft 166





Service Description AMH & CAS

• Address 5901 Long Dr.

• Patients Served 6,920

• **FTEs** 166

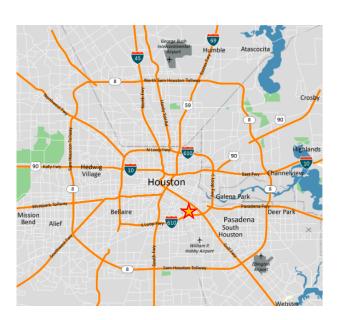
• Facility Size 45,000 sq ft

\cap	2EVTD	2024	Financial	Parfor	mance
u	ZFIID	2024	FIIIaliClai	renoi	Illance

 Revenues
 \$ 12,573,072

 Expenses
 15,748,265

 Gross Margin
 (\$ 3,175,192)





Southwest Community Service Center



FY2024 Q2 Financial Performance

Revenues \$15,345,830 Expenses (\$20,708,919) Gross Margin (\$5,363,090)

Annual Patient Visits	13933
Average Monthly Patient V	2322
Average No Show	37.00 %
Average Patient Wait Time	20 Minutes
Average Third Next Available	1.1 Day
Average Patient Satisfaction	90%

Clinic Information		
Address	9401 Southwest Fwy	
Facility Size	37,770 Sq Ft	
Clinic FTE's	165	



Southwest Community Service Center

Service Description AMH & CAS

Address
 9401 Southwest Fwy

• Patients Served 7,524

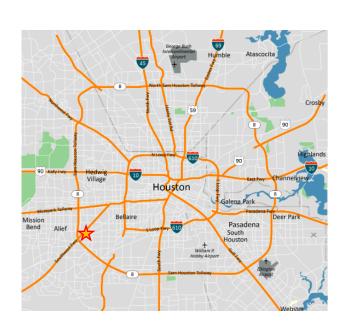
• **FTEs** 165

• Facility Size 37,770 sq ft (clinic space)

Q2FYTD 2024 Financial Performance

+ Revenues \$ 15,345,830 - Expenses \$ 20,708,919

Gross Margin (\$ 5,363,090)





Neuro Psychiatric Center



FY2024 Q2 Financial Performance

Revenues \$7,647,136 Expenses (\$10,876,378) Gross Margin (\$3,229,243)

Annual Patient Visits	4,496
Average Monthly Patient V	1,124
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	89%

nic Information
1502 Taub Loop 37,308 Sq Ft 153





Service Description Psychiatric Emergency

Address
 1502 Taub Loop

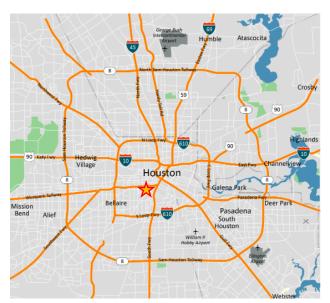
• Patients Served 3,534

• **FTEs** 153

• Facility Size 37,308 sq ft

Q2FYTD 2024 Financial Performance

+	Revenues	\$	7,647,136
-	Expenses		10,876,378
=	Gross Margin	(\$	3,229,243)







Page 98 of 109

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
Revenues					
Harris County and Local	100,123	187,362	236,019	844,776	, ,
PAP / Samples	1,294,573	1,219,297	1,304,890	1,089,282	
State General	4,270,988	1,523,800	7,379,847	11,082,848	
State Grants	1,217,683	-	-	76,635	
Federal Grants	644,382	2,286,934	1,924,102	1,519,193	
3rd Party Billings	735,996	495,135	1,728,214	733,095	495,303
Total Revenues	8,263,746	5,712,529	12,573,072	15,345,830	7,647,136
xpenses					
Salaries and Fringe	7,949,465	7,092,267	11,941,238	12,043,577	9,785,357
Travel	54,009	18,823	177,495	51,069	9,968
Contracts and Consultant	25,768	10,224	163,007	4,991,539	370,183
Supplies and Drugs	2,073,745	1,687,453	2,179,663	1,618,291	124,192
Equipment	311,224	626,915	626,883	702,201	200,099
Building	378,264	170,100	448,547	406,236	202,084
Vehicle	-	912	42,458	-	12,667
Telephone and Utilities	73,992	56,969	122,267	109,422	20,918
Insurance, Legal, Audit	13,805	12,674	29,827	18,485	15,578
Other	13,701	36,633	16,880	768,098	135,331
Total Expenses	10,893,972	9,712,969	15,748,265	20,708,919	10,876,378

Gross Margin	\$ (2,630,226)	\$ (4,000,440)	\$ (3,175,192)	\$ (5,363,090) \$	(3,229,243)

EXHIBIT R-9

Northwest Community Service Center



FY2024 Q2 Financial Performance

Revenues \$8,263,746 Expenses (\$10,893,972) Gross Margin (\$2,630,226)

Annual Patient Visits	19209
Average Monthly Patient V	3202
Average No Show	34.01%
Average Patient Wait Time	38 Minutes
Average Third Next Available	1.7 Day
Average Patient Satisfaction	89%

	Clinic Information	
Address Facility Size		3737 Dacoma St 40,000 Sq Ft
Clinic FTE's		40,000 Sq Ft 145

Northeast Community Service Center



FY2024 Q2 Financial Performance

 Revenues
 \$5,712,529

 Expenses
 (\$9,712,969)

 Gross Margin
 (\$4,000,440)

Annual Patient Visits	11948
Average Monthly Patient V	1991
Average No Show	40.08%
Average Patient Wait Time	30 Minutes
Average Third Next Available	2.1 Day
Average Patient Satisfaction	90%
l	

Clinic Information			
Address	7200 N Loop East Fwy		
Facility Size	18,000 Sq Ft		
Clinic FTE's	103		

Southeast Community Service Center



FY2024 Q2 Financial Performance

 Revenues
 \$12,573,072

 Expenses
 (\$15,748,265)

 Gross Margin
 (\$3,175,192)

Annual Patient Visits	18660
Average Monthly Patient V	3110
Average No Show	36.07 %
Average Patient Wait Time	23 Minutes
Average Third Next Available	1.9 Day
Average Patient Satisfaction	88%

Address Facility Size Clinic FTE's		5901 Long Drive 45,000 Sq Ft 166

Southwest Community Service Center



FY2024 Q2 Financial Performance

Revenues \$15,345,830 Expenses (\$20,708,919) Gross Margin (\$5,363,090)

ı		
	Annual Patient Visits	13933
	Average Monthly Patient V	2322
	Average No Show	37.00 %
	Average Patient Wait Time	20 Minutes
	Average Third Next Available	1.1 Day
	Average Patient Satisfaction	90%
ı		

Clinic Information			
Address	9401 Southwest Fwy		
Facility Size	37,770 Sq Ft		
Clinic FTE's	165		

Neuro Psychiatric Center



FY2024 Q2 Financial Performance

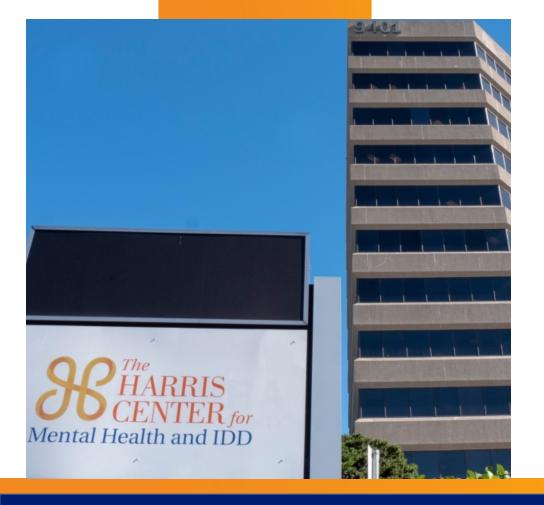
Revenues \$7,647,136 Expenses (\$10,876,378) Gross Margin (\$3,229,243)

Annual Patient Visits	4,496
Average Monthly Patient V	1,124
Average No Show	N/A
Average Patient Wait Time	N/A
Average Third Next Available	N/A
Average Patient Satisfaction	89%

Clinic Information				
Address Facility Size Clinic FTE's		1502 Taub Loop 37,308 Sq Ft 153		

EXHIBIT R-10

Transforming Lives





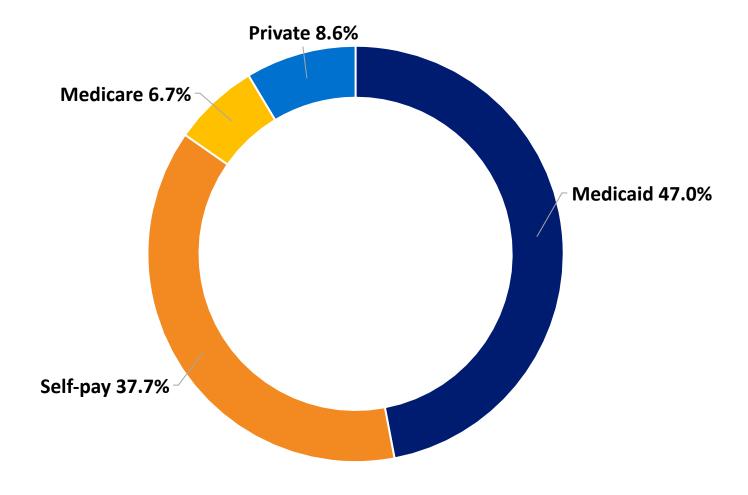
Revenue Management Metrics





Overview

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



Note: Payor Mix based on patient visit coverage in Q2 FY2024

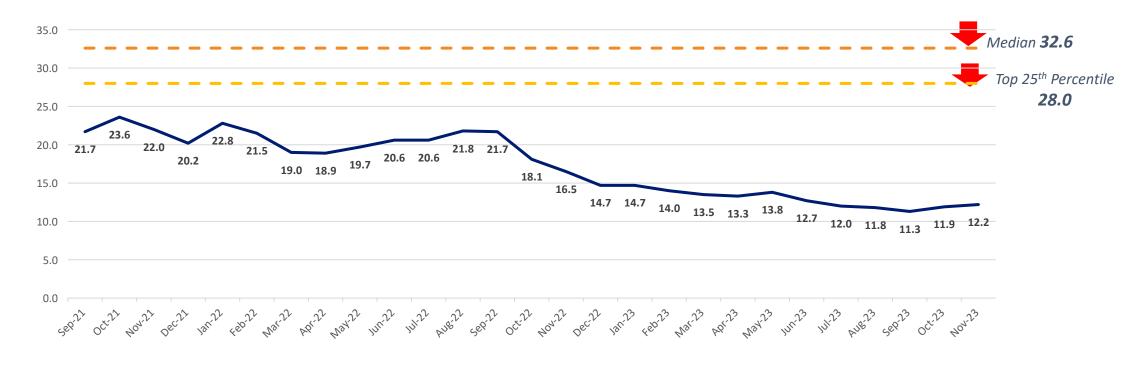


Revenue Cycle Performance Metrics

Days in Accounts Receivable



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

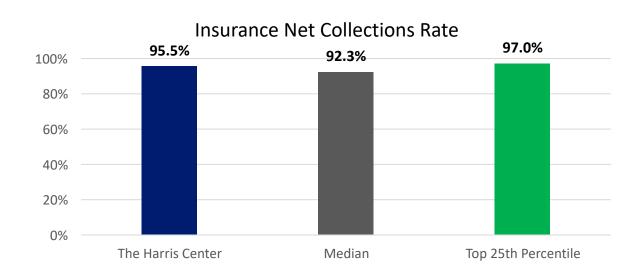


Benchmarking in Epic EHR for the Center is in comparison with large, multi-specialty, safety net organizations (136 service areas)

Claims and Collections



Average Monthly Count of Claims						
FY2024 Q1&Q2	FY 2023	FY 2022	FY 2021	FY 2020	FY 2019	
29,120	32,490	32,020	30,761	32,920	32,559	



Insurance Net Collections Rate by Financial Class*

FINANCIAL CLASS	COLLECTION %
Traditional Medicaid	96%
Managed Medicaid	98%
Traditional Medicare	85%
Managed Medicare	78%
ММР	87%
СНІР	95%
Commercial	76%

* Q2 FY2024

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