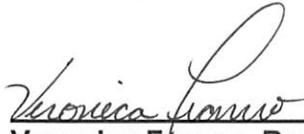


REVISED
Resource Committee Meeting
April 16, 2024
9:00 am

- 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
(EXHIBIT 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,

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

DRAFT

EXHIBIT R-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
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

	Original budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 26,050,142	\$ (2,569,692)
Expenditures	28,536,501	27,476,282	1,060,219
Change in net assets, operations	\$ 83,333	\$ (1,426,140)	\$ (1,509,473)
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital		(159,790)	(159,790)
Other sources and uses		3,585	3,585
	<u>\$ 0</u>	<u>\$ (1,582,345)</u>	<u>\$ (1,582,345)</u>

Fiscal Year to Date

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

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				
	Budget	Actual	Variance \$	%	Budget	Actual	Variance \$	%	
Operating Revenue									
State General Revenue	\$ 10,145,271	\$ 9,946,659	\$ (198,613)	-2%	\$ 71,016,899	\$ 71,254,383	\$ 237,484	0%	
Harris County and Local	5,420,027	4,614,134	(805,893)	-15%	37,940,191	36,074,313	(1,865,878)	-5%	A
Federal Contracts and Grants	4,034,513	2,448,818	(1,585,695)	-39%	28,241,590	25,571,011	(2,670,579)	-9%	B
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)	0%	23,382,452	23,382,454	2	0%	
Directed Payment Programs	726,250	791,859	65,609	9%	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%	\$ 200,338,840	\$ 196,014,237	\$ (4,324,603)	-2%	
Operating expenditures									
Salaries and Fringe Benefits	\$ 19,926,501	\$ 19,270,809	\$ 655,692	3%	\$ 139,485,506	\$ 139,837,567	\$ (352,061)	0%	
Contracts and Consultants	2,089,012	1,531,424	557,588	27%	14,623,083	10,059,090	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:									
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%	\$ 199,755,507	\$ 196,038,096	3,717,411		
Change in Net Assets, before Other Sources	\$ 83,333	\$ (1,426,140)	\$ (1,509,473)		\$ 583,333	\$ (23,859)	\$ (607,192)		
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)		

The Harris Center for Mental Health and IDD
Balance Sheet
March 31, 2024
Non-GAAP / Budget-Basis reporting

	ORIGINAL	UPDATED	Change	March-24	Change	
	February-24	February-24				
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 Equivalents, total	\$ 38,156,073	\$ 38,156,073	\$ -	\$ 73,020,639	\$ 34,864,566	FF
Inventory and Prepaid	\$ 10,001,062	\$ 10,001,062	\$ -	\$ 7,508,049	\$ (2,493,013)	
Accounts Receivable:						
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 Assets, total	\$ 120,598,444	\$ 120,598,444	\$ -	\$ 140,838,864	\$ 20,240,420	
Capital Assets						
Land	\$ 12,694,280	\$ 13,004,859	\$ 310,579	\$ 13,004,859	\$ -	AA
Building and Building Improvements	46,595,256	52,615,143	6,019,887	52,615,143	-	BB
Furniture, Equipment and Vehicles	9,952,470	11,062,791	1,110,321	11,062,791	-	CC
Construction in Progress	24,267,898	5,764,164	(18,503,734)	5,764,164	-	DD
Capital Assets, total	\$ 93,509,904	\$ 82,446,957	\$ (11,062,947)	\$ 82,446,957	\$ -	
Total Assets	\$ 214,108,347	\$ 203,045,400	\$ (11,062,947)	\$ 223,285,821	\$ 20,240,420	
LIABILITIES AND NET ASSETS						
Unearned Income	\$ 17,237,899	\$ 17,237,899	\$ -	\$ 40,681,614	\$ 23,443,715	HH
Accounts Payable and Accrued Liabilities	24,887,244	25,029,783	142,539	23,434,006	(1,595,777)	II
Long term Liabilities	815,510	846,587	31,077	821,412	(25,174)	
Liabilities, 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)	\$ 81,940,661	\$ 104,907	EE
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)	
Net Assets, 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)

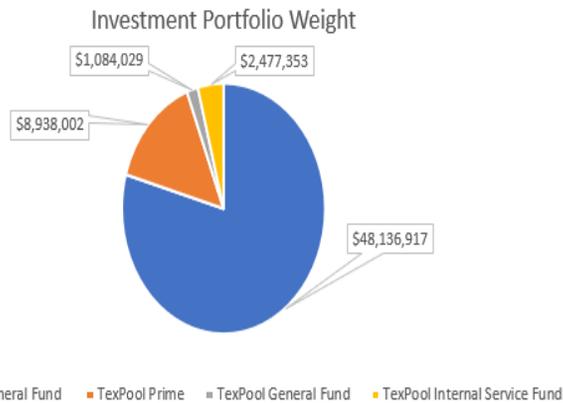
	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
Texas CLASS							
Texas CLASS General Fund	\$ 7,728,903	\$ 40,300,000	\$ -	\$ 108,015	\$ 48,136,917	79.39%	5.47%
TexPool							
TexPool Prime	8,896,526	-	-	41,476	8,938,002	14.74%	5.32%
TexPool General 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%
<i>TexPool Sub-Total</i>	<i>12,441,901</i>	<i>-</i>	<i>-</i>	<i>57,483</i>	<i>12,499,384</i>	<i>20.61%</i>	
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



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 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* (?)

3/18/2024

Contract Term End Date* (?)

3/31/2027

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will 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. The students will utilize the skills gained through education while adhering to agency policy and procedures.

<https://www.bcm.edu/departments/psychiatry-and-behavioral-sciences/education/psychology-internship>

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Baylor College of Medicine, College of Arts and Science,
Dept of Psychology

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Phuong T. Nguyen, PhD

Address*

Street Address

1977 Butler Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030-4101

State / Province / Region

TX

Country

US

Phone Number*

713-873-4914

Email*

ptnguyen@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager		Secondary Budget Manager
Brown, Erica		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	3/11/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

3/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/13/2024





Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7409

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Crisis Intervention Helpline/Access Services provided to Callers.

Renewal Term Start Date*

3/1/2024

Renewal Term End Date*

2/28/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 90,000.00	420015
Budget Manager* Ilejay, Kevin		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$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.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin DeJary

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/6/2024



Executive Contract Summary

Contract Section



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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

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* (?)

2025

Amount* (?)

\$ 2,650,101.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Additional Resources at Harris Health to align with ongoing resources, upgrades, and support for EPIC.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY21, FY22, FY23

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kari McMichael

Address*

Street Address

4800 Fournace Place

Address Line 2

City

Bellaire

Postal / Zip Code

77401-2324

State / Province / Region

TX

Country

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
Campbell, Ricardo

Secondary Budget Manager
Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name
Hurst, Richard

Submission Date
3/7/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
3/7/2024

Contract Owner Approval

Approved by

[Signature]

Approval Date
3/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/7/2024



Executive Contract Summary

Contract Section

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/15/2024

Contract Term End Date* (?)

3/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 28,800.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Vocational Apprenticeship Salaries

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

9/1/2022-8/31/2023

Vendor/Contractor a Historically Underutilized Business (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

Austin

Postal / Zip Code

78751-2312

State / Province / Region

TX

Country

US

Phone Number*

512-971-8839

Email*

monty.chamberlain@hhs.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 28,800.00	540508

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

Provide Rate and Rate Descriptions if applicable* (?)

10.00 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	3/12/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

3/12/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

3/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2024

Contract Term End Date* (?)

2/28/2025

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

Fiscal Year* (?)

2024

Funding Source*

County

Contract Description / Type* (?)

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

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 23/24 Fiscal year (County FY). Contract to extend to Lonestar College Police Department for 3 iPads.

Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paul Willingham - Chief

Address*

Street Address

20515 state highway 249

Address Line 2

City

Houston

Postal / Zip Code

77070

State / Province / Region

TX

Country

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 Oshman, Jodel		Secondary Budget Manager 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
Singh, Patricia	3/11/2024

Budget Manager Approval(s)

Approved by	Approval Date
<i>Jodel Oshman</i>	3/11/2024

Contract Owner Approval

Approved by	Approval Date
<i>Kim Kopnmayer</i>	3/13/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
<i>Belinda Stude</i>	3/15/2024



Executive Contract Summary

Contract Section



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 Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/31/2024

Contract Term End Date* (?)

1/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

County

Contract Description / Type* (?)

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

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 23/24 Fiscal year (County FY). Contract to extend to Rice University Police Department for 2 iPads.

Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

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

Houston

Postal / Zip Code

77005

State / Province / Region

TX

Country

US

Phone Number*

713-348-6000

Email*

crodr@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

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)* (?)

na

Requester Name	Submission Date
Singh, Patricia	2/13/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

2/13/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim KOPNMEYER

Approval Date

2/13/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

2/27/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7424

Contractor Name*

Spindletop Center

Service Provided* (?)

Crisis Line Services to provide MH and IDD resources and support to Callers.

Renewal Term Start Date*

3/1/2024

Renewal Term End Date*

2/28/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 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? *

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 98,400.00	42015

Budget Manager*	Secondary Budget Manager*
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$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.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 49,200.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJay

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/4/2024



Executive Contract Summary

Contract Section



Contractor*

The University of Texas Health Science Center at Houston 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 Houston School Of Nursing & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

4/1/2024

Contract Term End Date* (?)

3/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University Of Texas Health Science 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/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

The University Of Texas Health Science Center At Houston
School Of Nursing

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

JOE PEREZ

Address*

Street Address

Holcombe Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number*

713-500-2168

Email*

JOE.J.PEREZ@UTH.TMC.EDU

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	3/18/2024

Budget Manager Approval(s)

Approved by



Approval Date

3/18/2024

Procurement Approval

File Upload (?)

Approved by

Approval Date

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*

3/25/2024



Executive Contract Summary

Contract Section



Contractor*

University of Texas at Tyler Soules College of Business

Contract ID #*

2024-0868

Presented To*

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

Procurement Method(s)*

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2024

Contract Term End Date* (?)

3/31/2029

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in University of Texas at Tyler Soules College of Business to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes No Unknown

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

- Yes No Unknown

Community Partnership* (?)

- Yes No Unknown

Specify Name*

University of Texas at Tyler Soules College of Business

Supporting Documentation Upload (?)

1-hrd4370_spring22_mcwhorter.pdf	141.01KB
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Vendor/Contractor Contact Person ^

Name*

Judy Sun

Address*

Street Address

3501 Liberty Ln

Address Line 2

City

Tyler

Postal / Zip Code

75701

State / Province / Region

TX

Country

US

Phone Number*

903-565-5912

Email*

jsun@uttyler.edu

Budget Section ^

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

2/22/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

2/22/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Maria Escobar

Approval Date

2/22/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

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:

1. 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.
2. 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

Submitted By:

James Blunt

F92CA4A6C5944F0
James Blunt, C.P.M.
Buyer II

Recommended By:

Sharon Brauner

258C365A6EEF9418
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:

Stanley Adams

E758EDD68CF04D3
Stanley Adams, MBA
Interim Chief Financial Officer

EXHIBIT R-5

APRIL 2024
AMENDMENTS 100k – 250k



Executive Contract Summary

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/3/2024

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

Address *

Street Address

21 Custom House Street

Address Line 2

Suite 210

City

Boston

State / Province / Region

MA

Postal / Zip Code

02110

Country

USA

Phone Number *

7132605243

Email *

prodriguez@cfstaffing.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 100,000.00	540500

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

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

Beasley, Rachel

Submission Date

3/18/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/18/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Rachel Beasley

Approval Date

3/19/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/20/2024



Executive Contract Summary

Contract Section



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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

5/1/2023

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 134,873.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Agency External Auditing Services

Contract Owner*

Vanessa McKeown

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

NA

Vendor/Contractor a Historically Underutilized Business (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

Address*

Street Address

640 Taylor Street, Ste 2200

Address Line 2

City

Forth Worth

Postal / Zip Code

76102

State / Province / Region

TX

Country

USA

Phone Number*

713-377-3667

Email*

celina.cereceres@whitleypenn.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1122	\$ 134,873.00	578000

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Oquin, Shiela

Submission Date

2/29/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/1/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

V...

Approval Date

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



Executive Contract Summary

Contract Section



Contractor*

AUTOsist

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 IDD.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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* (?)

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

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

AUTOSist Fleet Management Software is needed for leased and owned Center vehicles. This software will allow work orders to be sent to staff for maintenance, folders can be created by units and the software is able to be integrate with GPS insight and Voyager.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Please provide an explanation*

Vendor does not meet HUB requirements.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

AUTOSist_Invoice New Amount 7,800.pdf 566.04KB

Vendor/Contractor Contact Person 

Name*

Zorrane Abdeali

Address*

Street Address

22311 Butterfield

Address Line 2

City

Mission Viejo

Postal / Zip Code

92692-4513

State / Province / Region

CA

Country

US

Phone Number*

805-304-4315

Email*

z@autosist.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 7,800.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Soto, Jessica

Submission Date

3/26/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

3/26/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

3/26/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

3/27/2024



Executive Contract Summary

Contract Section



Contractor*

mStrategic Partners

Contract ID #*

2021-0150

Presented To*

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

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* (?)

2024

Amount* (?)

\$ 53,850.24

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other po CT#143295

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

additional construction administration and project closeout services due to addition of 6 months to project timeline for FM21.1126.02 NPC Renovations
PO CT#143295 for FY24 was \$40,790.00, adding #13060.24 to bring NTE up to \$53,850.24

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

fy24 to present / project management services

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

Yes No Unknown

Please provide an explanation*

does not meet criteria

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

mSP_NPC_ASR-1_Extended_CA_2024.01.26.pdf

235.66KB

Vendor/Contractor Contact Person



Name*

mStrategic Partners / Stephen Cheatham

Address*

Street Address

9977 West Sam Houston Parkway North ste 105

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77064-7509

Country

US

Phone Number*

8324304020

Email*

stephen.cheatham@mstrategicpartners.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 13,060.24	900040
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

Requester Name

Harper, Sarah

Submission Date

2/29/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/1/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

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



Executive Contract Summary

Contract Section



Contractor*

Galen College of Nursing

Contract ID #*

2024-0864

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

Galen College of Nursing and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/25/2024

Contract Term End Date* (?)

3/31/2027

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Galen College 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/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Galen College of Nursing

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Amber Williams, MSN-Ed, RNC-OB

Address*

Street Address

11210 Equity Dr

Address Line 2

City

Houston

Postal / Zip Code

77041-8239

State / Province / Region

TX

Country

US

Phone Number*

346.568.4909

Email*

awilliams7@galencollege.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

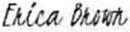
Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Daswani, Bianca	3/11/2024

Budget Manager Approval(s) 

Approved by	Approval Date
	3/11/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
<input type="text" value="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*
	3/20/2024



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 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

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

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Walden University College of Social and Behavioral Sciences

Supporting Documentation Upload (?)

Counseling_Masters_Programs_Field_Experience_Manual_9.2023.pdf 605.05KB

Vendor/Contractor Contact Person

Name*

Xai Thao | Assistant Coordinator, Field Experience

Address*

Street Address

100 Washington Avenue South, Suite 1210

Address Line 2

City

Minneapolis

Postal / Zip Code

55401

State / Province / Region

MN

Country

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*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

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

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

Requester Name: Daswani, Bianca
Submission Date: 1/30/2024

Budget Manager Approval(s)

Approved by: *Erica Brown*
Approval Date: 1/30/2024

Procurement Approval

File Upload (?)

Approved by:
Approval Date:

Contract Owner Approval

Approved by: *Nancy Escobar*
Approval Date: 1/30/2024

Contracts Approval

Approve*
 Yes
 No, reject entire submission
 Return for correction

Approved by*: *Belinda Stude*
Approval Date*: 3/6/2024



Executive Contract Summary

Contract Section



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 Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

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

Contract Description / Type* (?)

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

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

We desire to reinstate 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.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Catapult Health Services Agreement - The Harris Center for Mental Health and IDD - 053123.pdf 411.47KB

Vendor/Contractor Contact Person

Name*

Andrew Gonzales

Address*

Street Address

5294 Belt Line Road

Address Line 2

City

Dallas

Postal / Zip Code

75254-7571

State / Province / Region

TX

Country

US

Phone Number*

214-313-9708

Email*

andrew.gonzales@catapulthealth.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	595000

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
Escobar, Ninfa	3/19/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/19/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

3/21/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/22/2024



Executive Contract Summary

Contract Section

Contractor*

Blues Management, Inc. dba DAPA Psychiatric and Substance 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 Substance Abuse Programs and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2024

Contract Term End Date* (?)

2/28/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

To establish a relationship whereby The Harris Center is committed 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.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

2004

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person 

Name*

Jana Bethea

Address*

Street Address

5500 Guhn Road #100

Address Line 2

City

Houston

Postal / Zip Code

77040-6161

State / Province / Region

TX

Country

US

Phone Number*

8325674235

Email*

jbethea@dapaprograms.com

Budget Section 

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 0.00	0
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

3/7/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

3/7/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

3/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/13/2024



Executive Contract Summary

Contract Section

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

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2024

Contract Term End Date* (?)

5/1/2025

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

see above.

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

We would like to offer onsite mammography services to employee, in addition to other health services through Kelsey-Seybold Clinic.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

The Harris Center_Onsite_MMU_MHU LOA_v2_021924.pdf 296.27KB

Vendor/Contractor Contact Person

Name*

Krasia Sefah

Address*

Street Address

11511 Shadow Creek Parkway

Address Line 2

City

Pearland

State / Province / Region

TX

Postal / Zip Code

77584-7298

Country

US

Phone Number*

832-594-08070

Email*

Krasia.Sefah@kelsey-seybold.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	595000

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

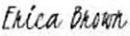
Charges will be covered through BlueCross Blue Shield

Project WBS (Work Breakdown Structure)* (?)

NA.

Requester Name	Submission Date
Escobar, Ninfa	3/19/2024

Budget Manager Approval(s) 

Approved by	Approval Date
	3/20/2024

Procurement Approval 

File Upload (?)

Approved by	Approval Date
 Sign 	

Contract Owner Approval 

Approved by	Approval Date
	3/21/2024

Contracts Approval

Approve*

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

Approved by*	Approval Date*
	3/22/2024

EXHIBIT R-8

Transforming Lives



Financials by Clinic + NPC

Q2FYTD FY2024



April 16, 2024

Presented By: Stanley Adams, Interim Chief Financial Officer

Northwest Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

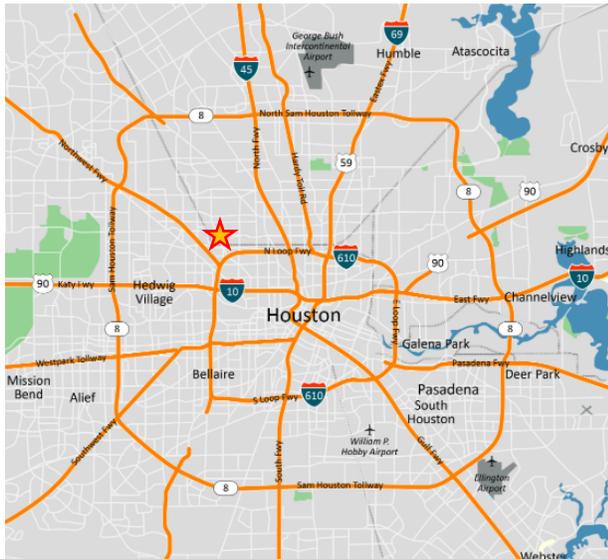
FY 2024 Clinical Performance

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%

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	(\$	<u>2,630,226</u>)



Northeast Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

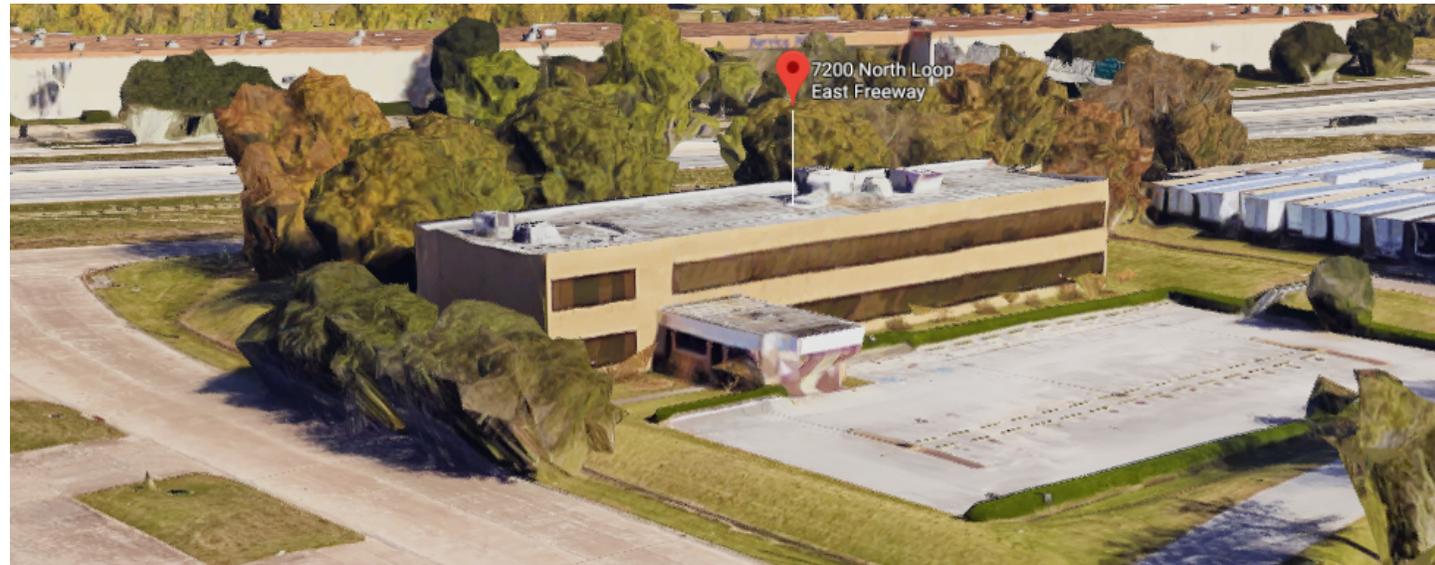
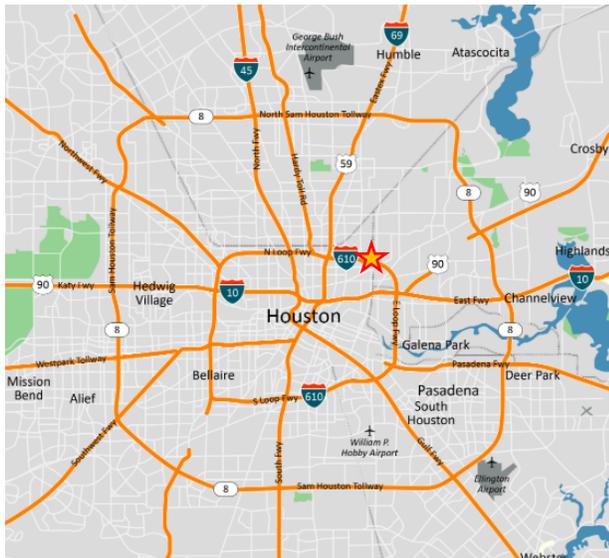
FY 2024 Clinical Performance

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%

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

Q2FYTD 2024 Financial Performance		
+ 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	<u>(\$15,748,265)</u>
Gross Margin	(\$3,175,192)

FY 2024 Clinical Performance

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%

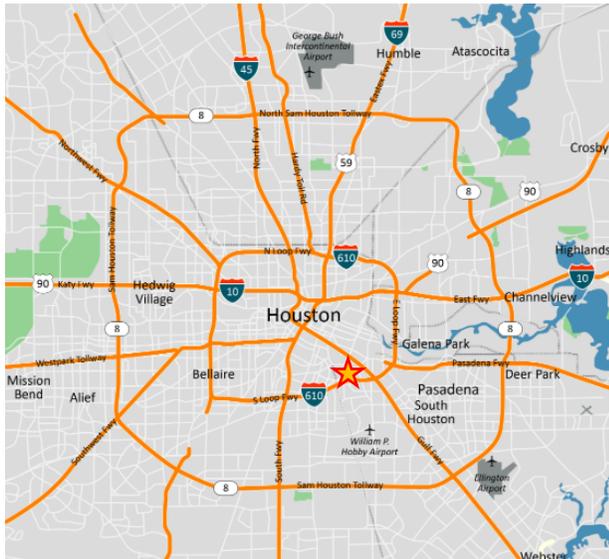
Clinic Information

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

Southeast Community Service Center

- **Service Description** AMH & CAS
- **Address** 5901 Long Dr.
- **Patients Served** 6,920
- **FTEs** 166
- **Facility Size** 45,000 sq ft

Q2FYTD 2024 Financial Performance		
+ Revenues	\$	12,573,072
- Expenses		15,748,265
= Gross Margin	(\$	<u>3,175,192)</u>



Southwest Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

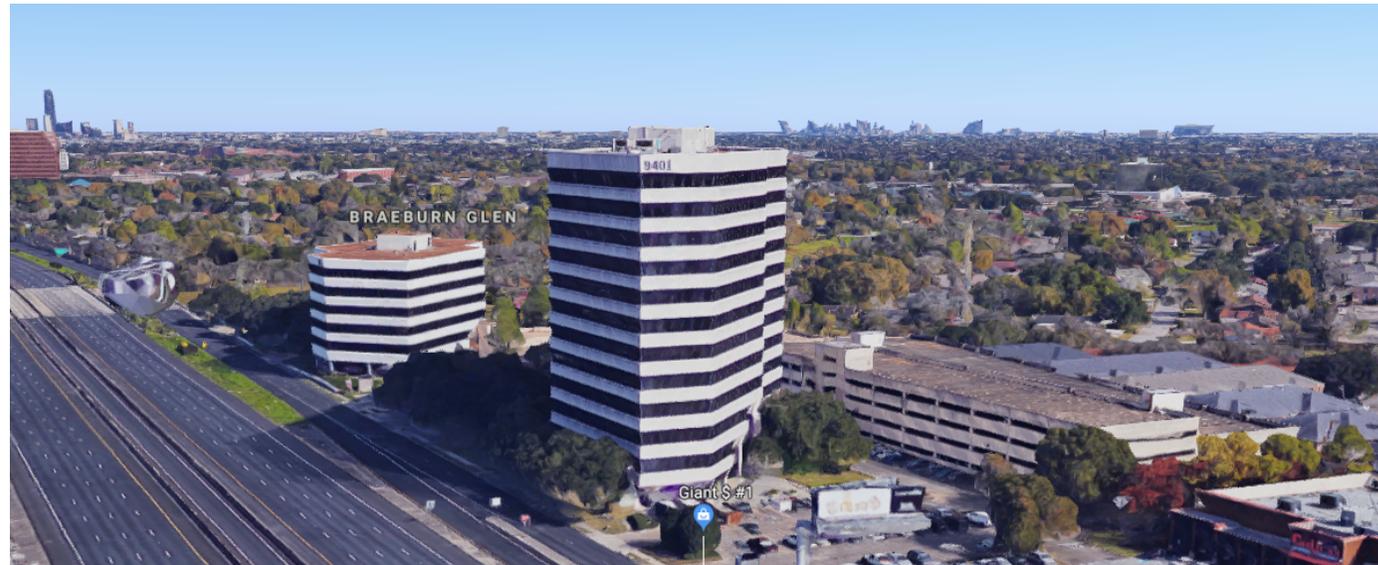
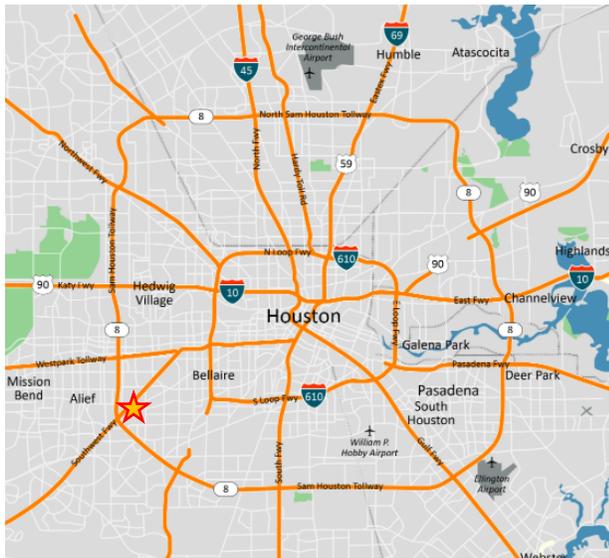
FY 2024 Clinical Performance

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%

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	(\$	<u>5,363,090</u>)



Neuro Psychiatric Center

FY2024 Q2 Financial Performance

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

FY 2024 Clinical Performance

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%

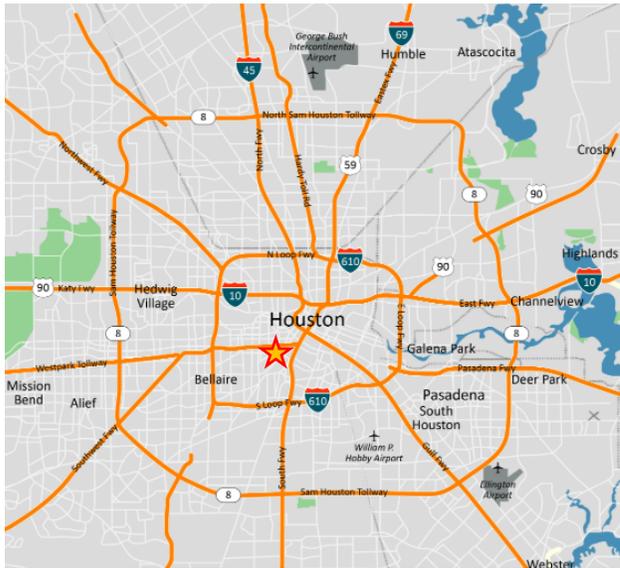
Clinic Information

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

Neuro-Psychiatric Center (NPC)

- **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)



Q2FYTD 2024 Detailed Financials

	Northwest CSC	Northeast CSC	Southeast CSC	Southwest CSC	Neuro Psychiatric Center
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Revenues

Harris County and Local	100,123	187,362	236,019	844,776	2,953,690
PAP / Samples	1,294,573	1,219,297	1,304,890	1,089,282	969
State General	4,270,988	1,523,800	7,379,847	11,082,848	4,197,174
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

Expenses

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)
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EXHIBIT R-9

Northwest Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

FY 2024 Clinical Performance

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%

Northeast Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

FY 2024 Clinical Performance

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%

Southeast Community Service Center

FY2024 Q2 Financial Performance

Revenues	\$12,573,072
Expenses	<u>(\$15,748,265)</u>
Gross Margin	(\$3,175,192)

Clinic Information

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

FY 2024 Clinical Performance

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%

Southwest Community Service Center

FY2024 Q2 Financial Performance

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

Clinic Information

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

FY 2024 Clinical Performance

Annual Patient Visits	13933
Average Monthly Patient V	2322
Average No Show	37.00 %
Average Patient Wait Time	20 Minutes
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Average Patient Satisfaction	90%

Neuro Psychiatric Center

FY2024 Q2 Financial Performance

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

FY 2024 Clinical Performance

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

EXHIBIT R-10

Transforming Lives



Revenue Management Metrics



April 16, 2024

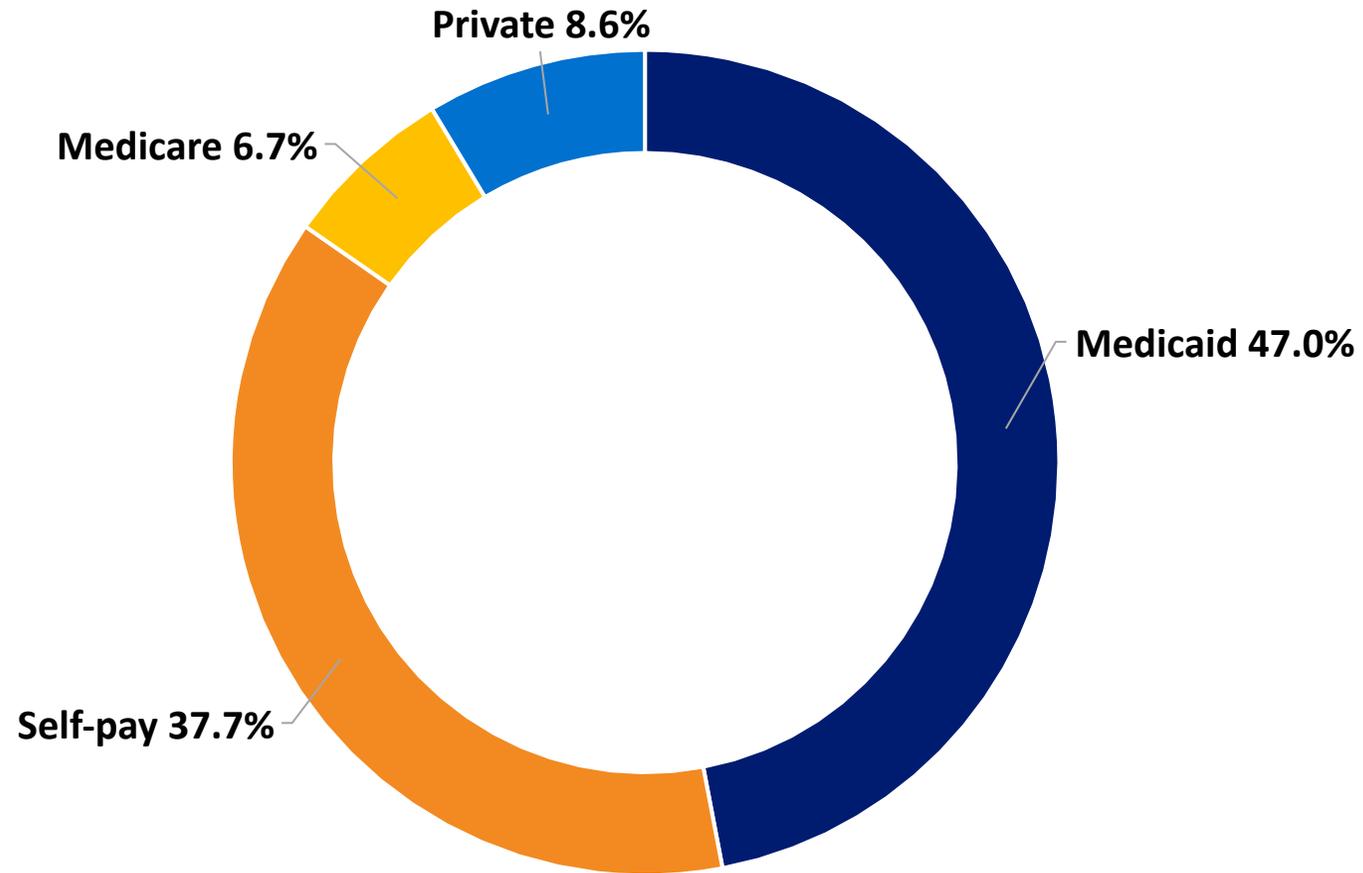
Presented By: Stanley Adams, Interim Chief Financial Officer



Overview

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

Payor Mix

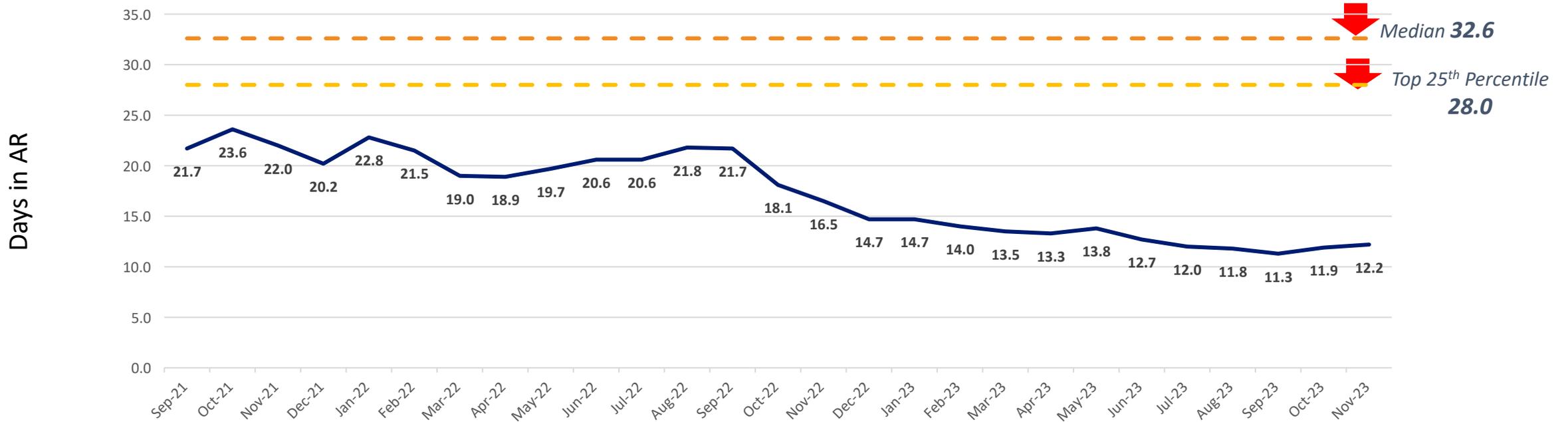


Note: Payor Mix based on patient visit coverage in Q2 FY2024

Revenue Cycle Performance Metrics

Days in Accounts Receivable

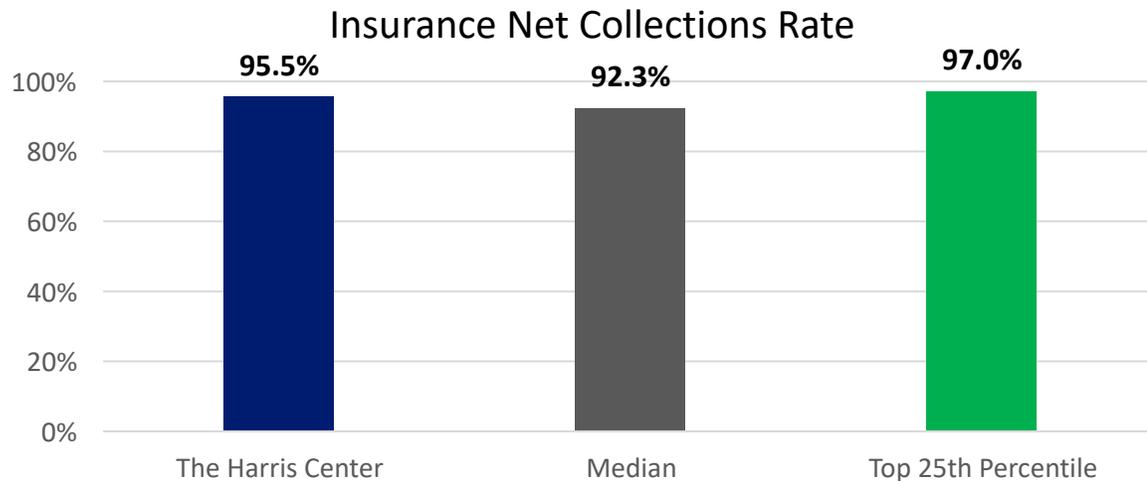
- Days in AR is an industry standard for measuring the effectiveness of an organization’s collection efforts.
- The metric is calculated by dividing the total AR by the average daily revenue.
- The data source for Days in AR for this chart is the *Epic Patient Billing Dashboard* and *Epic Financial Pulse*.



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%
MMP	87%
CHIP	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.