

Full Board Meeting
July 23, 2024
8:30 am

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. APPROVAL OF MINUTES

- A. Approve Minutes of the Board of Trustees Meeting Held on Thursday, June 27, 2024
(*EXHIBIT F-1*)

IV. BOARD CHAIR'S REPORT

V. CHIEF EXECUTIVE OFFICER'S REPORT

VI. COMMITTEE REPORTS AND ACTIONS

- A. Audit Committee Reports and/or Action
(*J. Lykes, Chair*)
- B. Resource Committee Report and/or Action
(*G. Womack, Chair*)
- C. Quality Committee Report and/or Action
(*R. Gearing, Chair*)
- D. Program Committee Report and/or Action
(*B. Hellums, Chair*)
- E. Foundation Report and/or Action
(*N. Hurtado, Chair*)

VII. CONSENT AGENDA

- A. FY'24 Year-to-Date Budget Report-June
(*EXHIBIT F-2*)
- B. July 2024 New Contracts Over 250K
(*EXHIBIT F-3*)
- C. July 2024 Renewals over 250K
(*EXHIBIT F-4*)
- D. July 2024 Amendments Over 250K
(*EXHIBIT F-5*)
- E. July 2024 Interlocal Agreements
(*EXHIBIT F-6*)
- F. Pharmacy Inventory Services RFP
(*EXHIBIT F-7*)
- G. FY25 Compliance Workplan
(*EXHIBIT F-8*)
- H. Internal Audit FY2024 Q2/Q3 Reports
(*Exhibit F-9*)

VIII. REVIEW AND TAKE ACTION

- A. Committee Appointments
(*Wayne Young*)
- B. Employee Engagement and Communications Policy
(*Wayne Young*)

IX. REVIEW AND COMMENT

- A. Finance Primer Part Two
(*Stan Adams/David Weden*)

X. 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.**

- **In accordance with §551.074 of the Texas government Code, discussion of a personnel matter. Kendra Thomas, General Counsel**

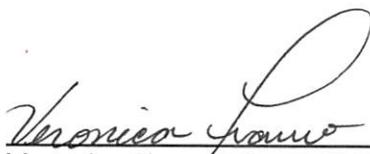
- **In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of a personnel matter and contemplated litigation in Case 4:23-cv-00297 Christian Thompson v. The Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel**

- **In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel**

XI. RECONVENE INTO OPEN SESSION

XII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

XIII. ADJOURN



Veronica Franco, Board Liaison
Robin Gearing, Ph.D., Chair, Board of Trustees
The Harris Center for Mental Health and IDD



EXHIBIT F-1

**THE HARRIS CENTER *for*
Mental Health and IDD**

MINUTES OF THE BOARD OF TRUSTEES MEETING

This is an official record of the Board of Trustees, The Harris Center for Mental Health and IDD, an Agency of the State, established by the Harris County Commissioners Court under provisions of Chapter 534 of the Health and Safety Code of the State of Texas.

PLACE OF MEETING: Conference Room 109
9401 Southwest Freeway
Houston, Texas 77074

TYPE OF MEETING: Regular

DATE: June 27, 2024

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
Dr. Lois Moore, Vice Chairperson
Mrs. Bonnie Hellums
Mr. Gerald Womack
Dr. Luis A. Fernandez-Wische
Mrs. Natali Hurtado

TRUSTEES ABSENT: Sheriff Ed Gonzalez
Mr. Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr.

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:33 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

There were no comments

III. Approval of Minutes

MOTION BY: MOORE SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, May 28, 2024 as presented under Exhibit F-1, are approved.

IV. Board Chair’s Report

- V. **Chief Executive Officer’s Report was provided by CEO Wayne Young**
Mr. Young provided a Chief Executive Officer report to the Board.
Mission Moment: John Duoden, Supported Housing Specialist

VI. Review and Take Action

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

MOTION BY: WOMACK SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the FY’24 Year-to-Date Budget Report-May as presented under Exhibit F-2, are approved.

- B. June 2024 Contract Renewals over 250K

MOTION BY: MOORE SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the June 2024 Contract Renewals over 250K as presented under Exhibit F-3, are approved.

- C. June 2024 Contracts Amendments Over 250K

MOTION BY: HELLUMS SECOND:

With unanimous affirmative votes

BE IT RESOLVED the June 2024 Contract Amendments over 250K as presented under Exhibit F-4, are approved.

- D. June 2024 Contracts Interlocal Agreements

MOTION BY: WOMACK SECOND: HURTADO

Dr. Fernandez recused himself from the discussion and vote on the Interlocal Agreements due to conflict of interests with Interlocal Agreement #6- Harris County Hospital District d/b/a Harris Health System, Interlocal Agreement #10-The University of Texas Health Science Center of Houston, and Interlocal Agreement #11-University of Texas Health Science Center at Houston on behalf of Harris County Psychiatric Center.

With unanimous affirmative votes

BE IT RESOLVED the June 2024 Contract Interlocal Agreements as presented under Exhibit F-5, are approved.

- E. Award Recommendation-Security and Privacy Risk Management Services and Platform with Vendor Security Management Services RFP

MOTION BY: WOMACK SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Award Recommendation-Security and Privacy Risk Management Services and Platform with Vendor Security Management Services RFP as presented under Exhibit F-6, are approved.

F. No Changes

1. Clinical Peer Review
2. Closed Record Review Committee
3. Equal Employment Opportunity
4. Inquiries on Employees
5. Lactation Breaks
6. Medical Services
7. Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program
8. Personal Property
9. Suicide/Homicide Prevention
10. Termination of General Revenue Contract Providers with Harris Center-IDD Services

MOTION BY: HURTADO

SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the No Changes F1-F10 as presented under Exhibits F7-F16, are approved.

G. Minor Changes

1. Court-ordered Outpatient Mental Health Services
2. Pharmacy Peer Review Policy
3. Resilience in Stressful Event (We Rise) Program
4. Risk Management Plan

MOTION BY: MOORE SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minor Changes G1-G4 as presented under Exhibits F17-F20, are approved.

VII. Review and Comment

Facilities Capital-Todd McCorquodale presented the Facilities Capital to the Full Board.

VIII. Entered into executive session-Board Chair Dr. Gearing announced the Board would convene an Executive Session at 10:14 am for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with §551.074 of the Texas government Code, discussion of a personnel matter.
Kendra Thomas, General Counsel

- In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney about the due diligence related to the potential acquisition of real property. Wayne Young, CEO, Stanley Adams, CFO and Kendra Thomas, General Counsel
- Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann.§161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

IX. Reconvene into Open Session

Dr. Gearing reconvened the meeting into Open Session at 11:25 am.

X. Consider and take action as a result of the executive session

No action taken during Executive Session.

XII. ADJOURN

MOTION: MOORE SECOND: DR.FERNANDEZ

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:30 AM

Respectfully submitted,

Shiela Quin on behalf of Veronica Franco, Board Liaison
Dr. Robin Gearing, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
June 30, 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 Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

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

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

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles or with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams

Chief Financial Officer - Interim

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
June 30, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended		
	Original Budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 29,685,264	\$ 1,065,430
Expenditures	28,536,501	28,383,429	153,072
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 1,301,835	\$ 1,218,502
Other Sources (Uses)			
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital Outlay	-	(792,743)	(792,743)
Other Sources (Uses)	-	-	-
Change in Fund Balance/Net Position	\$ -	\$ 509,092	\$ 509,092

	Fiscal Year to Date		
	Original Budget	Actual	Variance
Revenues	\$ 286,198,344	\$ 285,736,611	\$ (461,733)
Expenditures	285,365,011	284,078,343	1,286,668
Excess (Deficiency) of revenues over expenditures	\$ 833,333	\$ 1,658,268	\$ 824,935
Other Sources (Uses)			
Debt payment	\$ (833,333)	\$ -	\$ 833,333
Capital Outlay	-	(5,594,776)	(5,594,776)
Other Sources (Uses)	-	162,964	162,964
Change in Fund Balance/Net Position	\$ -	\$ (3,773,544)	\$ (3,773,544)

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
June 30, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 10,145,271	\$ 11,304,775	1,159,504	11%	\$ 101,452,713	\$ 102,612,303	1,159,590	1%
Harris County and Local	5,420,027	5,154,665	(265,362)	-5%	54,200,273	52,523,856	(1,676,417)	-3% A
Federal Contracts and Grants	4,034,513	3,615,137	(419,376)	-10%	40,345,129	39,523,852	(821,277)	-2%
State Contract and Grants	1,128,277	1,068,432	(59,845)	-5%	11,282,774	9,161,363	(2,121,411)	-19% B
Third Party Billing	2,766,501	3,446,443	679,942	25%	27,665,005	31,511,273	3,846,268	14% C
Charity Care Pool	3,340,350	3,340,350	-	0%	33,403,503	33,403,505	2	0%
Directed Payment Programs	726,250	513,204	(213,046)	-29%	7,262,500	5,309,134	(1,953,366)	-27% D
PAP	833,578	887,929	54,351	7%	8,335,780	8,690,051	354,271	4%
Interest Income	225,067	354,329	129,262	57%	2,250,667	3,001,274	750,607	33%
Operating Revenue, total	\$ 28,619,834	\$ 29,685,264	1,065,430	4%	\$ 286,198,344	285,736,611	(461,733)	0%
Operating Expenditures								
Salaries and Fringe Benefits	\$ 19,926,500	\$ 18,623,830	1,302,670	7%	\$ 199,265,009	\$ 199,504,745	(239,736)	0%
Contracts and Consultants	2,089,012	2,278,084	(189,072)	-9%	20,890,119	16,131,573	4,758,546	23% E
Contracts and Consultants-HPC	2,322,735	2,327,062	(4,327)	0%	23,227,347	23,229,066	(1,719)	0%
Supplies	277,304	210,593	66,711	24%	2,773,037	1,715,086	1,057,951	38% F
Drugs	1,254,451	2,023,164	(768,713)	-61%	12,544,512	20,669,676	(8,125,164)	-65% F
Purchases, Repairs and Maintenance of:								
Equipment	597,697	803,382	(205,685)	-34%	5,976,972	4,746,991	1,229,981	21%
Building	538,158	209,201	328,957	61%	5,381,583	2,354,356	3,027,227	56%
Vehicle	86,436	70,865	15,571	18%	864,361	751,659	112,702	13%
Telephone and Utilities	317,951	277,614	40,337	13%	3,179,505	2,763,367	416,138	13%
Insurance, Legal and Audit	166,175	173,338	(7,163)	-4%	1,661,754	1,773,279	(111,525)	-7%
Travel	194,299	197,107	(2,808)	-1%	1,942,985	1,725,877	217,108	11%
Dues & Subscriptions	382,047	857,488	(475,441)	-124%	3,820,468	4,848,599	(1,028,131)	-27% G
Other Expenditures	383,736	331,701	52,035	14%	3,837,359	3,864,069	(26,710)	-1% G
Operating Expenditures, total	\$ 28,536,501	\$ 28,383,429	\$ 153,072	1%	\$ 285,365,011	\$ 284,078,343	\$ 1,286,668	0%
Excess (Deficiency) of revenues over expenditures	\$ 83,333	\$ 1,301,835	1,218,502		\$ 833,333	\$ 1,658,268	824,935	
Other Sources (Uses)								
Debt payment	\$ (83,333)	\$ -	\$ 83,333		\$ (833,333)	\$ -	\$ 833,333	
Capital outlay	-	(792,743)	(792,743)		-	(5,594,776)	(5,594,776)	
Insurance proceeds	-	-	-		-	48,264	48,264	
Proceeds from Sale of Assets	-	-	-		-	114,700	114,700	
Change in Fund Balance/Net Position	\$ -	\$ 509,092	\$ 509,092		\$ -	\$ (3,773,544)	\$ (3,773,544)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
June 30, 2024

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local Revenue

We have vacancies in certain cost-reimbursable contracts with Harris County totaling approx. \$1.6MM.

B 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.

C Third party billing

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

D Directed Payment Programs

DPP revenue shortfall is due to updating our accounting records to match the latest annual estimates provided by Texas Council in mid-May 2024. The new annual estimated net revenue is \$6.2MM, \$2.5MM less than the \$8.7MM net revenue estimate published in November 2023. The decrease is driven by decrease in FMAP and reduced DPP-related claim throughput.

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.

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
June 30, 2024

F Supplies and Drugs

Per the Board of Trustees request, Supplies and Drugs are presented going forward as separate categories.

Balances for these categories are as follows for the month of May 2024 and for the period ended May 2024:

	For the Month Ended May - 2024		Fiscal Year to May - 2024	
	Budget	Actual	Budget	Actual
Supplies	277,304	220,089	2,495,733	1,504,493
Drugs	1,254,451	2,243,528	11,290,061	18,646,512
Supplies & Drugs	1,531,755	2,463,617	13,785,794	20,151,005

The primary driver of the net unfavorable variance in Drugs 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 program revenue exceeds budget by \$7.4MM and the billing program expense exceeds budget by (\$7.4MM).

G Dues & Subscriptions and Other Expenditures

Per the Board of Trustees request, "Dues & Subscriptions" will be presented separate from "Other Expenditures" going forward.

Balances for these categories are as follows for the month of May 2024 and for the period ended May 2024:

	For the Month Ended May - 2024		Fiscal Year to May - 2024	
	Budget	Actual	Budget	Actual
Dues & Subscriptions	382,047	592,975	3,438,423	3,991,111
Other Expenditures	383,736	387,625	3,453,621	3,532,367
Other Expenditures	765,783	980,600	6,892,044	7,523,478

The primary driver of the net unfavorable variance in Dues & Subscriptions is due to spending in software, IT spending, and the payment due this month for data security subscription.

The Harris Center for Mental Health and IDD
Balance Sheet
June 30, 2024
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	May - 2024	June - 2024	Change
ASSETS			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 12,283,279	\$ 10,570,716	\$ (1,712,563)
Cash Equivalents	66,054,203	76,838,546	10,784,343
Cash and Cash Equivalents, total	<u>78,337,482</u>	<u>87,409,262</u>	<u>9,071,780</u> AA
Inventory and Prepaid	4,657,879	6,505,768	1,847,889
Accounts Receivable:			
Other A/R	34,416,706	31,747,225	(2,669,481) BB
Patient, net of allowance	2,160,533	2,981,401	820,868
Current Assets, total	<u>\$ 119,572,600</u>	<u>\$ 128,643,656</u>	<u>\$ 9,071,056</u>
Capital Assets			
Land	13,004,859	13,004,859	-
Building and Building Improvements	52,615,143	52,615,143	-
Furniture, Equipment and Vehicles	10,826,281	10,826,281	-
Construction in Progress	5,764,164	5,764,164	-
Capital Assets, total	<u>\$ 82,210,447</u>	<u>\$ 82,210,447</u>	<u>\$ -</u>
Total Assets	<u><u>\$ 201,783,047</u></u>	<u><u>\$ 210,854,103</u></u>	<u><u>\$ 9,071,056</u></u>
LIABILITIES & FUND BALANCE/NET POSITION			
Liabilities			
Unearned Revenues	\$ 28,472,702	\$ 34,214,580	\$ 5,741,878 CC
Accounts Payable and Accrued Liabilities	16,725,569	19,559,172	2,833,603 DD
Long term Liabilities	814,265	800,747	(13,518)
Liabilities, total	<u>\$ 46,012,536</u>	<u>\$ 54,574,499</u>	<u>\$ 8,561,963</u>
Fund Balance/Net Position			
Net Investment in Capital Assets	82,210,447	82,210,447	- EE
Nonspendable	4,657,879	6,505,768	1,847,889 EE
Assigned	66,514,014	66,514,014	-
Unassigned	6,670,807	4,822,919	(1,847,888) EE
Change in fund balance/net position	(4,282,636)	(3,773,544)	509,092
Fund Balance/Net Position, Total	<u>\$ 155,770,511</u>	<u>\$ 156,279,604</u>	<u>\$ 509,093</u>
Total Liabilities & Fund Balance/Net Position	<u><u>\$ 201,783,047</u></u>	<u><u>\$ 210,854,103</u></u>	<u><u>\$ 9,071,056</u></u>

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
June 30, 2024

Balance Sheet

AA Cash and Investments

The increase in cash and cash equivalents is primarily driven by the cash collection on outstanding contract invoices and the quarterly allocation from state revenue received during the month of June (approx. \$21M).

BB Accounts receivable, other

The decrease in Accounts Receivable is due to the continued effort to collect on outstanding contract invoices and the quarterly allocation from state revenue received during the month of June.

CC Unearned Revenues

Unearned income has increased due to the receipt of the quarterly state revenue allocation, revenue to be recognized during the remaining months of the fiscal year.

DD Accounts Payable and Accrued Liabilities

The increase in Accounts Payable and Accrued Liabilities is due to the normal fluctuations in payment of invoices and salaries.

EE Fund Balance/Net Position

Reclassification of Fund Balance/Net Position categories to start alignment with GASB 34 & 54 fund balance/net position definitions. For purposes of this report, the May 2024 balances are reclassified as follows:

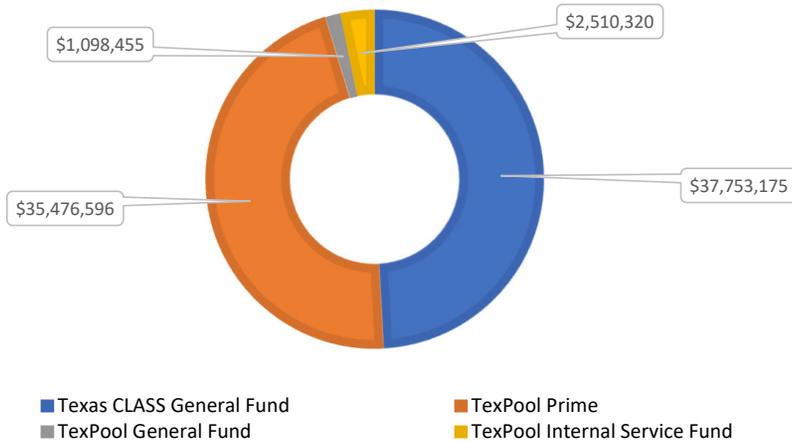
Fund Balance/Net Position	As presented	As reclassified	Change	
	May - 2024	May - 2024		
Inventory and Capital Assets	82,907,932	-	(82,907,932)	
Net Investment in Capital Assets	-	82,210,447	82,210,447	Capital Assets Investments net of related debt
Nonspendable	-	4,657,879	4,657,879	Nonspendable - Inventories, Prepaids & Deposits
Assigned	66,514,014	66,514,014	-	
Unassigned	10,631,201	6,670,807	(3,960,394)	
Change in fund balance/net position	(4,282,636)	(4,282,636)	-	
Fund Balance/Net Position, Total	\$ 155,770,511	\$ 155,770,511	\$ -	

The Harris Center for Mental Health and IDD
Investment Portfolio
June 30, 2024

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	\$ 27,143,016	\$ 17,700,000	\$ (7,200,000)	\$ 110,159	\$ 37,753,175	49.13%	5.43%
<i>TexPool</i>							
TexPool Prime	35,318,099	-	-	158,497	35,476,596	46.17%	5.46%
TexPool General Fund	1,093,680	-	-	4,775	1,098,455	1.43%	5.31%
TexPool Internal Service Fund	2,499,408	-	-	10,912	2,510,320	3.27%	5.31%
<i>TexPool Sub-Total</i>	<u>38,911,187</u>	<u>-</u>	<u>-</u>	<u>174,184</u>	<u>39,085,371</u>	<u>50.87%</u>	<u>5.45%</u>
Total Investments	\$ 66,054,203	\$ 17,700,000	\$ (7,200,000)	\$ 284,343	\$ 76,838,546	100.00%	5.44%
Additional Interest on Checking Accounts				<u>69,986</u>			
Total Interest Earned during the current month				<u><u>\$ 354,329</u></u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.44%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.27%
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 June 30, 2024, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Shania D. Gonzalez

Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
June 30, 2024

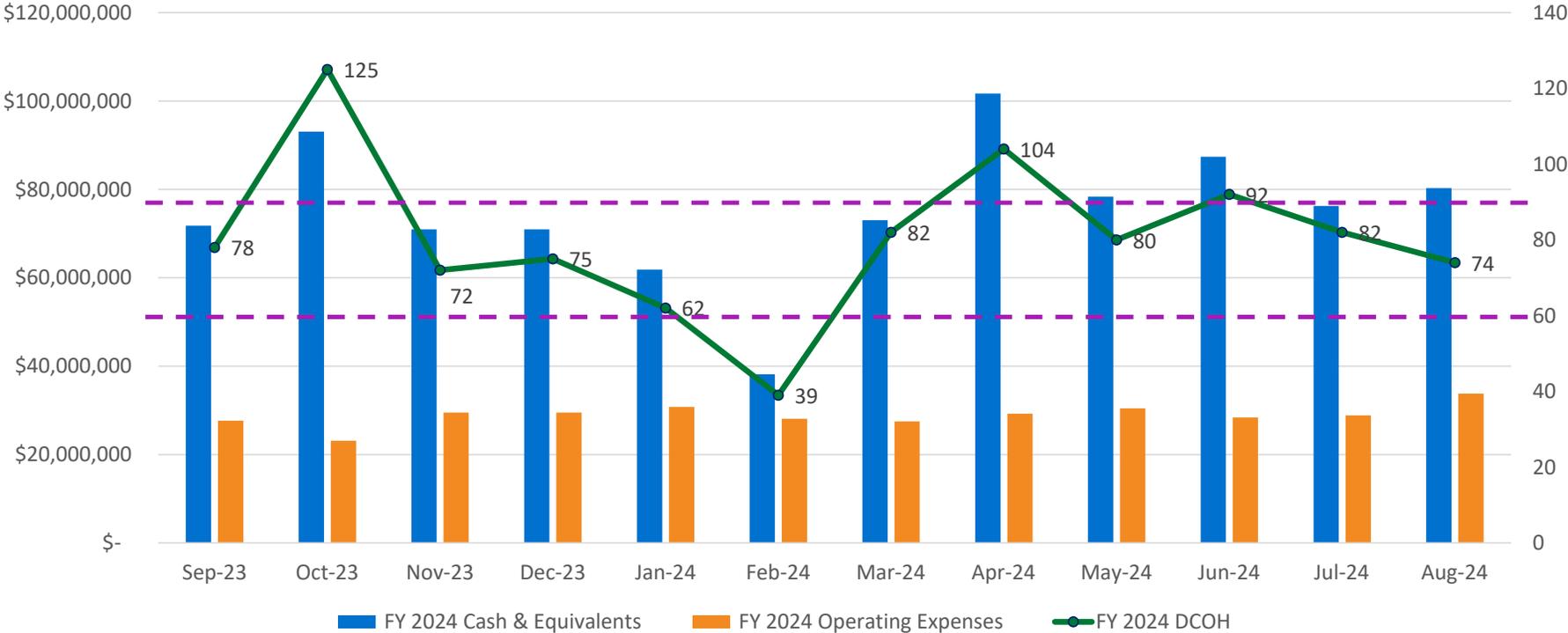
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jun-24	Fiscal Year to Date Total
Lincoln Financial Group (LFG) ⁽²⁾	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,910,302	\$20,730,807
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$2,513,137	\$24,832,446
UNUM	Life Insurance	\$300,000	\$207,333	\$2,072,984

Notes:

⁽¹⁾ As established by the Board Resolution: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective May 23, 2023.

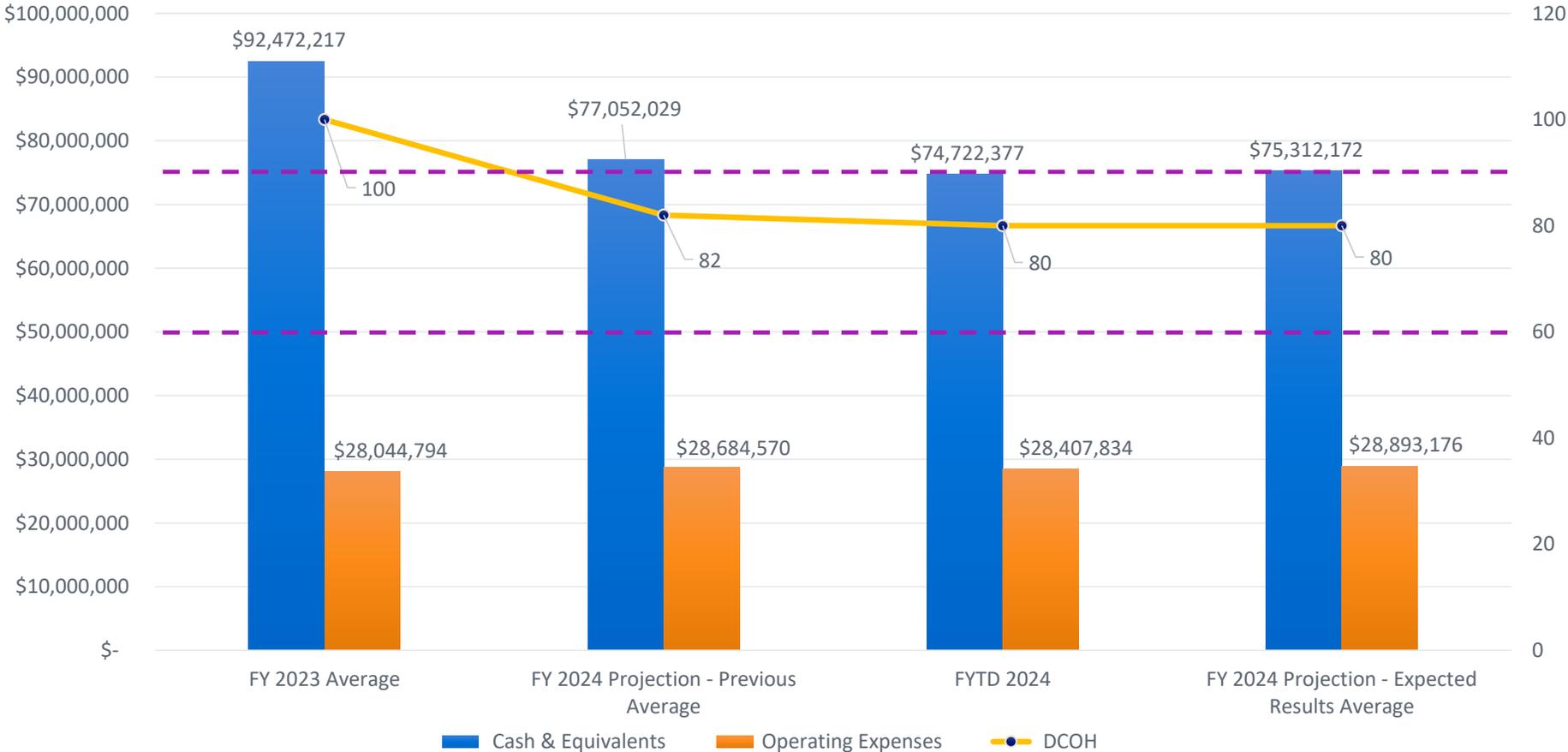
⁽²⁾ LFG Includes 05C & 06A payments

Estimated Monthly Days-Cash-On-Hand (DCOH) FY 2024



*July 2024 & August 2024 figures are based on estimates updated for known figures.

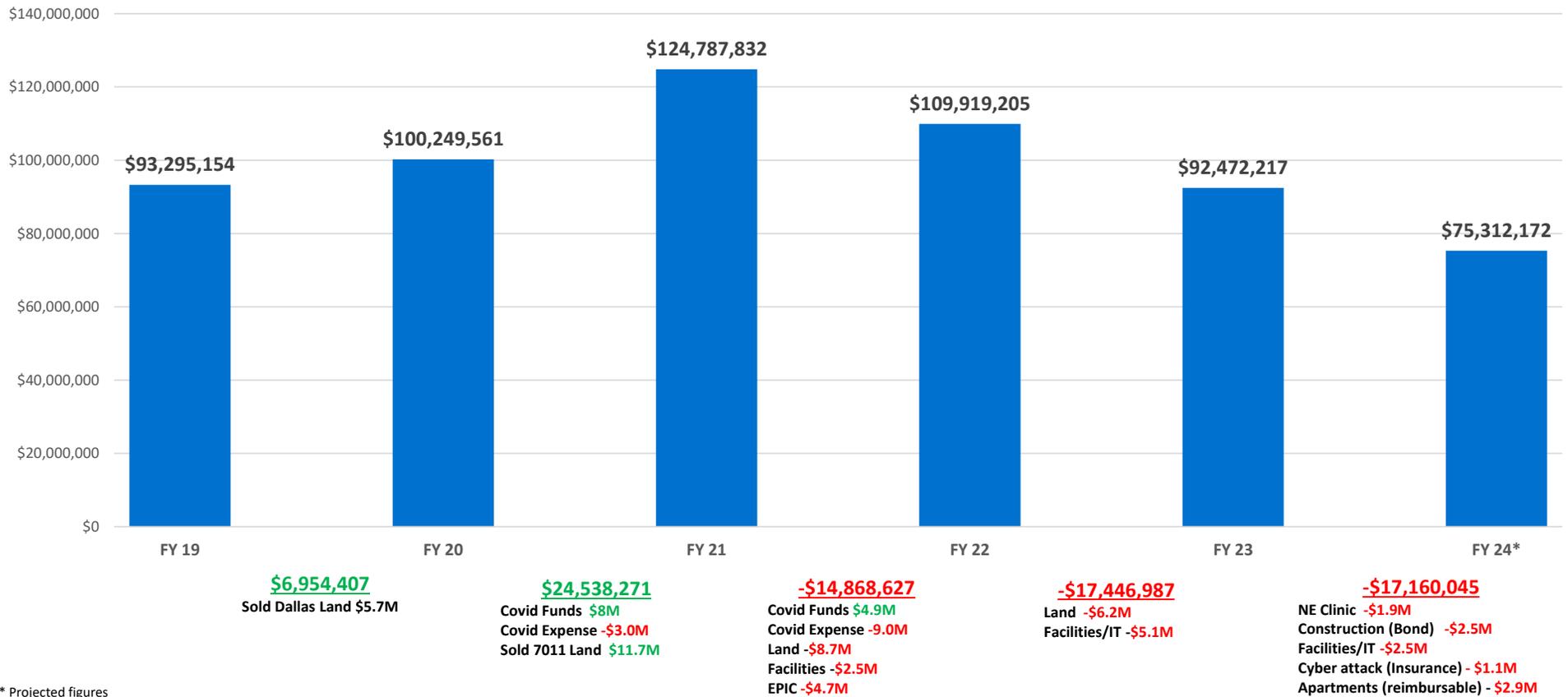
DCOH FY 2023 & FY 2024



*July 2024 & August 2024 figures are based on estimates updated for known figures.

FYTD exp = \$284,078,343

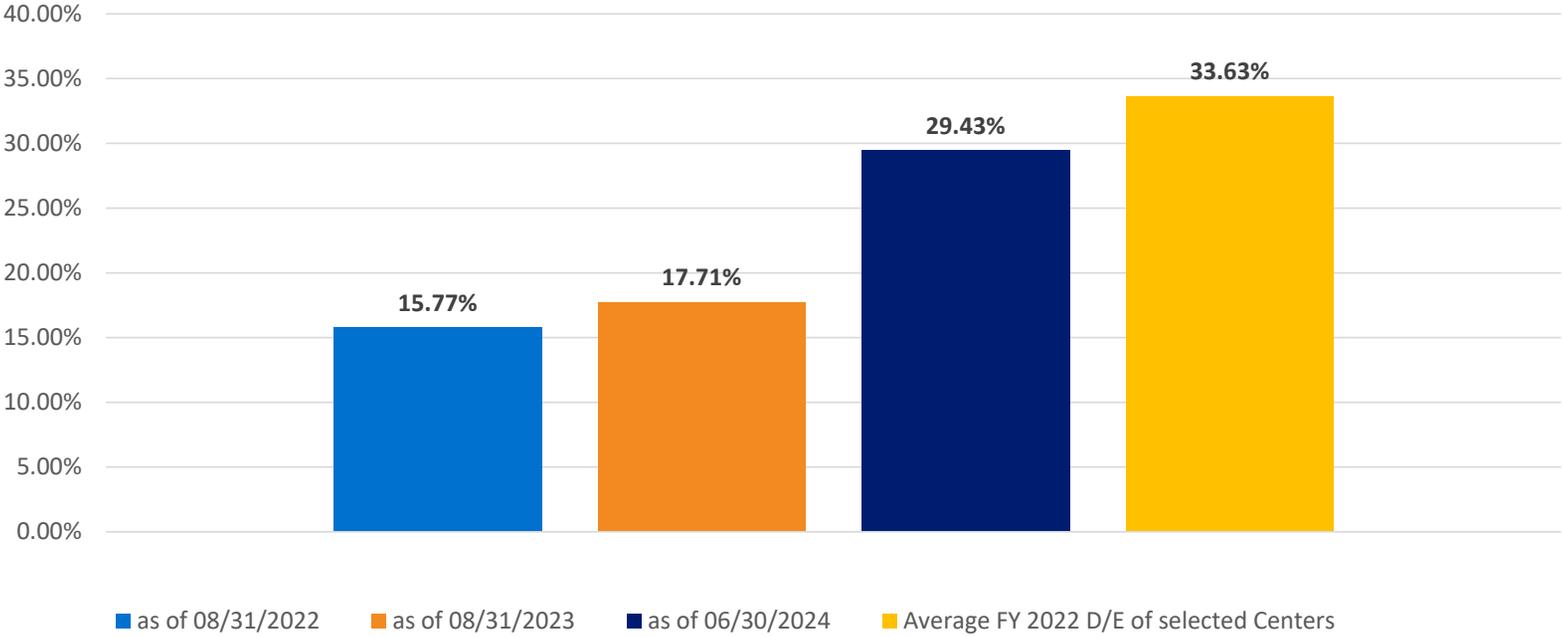
Financial Overview – Cash and Cash Equivalents



* Projected figures

Operating Expense	\$266,844,212	\$280,406,060	\$303,188,816	\$318,383,580	\$336,537,528	\$346,718,111*
Days Cash on Hand	128 Days	130 Days	150 Days	126 Days	100 Days	80 Days

Debt-to-Equity Ratio



*Debt to Equity Ratio: Total Liabilities less compensated absences divided by Total Net Position (from Statement of Net Position)

The Debt-to-equity ratio (excluding compensated absences) as of 06/30/2024 is higher than previous years due to the timing of when liabilities are incurred vs paid during the fiscal year 2024. As of 06/30/2024 liabilities (excl. Comp Abs.) are 108% or \$23.9M higher than as of 08/31/2023 and net position is 25% or \$31.6M higher than as of 08/31/2023. (Note: FY 2022 D/E average of the Community Centers in the state of Texas is 14%)

EXHIBIT F-3

JULY 2024
NEW CONTRACTS
OVER 250k



Executive Contract Summary

Contract Section



Contractor*

Texas West Oaks Hospital, LP d/b/a West Oaks Hospital

Contract ID #*

2024-0838

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

Texas West Oaks Hospital, LP d/b/a West Oaks Hospital and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Fiscal Year* (?)

2025

Amount* (?)

\$ 3,117,100.00

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* (?)

Community Inpatient Psychiatric Hospital Beds
12.2 beds per day at \$700

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

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Ashley Sacriste

Address*

Street Address

6500 Hornwood Drive

Address Line 2

City

Houston

Postal / Zip Code

77074-5008

State / Province / Region

TX

Country

United States

Phone Number*

713-778-5210

Email*

Ashley.Sacriste@uhsinc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9223	\$ 3,117,100.00	543044

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

12.2 beds per day at \$700

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	6/17/2024

Budget Manager Approval(s)

Approved by



Approval Date
6/17/2024

Procurement Approval

File Upload (?)

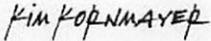
Approved by



Approval Date
6/21/2024

Contract Owner Approval

Approved by



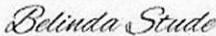
Approval Date
6/21/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*
6/25/2024

EXHIBIT F-4

JULY 2024

RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
MORE THAN \$250,000

JULY 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2024 NTE AMOUNT	FY 2025 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
1	Block Builders, LLC	Construction of Apartments for the 6168 South Loop East Project, Houston, TX	\$10,016,062.00	\$7,142,296.12	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Renewal of Agreement for Construction of Apartments for the 6168 South Loop East, Houston, TX. (Projected construction through 8/31/2025) [Funding only].
2	Clinical Laboratory Services, Inc.	Agency Wide Clinical Laboratory Services	\$642,108.00	\$642,108.00	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement to provide Agency wide clinical laboratory services. Third year renewal option.
3	Enterprise FM Trust	Vehicle Lease and Maintenance Agreements for Agency-wide Transportation Services. Vehicle Procurement Services (Lease and Ownership) through a single entity.	\$848,761.66	\$825,512.76	9/1/2024 - 8/31/2025	General Revenue (GR)	Tag-On	Annual renewal of Agency Wide Vehicle Lease and Maintenance Agreements for Transportation services.
4	McKesson Corporation	Agency Wide Medical Surgical Supplies	\$295,577.00	\$295,577.00	7/1/2024 - 6/30/2025	General Revenue (GR)	Tag-On	Annual renewal of Agreement to provide Agency Wide Medical Surgical Supplies [Tag-On through GPO Vizient].
5	Universal Protection Service, LP d/b/a Allied Universal Security Services	Agency Wide Security Guard Services	\$1,075,267.08	\$1,102,434.48	9/1/2024 - 8/31/2025	General Revenue (GR)	Request for Proposal	Annual renewal of Agreement for Agency Wide Security Guard Services. Final year renewal option.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
6	Master Pool for Youth Empowerment Services (YES Waiver)	Community Living Supports & Paraprofessional Support Services (YES Waiver Program).	\$350,000.00	\$350,000.00	9/1/2024 - 8/31/2025	State	Consumer Driven	Annual renewal of Community Living Supports & Paraprofessional Support Services Master Agreement (YES Waiver Program).
7	Master Pool-Youth Empowerment Services (Yes Waiver)	Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.	\$350,000.00	\$350,000.00	9/1/2024 - 8/31/2025	State	Request for Application	Annual renewal of Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy Master Agreement.
8	The Council on Recovery	Substance Abuse Services for the Outreach, Screening, and Referral (OSAR) Grant Program	\$793,354.00	\$793,354.00	9/1/2024 - 8/31/2025	State Grant	OSAR Grant Program	Annual renewal of Substance Abuse services in accordance with the OSAR Grant program requirements.
	MENTAL HEALTH SERVICES-ECI							
	LEASES							



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

2023-0808

Contractor Name*

Block Builders, LLC

Service Provided* (?)

Construction of Apartments for the 6168 South Loop East, Houston, TX
(Projected construction through 8/31/2025) Funding only.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 10,016,062.00

Rate(s)/Rate(s) Description

\$500,000.00-Owners Coontingency

Unit(s) Served*

1126

G/L Code(s)*

900040-Capital Project FM21.1126.23

Current Fiscal Year Purchase Order Number*

CT143579

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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.*
1126	\$ 7,142,296.12	900040
Budget Manager* Campbell, Ricardo		Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$7,142,296.12 is the current balance on the PO as of 6/24/24, will need to be changed to match what balance is on 09/01/2024 when writing the new PO#

Project WBS (Work Breakdown Structure)* (?)

FM21.1126.23 6168 Apartments

Fiscal Year* (?)	Amount* (?)
2025	\$ 7,142,296.12

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0181

Contractor Name*

Clinical Laboratory Services, Inc.

Service Provided* (?)

Agency wide clinical laboratory services.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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* (?)

\$ 642,108.00

Rate(s)/Rate(s) Description

vary.

Unit(s) Served*

1136, 6302, 6500, 9208, 9210, 9261, 9264, 9267, 9403, 9407, 9501, 9502 and 9810

G/L Code(s)*

580000

Current Fiscal Year Purchase Order Number*

CT143186

Contract Requestor*

Stacy Vincent

Contract Owner*

Kia Walker

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.*
1136	\$ 600,000.00	580000
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 2,104.00	580000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 826.00	580000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 2,372.00	580000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 1,497.00	580000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 1,497.00	580000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 1,497.00	580000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6302	\$ 25,300.00	580000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Jiles, Monalisa
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 2,000.00	580000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 1,135.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 826.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 826.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 825.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9404	\$ 1,403.00	580000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

RATES VARY

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 642,108.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

642,108.00

Contract Funding Source*

General Revenue (GR)

Contract Content Changes



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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Debbie Chambers-Shelby

Approved by

Priscilla M. Ramirez

Approved by

Jodel Oshman

Approved by

Shenia Williams-Wesley

Approved by

Sign

Contract Owner Approval

Approved by

Kia Denaac Walker

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7827

Contractor Name*

Enterprise FM Trust

Service Provided* (?)

Vehicle Lease and Maintenance Agreements for Agency-wide transportation services. Vehicle Procurement Services (Lease and Ownership) through a single entity.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 848,761.66

Rate(s)/Rate(s) Description

Unit(s) Served*

Many

G/L Code(s)*

559000, 560500

Current Fiscal Year Purchase Order Number*

FY24 PO CT143205

Contract Requestor*

Jessica Soto

Contract Owner*

Todd McCorquodale

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.*
1117	\$ 6,684.12	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1117	\$ 849.12	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 89,995.28	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1124	\$ 19,885.80	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 45,463.44	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1150	\$ 5,422.92	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 9,976.56	560500
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 1,892.76	559000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 12,467.00	560500
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 6,227.64	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 12,467.00	560500
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 3,491.04	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 34,228.08	560500
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2250	\$ 4,230.12	559000
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 77,974.96	560500
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 13,793.28	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 1,392.00	559000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 12,599.00	560500
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 2,413.56	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 12,642.24	560500
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3585	\$ 1,833.72	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 13,558.68	560500
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 1,833.72	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 17,311.32	560500
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 3,405.84	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 5,752.32	560500
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 1,746.60	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 5,727.00	5605000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 1,746.60	559000
Budget Manager*		Secondary Budget Manager*
Johnson, Kenyonika		Kerlegon, Charles
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 3,981.36	560500
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Adams, Betty
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 954.84	559000
Budget Manager*		Secondary Budget Manager*
Williams-Wesley, Sheenia		Adams, Betty
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 16,925.64	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 2,832.72	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 95,321.16	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9208	\$ 21,390.60	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 15,243.96	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9210	\$ 2,761.20	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 4,778.28	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 907.80	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 5,318.40	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9243	\$ 907.80	559000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 7,570.32	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9247	\$ 1,134.84	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 89,189.88	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9248	\$ 11,556.60	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 11,654.40	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 1,815.60	559000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 41,476.56	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9263	\$ 13,631.40	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 4,018.68	560500
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9278	\$ 954.84	559000
Budget Manager*		Secondary Budget Manager*
Oshman, Jodel		Ramirez, Priscilla
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 12,680.76	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 2,498.64	559000
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 10,424.04	560500
Budget Manager*		Secondary Budget Manager*
Ramirez, Priscilla		Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 1,091.76	559000

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 15,380.04	560500

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9810	\$ 2,098.92	559000

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

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 825,512.76

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts
825512.76

Contract Funding Source*
General Revenue (GR)

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Jodel Oshman

Approved by

Kenyonika Johnson

Approved by

Shonnia Williams-Wesley

Approved by

Priscilla M. Ramirez

Approved by

Sign

Contract Owner Approval

Approved by

Todd McCorquodale

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7137

Contractor Name*

McKesson Corporation

Service Provided* (?)

Agency Wide Medical Surgical Supplies [Tag-On through GPO Vizient]

Renewal Term Start Date*

7/1/2024

Renewal Term End Date*

6/30/2025

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <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* (?)

\$ 295,577.00

Rate(s)/Rate(s) Description

Vary

Unit(s) Served*

Vary

G/L Code(s)*

547002

Current Fiscal Year Purchase Order Number*

CT143188

Contract Requestor*

Stacy Vincent

Contract Owner*

Kia Walker

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.*
1108	\$ 10,000.00	547002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1153	\$ 8,000.00	547002

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 240.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2212	\$ 36,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 14,400.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2214	\$ 22,200.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2215	\$ 20,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2301	\$ 3,144.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2801	\$ 30,000.00	547002

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3550	\$ 0.00	574002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3579	\$ 0.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3609	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3611	\$ 120.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3623	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3692	\$ 200.00	547002
Budget Manager*	Secondary Budget Manager*	
Johnson, Kenyonika	Kerlegon, Charles	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4323	\$ 456.00	547002
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4325	\$ 180.00	547002
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 1,200.00	547002
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
2250	\$ 2,750.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9206	\$ 56,000.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9208	\$ 2,200.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9209	\$ 54,100.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9210	\$ 8,400.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9810	\$ 3,500.00	547002
Budget Manager *	Secondary Budget Manager *	
Oshman, Jodel	Ramirez, Priscilla	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9261	\$ 2,461.00	547002
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Puentes, Giovanni	
Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
9264	\$ 1,177.00	547002
Budget Manager *	Secondary Budget Manager *	
Ramirez, Priscilla	Puentes, Giovanni	

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 856.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9403	\$ 3,638.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9407	\$ 856.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 856.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 856.00	547002

Budget Manager*	Secondary Budget Manager*
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

rates vary

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)	Amount* (?)
2024	\$ 295,577.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

2025

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kia Walker

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Debbie Chambers Shelby

Approved by

Kenyonika Johnson

Approved by

Tanai Lynnette Smith

Approved by

Jodel Oshman

Approved by

Jodel Oshman

Contract Owner Approval

Approved by

Kia Denae Walker

Contracts Approval

Approve *

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

Approved by *

Bolinda Stude

Approval Date *

6/13/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7798

Contractor Name*

Universal Protection Service, LP d/b/a Allied Universal Security Services

Service Provided* (?)

Agency Wide Security Guard Services

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|---|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input 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 <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* (?)

\$ 1,075,267.08

Rate(s)/Rate(s) Description

Unit(s) Served*

1808, 1809, 1814,1817, 1820 1849, 1858, 6500,1869, 1874

G/L Code(s)*

583000

Current Fiscal Year Purchase Order Number*

FY24 PO CT143340

Contract Requestor*

Egla MacKinney

Contract Owner*

Carrie Rys

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.*
1808	\$ 63,548.16	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1809	\$ 87,260.16	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1814	\$ 75,878.40	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1817	\$ 197,283.84	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1820	\$ 159,344.64	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1849	\$ 47,424.00	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1858	\$ 113,817.60	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 159,344.64	583000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Adams, Betty

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1869	\$ 197,283.84	583000

Budget Manager*	Secondary Budget Manager*
Campbell, Ricardo	Campbell, Ricardo

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1874	\$ 1,249.20	583000
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

Rate changing for FY2025 to \$18.24 per hour for security services. See attached spreadsheet.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 1,102,434.48

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

1,102,434.48

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

FY 25 Invoice Payment Record.xlsx

41.56KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Carrie Rys

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approved by

Sheenia Williams-Wesley

Contract Owner Approval



Approved by

Carrie Taylor Rep

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/21/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6648

Contractor Name*

Master Pool for Youth Empowerment Services (YES Waiver)

Service Provided* (?)

Master Pool for Community Living Supports & Paraprofessional Support Services (YES Waiver Program).

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

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 checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

4319

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

CT143129

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

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.*
4913	\$ 350,000.00	543064
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

CLS services are provided at the following rate: \$17.50/15 minutes.

Para services are provided at the following rate: \$5/15 minutes.

Community living supports provide assistance to the family caregiver in the disability-related care of the YES Waiver participant, while facilitating the YES Waiver participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the YES Waiver participant's SED.

The paraprofessional services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children in the community. The paraprofessional is a behavioral aide supporting the YES Waiver participant to meet the behavioral goals outlined in their wraparound plan. The paraprofessional may model and coach appropriate behaviors.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 350,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Contract Owner Approval

Approved by

Tiffanie Williams-Brooks, M.A., L.S.P.C.

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

6515

Contractor Name *

Master Pool-Youth Empowerment Services (Yes Waiver)

Service Provided* (?)

Master Pooled Contract for Specialized Therapies for the Yes Waiver Program: Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

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 checked="" type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 350,000.00

Rate(s)/Rate(s) Description

Vary.

Unit(s) Served*

4913

G/L Code(s)*

543064

Current Fiscal Year Purchase Order Number*

Ct143131

Contract Requestor*

Stella Olise

Contract Owner*

Tiffanie Williams-Brooks

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.*
4913	\$ 350,000.00	543064
Budget Manager*		Secondary Budget Manager*
Smith, Janai		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

Specialized services are provided at a rate of \$19.36/15 minutes.

Services include Animal Therapy, Art Therapy, Music Therapy, Nutritional Therapy & Recreational Therapy.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 350,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

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

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Janae Lynette Smith

Contract Owner Approval



Approved by

William Williams Brink, III, AIA, LEED AP

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2021-0186

Contractor Name *

The Council on Recovery

Service Provided* (?)

The Council will provide engagement, outreach, screening, referral (OSAR), and linkage services to clients of The Harris Center for Mental Health and IDD Services.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 OSAR Grant Program |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 793,354.00

Rate(s)/Rate(s) Description

Unit(s) Served*

2234

G/L Code(s)*

543061

Current Fiscal Year Purchase Order Number*

FY24 PO CT143157

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2234	\$ 793,354.00	543061

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

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 793,354.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024

EXHIBIT F-5

JULY 2024

AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor*

Aptean Inc

Contract ID #*

6115

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

Aptean and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

10/25/2024

Contract Term End Date* (?)

10/24/2025

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

Current Contract Amount*

\$ 352,000.00

Increase Not to Exceed*

\$ 32,000.00

Revised Total Not to Exceed (NTE)*

\$ 384,000.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 384,000.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- Personal/Professional Services
- Consumer Driven Contract
- Memorandum of Understanding
- Affiliation or Preceptor
- BAA/DUA
- Pooled Contract
- Renewal of Existing Contract
- Consultant
- New Contract/Agreement
- Amendment to Existing Contract
- Service/Maintenance
- IT/Software License Agreement
- Lease
- Other Amending FY25 Renewal

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

Updated quote received after original FY2025 ECS Renewal was completed.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY10 - FY24

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

- Yes
- No
- Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Aptean FY25.pdf

99.07KB

Vendor/Contractor Contact Person



Name*

Aptean Inc

Address*

Street Address

1155 Perimeter Center West

Address Line 2

City

Sandy Springs

Postal / Zip Code

30338

State / Province / Region

GA

Country

US

Phone Number*

7703519600

Email*

ar-coe@aptean.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 384,000.00	553002

Budget Manager

Campbell, Ricardo

Secondary Budget Manager

Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

6/18/2024

Budget Manager Approval(s)

Approved by

Approval Date

6/18/2024

Contract Owner Approval

Approved by

Mustafa Cechinwala

Approval Date

6/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Executive Contract Summary

Contract Section



Contractor*

UKG Kronos Systems, LLC

Contract ID #*

6685

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

Kronos 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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

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*

\$ 350,000.00

Increase Not to Exceed*

\$ 24,840.00

Revised Total Not to Exceed (NTE)*

\$ 374,840.00

Fiscal Year* (?)

Amount* (?)

2025

\$ 374,840.00

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 Amending FY25 Renewal

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

Updated quote received after original FY2025 ECS Renewal was completed.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY18-FY24

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

UKG FY2025 - SID 6140328.xlsx

78.17KB

Vendor/Contractor Contact Person

Name*

Chris Layne

Address*

Street Address

297 Billerica Road

Address Line 2

City

Chelmsford

Postal / Zip Code

01824-4119

State / Province / Region

MA

Country

US

Phone Number*

3037267503

Email*

chris.layne@kronos.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 374,840.00	553002
Budget Manager Campbell, Ricardo		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

See Attached

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Hurst, Richard

Submission Date

6/20/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

6/20/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Mustafa Cochinnala

Approval Date

6/28/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/1/2024



Executive Contract Summary

Contract Section



Contractor*

Aramark Correctional Service, LLC

Contract ID #*

7849

Presented To*

- Resource Committee
- Full Board

Date Presented*

6/25/2024

Parties* (?)

The Harris Center for Mental Health & IDD and Aramark Correctional Service, LLC

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 checked="" type="checkbox"/> Tag-On |
| <input type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Current Contract Amount*

\$ 480,000.00

Increase Not to Exceed*

\$ 118,518.00

Revised Total Not to Exceed (NTE)*

\$ 598,518.00

Fiscal Year* (?)

Amount* (?)

2024

\$ 598,518.00

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* (?)

3 invoices were not processed in fiscal year 2023 which carried into fiscal year 2024 in the amount of \$83,902.67 as well as over \$30K+ of encumbered funds that due to a technical issue we are unable to reallocate. Program is requesting to increase the NTE by \$118,518 to cover the remaining quarter of the fiscal year. Average monthly is spend is \$39,506.00.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Current FY24 contract for food/nutrition for 6160 location.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

David See

Address*

Street Address

701 North San Jacinto Street

Address Line 2

City

Houston

Postal / Zip Code

77002-1217

State / Province / Region

TX

Country

US

Phone Number*

281-785-0762

Email*

See-David@aramark.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9261	\$ 26,834.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9264	\$ 10,063.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9501	\$ 11,181.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9502	\$ 12,299.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9267	\$ 8,945.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9405	\$ 49,196.00	543013

Budget Manager	Secondary Budget Manager
Ramirez, Priscilla	Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

As outlined in the current contract

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Ramirez, Priscilla

Submission Date

6/11/2024

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

6/11/2024

Procurement Approval



File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

Kim Kornmayer

Approval Date

6/11/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/13/2024

EXHIBIT F-6

JULY 2024

INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSJULY 2024
FISCAL YEAR 2024

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Burke Center	Assistance with Psychological Testing/Evaluations.	Renewal	9/1/2024 - 8/31/2025	State	Annual renewal of Agreement for Assistance with Psychological Testing/Evaluations. [FY25 NTE: \$2,500.00].
2	City of Houston-Department of Health and Human Services	Property Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Lease Agreement. [FY24/25 NTE: \$3,973.32].
3	City of Houston-Department of Health and Human Services	Property lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Lease Agreement. [FY24/25 NTE: \$1,934.40].
4	City of Houston-Department of Health and Human Services	Property Lease for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, Texas	Renewal	6/1/2024 - 5/31/2025	State Grant	Annual renewal of Agreement. [FY24/25 NTE: \$3,581.28]
5	Harris County Detention Facilities and Administrative Office of the District Courts	Court Ordered Competency and Sanity Evaluation Services for the Administrative Office of District Courts	Amendment	10/1/2023 - 9/30/2024	County	Amendment to add additional funds for contract labor personnel including any relief employees hired and any current employees who moonlight or perform extra court-ordered Competency and Sanity Evaluations. [FY24 Revenue NTE: \$2,202,477.42 increase by \$1,200,000.00; revised Revenue NTE: \$3,402,477.42].
6	Harris County Facilities Property Management Department	Lease for Property located at 5518 Jackson Street, Houston, Texas.	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Lease Agreement for property located at 5518 Jackson Street, Houston, Texas.
7	Harris County Hospital District d/b/a Harris Health System	Operating Expenses and Maintenance for the NPC	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual expenditure renewal of Operating Expenses and Maintenance Agreement for NPC shared with the Harris County Hospital District. [FY25 NTE: \$515,321.71].
8	Harris County Hospital District d/b/a Harris Health System	Laboratory Testing Services	Renewal	9/1/2024 - 8/31/2025	General Revenue (GR)	Annual renewal of Agreement with Harris Health to provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers. [FY25 NTE: \$15,000.00].
9	Harris County Juvenile Probation Department	Transition Services for Harris County Juvenile Probation	Renewal	10/1/2024 - 9/30/2025	County	Annual renewal of Interlocal Agreement for Transition Services for Harris County Juvenile Probation. [Revenue: FY25: \$377,045.00].
10	Harris County on behalf of its Harris County Resources for Children and Adults Department	Harris County Resources for Children and Adults to implement the AWARE Harris Project in select high-need school districts to address emotional, behavioral and mental health needs.	Renewal	9/30/2024 - 9/29/2025	State	Annual renewal of Interlocal Agreement for the AWARE Harris Project in select high-need school districts to address emotional, behavioral and mental health needs.
11	Harris County Precinct 2	Interlocal Agreement for Co-Location Smart Pod site for community linkage to mental health services: skills training, assessments and case management for 59 @ Little York and the Smart Pod will act as a fixed satellite location to Northeast Clinic.	Renewal	9/1/2024 - 8/31/2025	County	Annual renewal of Interlocal Agreement for Co-Location Smart Pod site for community linkage to mental health services: skills training, assessments and case management for 59 @ Little York and the Smart Pod will act as a fixed satellite location to Northeast Clinic.



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7542

Contractor Name *

Burke Center

Service Provided* (?)

Assistance with Psychological Testing/Evaluations.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 2,500.00

Rate(s)/Rate(s) Description

\$125.00 per assessment with a max. of 10

Unit(s) Served*

3355

G/L Code(s)*

543065

Current Fiscal Year Purchase Order Number*

CT143281

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

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.*
3355	\$ 2,500.00	543065
Budget Manager* Johnson, Kenyonika		Secondary Budget Manager* Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

\$125.00 per assessment with a max. of 10
Contractor will provide assistance with Psychological Testing/Evaluations.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2025	\$ 2,500.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

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

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Kenyonika Johnson

Contract Owner Approval



Approved by

Evanthe Collins

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

5157

Contractor Name*

City of Houston-Department of Health and Human Services

Service Provided* (?)

Property Lease for the West End Multi-Service Center Located at 170 Heights Blvd., Houston, Texas

Renewal Term Start Date*

6/1/2024

Renewal Term End Date*

5/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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* (?)

\$ 3,973.32

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

FY24 PO CT143367

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4736	\$ 3,973.32	555000
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Hooper Jr., Michael	

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

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

Fiscal Year* (?)	Amount* (?)
2025	\$ 3,973.32

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
State Grant

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

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

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

5156

Contractor Name *

City of Houston-Department of Health and Human Services

Service Provided* (?)

Property lease for the Fifth Ward Multi-Service Center located at 4014 Market Street, Houston, Texas

Renewal Term Start Date *

6/1/2024

Renewal Term End Date *

5/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 1,934.40

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

FY24 Po CT143321

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
3360	\$ 1,934.40	555000
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable * (?)

0.00

Project WBS (Work Breakdown Structure) * (?)

0.00

Fiscal Year * (?)	Amount * (?)
2025	\$ 1,934.40

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

6111

Contractor Name*

City of Houston-Department of Health and Human Services

Service Provided* (?)

Property Lease for the Magnolia Multi-Service Center located at 7037 Capital, Suite 103, Houston, Texas

Renewal Term Start Date*

6/1/2024

Renewal Term End Date*

5/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 3,581.28

Rate(s)/Rate(s) Description

Unit(s) Served*

2200

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

FY24 Po CT143322

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
4736	\$ 3,581.28	555000
Budget Manager *	Secondary Budget Manager *	
Smith, Janai	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable * (?)

0.00

Project WBS (Work Breakdown Structure) * (?)

0.00

Fiscal Year * (?)	Amount * (?)
2025	\$ 3,581.28

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

State Grant

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Executive Contract Summary

Contract Section

Contractor*

Harris County Detention Facilities and Administrative Office of the District Courts

Contract ID #*

2023-0737

Presented To*

- Resource Committee
 Full Board

Date Presented*

7/24/2024

Parties* (?)

The Harris Center for Mental Health and IDD and HC Detention Facilities and the Administrative Office of the District Courts

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* (?)

10/1/2023

Contract Term End Date* (?)

9/30/2024

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

county fiscal year

Current Contract Amount*

\$ 2,202,477.42

Increase Not to Exceed*

\$ 1,200,000.00

Revised Total Not to Exceed (NTE)*

\$ 3,402,477.42

Fiscal Year* (?)

2024

Amount* (?)

\$ 3,402,477.42

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* (?)

Amendment to add additional funds for contract labor personnel including any relief employees hired and any current employees who moonlight or perform extra court-ordered competency and sanity evaluations.

Contract Owner*

Monalisa Jiles

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

March 22 - September 2023 court-ordered competency and sanity evaluations

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*

Ricard Woods

Address*

Street Address

1201 Franklin Street

Address Line 2

7th Floor

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number*

832-927-6559

Email*

richard_woods@justex.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6205	\$ 3,042,477.42	540000

Budget Manager

Williams-Wesley, Sheenia

Secondary Budget Manager

Jiles, Monalisa

Provide Rate and Rate Descriptions if applicable* (?)

\$1000 for each competency evaluation

\$1500 for each sanity evaluation

\$2000 for each competency and sanity evaluation combined

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Williams-Wesley, Sheenia

Submission Date

6/26/2024

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

6/26/2024

Contract Owner Approval

Approved by

Monalisa Jiles

Approval Date

6/26/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/27/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

5159

Contractor Name*

Harris County Facilities Property Management Department

Service Provided* (?)

Lease for Property located at 5518 Jackson Street, Houston, Texas.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 50.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1850

G/L Code(s)*

555000

Current Fiscal Year Purchase Order Number*

CT143201

Contract Requestor*

Sarah Harper

Contract Owner*

Todd McCorquodale

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.*
1850	\$ 50.00	555000
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 50.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Todd McCorquodale

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval



Approved by

Todd McCorquodale

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

5593

Contractor Name*

Harris County Hospital District d/b/a Harris Health System

Service Provided* (?)

Operating Expenses and Maintenance for the NPC shared with the Harris County Hospital District

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 284,557.83

Rate(s)/Rate(s) Description

Unit(s) Served*

9206-\$227,654.83; 9209-\$34,147.00; 9211-\$22,765.00

G/L Code(s)*

543040

Current Fiscal Year Purchase Order Number*

CT143419

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 412,257.37	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 72,145.04	543040

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

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 30,919.30	543040

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

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 515,321.71

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jodel Ostman

Contract Owner Approval

Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

7846

Contractor Name *

Harris County Hospital District d/b/a Harris Health System

Service Provided* (?)

Harris Health will provide molecular COVID-19 testing, laboratory testing and access to test kits for Harris Center consumers.

Renewal Term Start Date *

9/1/2024

Renewal Term End Date *

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 15,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

9206, 9209

G/L Code(s)*

580000

Current Fiscal Year Purchase Order Number*

CT143195

Contract Requestor*

Patricia Singh

Contract Owner*

Evelyn Locklin

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 Manager Approval(s)



Approved by

Todd Oshman

Contract Owner Approval



Approved by

KIM KORNMEYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/25/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7829

Contractor Name*

Harris County Juvenile Probation Department

Service Provided* (?)

Transition Services for Harris County Juvenile Probation

Renewal Term Start Date*

10/1/2024

Renewal Term End Date*

9/30/2025

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 |

Contract Description / Type*

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 377,045.00

Rate(s)/Rate(s) Description

Unit(s) Served *

N/A

G/L Code(s) *

N/A

Current Fiscal Year Purchase Order Number *

N/A

Contract Requestor *

Sheenia Williams-Wesley

Contract Owner *

Monalisa Jiles

File Upload (?)



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2023-0804

Contractor Name *

Harris County on behalf of its Harris County Resources for Children and Adults Department

Service Provided* (?)

Harris County Resources for Children and Adults to implement the AWARE Harris Project in select high-need school districts to address emotional, behavioral and mental health needs. The Harris Center along with other community providers will act as a subcontractor by providing mental health and substance use treatment services through this grant.

Renewal Term Start Date *

9/30/2024

Renewal Term End Date *

9/29/2025

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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Chekesha Govan

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 0.00	N/A

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

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/6/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0284

Contractor Name*

Harris County Precinct 2

Service Provided* (?)

Interlocal Agreement for Co-Location Smart Pod site for community linkage to mental health services: skills training, assessments and case management for 59 @ Little York and the Smart Pod will act as a fixed satellite location to Northeast Clinic.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- Competitive Bid
- 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

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Lance Britt

Contract Owner*

Lance Britt

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

- Yes No

Were Services delivered as specified in the contract?*

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2213	\$ 0.00	000000
Budget Manager*	Secondary Budget Manager*	
Shelby, Debbie	Hooper Jr., Michael	

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2025	\$ 0.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)



Approved by

Debbie Chambers & Shelby

Contract Owner Approval



Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/24/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID# *

2023-0614

Contractor Name *

Harris County Resources for Children and Adults

Service Provided* (?)

Comprehensive mental health/temporary respite care services for Youth Aged 13 through 17 at the Youth Diversion Center.

Renewal Term Start Date *

7/1/2024

Renewal Term End Date *

6/30/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

- 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* (?)

\$ 7,611,641.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

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.*
6500	\$ 7,611,641.00	na
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Adams, Betty	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2025

Amount* (?)

\$ 2,749,965.57

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Federal

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

Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shenia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Jiles

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/8/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2021-0235

Contractor Name*

Houston Independent School District

Service Provided* (?)

The Harris Center's Print Shop offers in-house printing and binding services for the organization. For specialty printing services, some of these projects need to be outsourced due to the lack of proper equipment.

Renewal Term Start Date*

9/1/2024

Renewal Term End Date*

8/31/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| <input type="checkbox"/> Competitive Bid | <input type="checkbox"/> Competitive Proposal |
| <input type="checkbox"/> Request for Proposal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Request for Application | <input type="checkbox"/> Request for Qualification |
| <input 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 |

Contract Description / Type

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

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

- Yes
 No
 Unknown

Contract NTE* (?)

\$ 10,000.00

Rate(s)/Rate(s) Description

Unit(s) Served*

1107

G/L Code(s)*

596001

Current Fiscal Year Purchase Order Number*

CT143194

Contract Requestor*

Nicole Lievsay

Contract Owner*

Nicole Lievsay

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.*
1107	\$ 10,000.00	596001
Budget Manager*	Secondary Budget Manager*	
Campbell, Ricardo	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2025	\$ 10,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Nicole Lievsay

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

NICOLE LIEVSAY

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/7/2024



Executive Contract Summary

Contract Section ^

Contractor*

The University of Texas at San Antonio College of Business

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

7/16/2024

Parties* (?)

The University of Texas at San Antonio College of Business & 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 |

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2024

Contract Term End Date* (?)

5/31/2028

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 at San Antonio College of Business to complete administrative 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://business.utsa.edu/students/professional-development/internships.html>

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 at San Antonio College of Business

Supporting Documentation Upload (?)

IS 4943_SOC Syllabus_Spg_2024.pdf 314.4KB

Vendor/Contractor Contact Person

Name*

Robert Kaufman

Address*

Street Address

UTSA

Address Line 2

City

San Antonio

Postal / Zip Code

78249

State / Province / Region

TX

Country

US

Phone Number*

210-458-4011

Email*

Robert.Kaufman@utsa.edu

Budget Section



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID# *

2022-0466

Contractor Name *

University of Texas Health Science Center at Houston Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Community Track Rotation for Residency students

Renewal Term Start Date *

7/1/2024

Renewal Term End Date *

6/30/2025

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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other <input type="text"/> |

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* (?)

\$ 190,400.00

Rate(s)/Rate(s) Description

Two (2) - 3rd year residents Period of Performance: FY
7/1/22-8/31/23 Hourly Rate is \$ _68.16_ for 32 hours/week

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT143461

Contract Requestor*

Danyalle Evans

Contract Owner*

Felecia Garner

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.*
2209	\$ 113,418.24	540504

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

Provide Rate and Rate Descriptions if applicable* (?)

68.16 per hour for 32 hours per week

Project WBS (Work Breakdown Structure)* (?)

Psychiatric Resident Education Rotation-Community

Fiscal Year* (?)	Amount* (?)
2025	\$ 113,418.24

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

113,418.24

Contract Funding Source*

State Grant

Contract Content Changes



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

Yes No

Please Explain*

see uploaded document

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 (?)

Garner edits.2022-0466-The University of Texas Health Science at
Houston- Psychiatry and Behavioral Sciences -FY24 Standard Contract 295.22KB
Renewal.pdf

Contract Owner



Contract Owner* (?)

Please Select Contract Owner

Felecia Garner

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Contract Owner Approval

Approved by

Felecia Garner, HD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/12/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

2023-0735

Contractor Name*

The University of Texas Health Science Center at Houston on behalf of its Department of Psychiatry and Behavioral Sciences

Service Provided* (?)

Psychiatric Resident Education Services

Renewal Term Start Date*

7/1/2024

Renewal Term End Date*

6/30/2025

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 checked="" type="checkbox"/> Interlocal | <input type="checkbox"/> Consumer Driven |
| <input type="checkbox"/> Not Applicable (If there are no funds required) | <input type="checkbox"/> Other |

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 145,140.22

Rate(s)/Rate(s) Description

\$63.45 per hour for 32 hours per week per resident

Unit(s) Served*

2208

G/L Code(s)*

540504

Current Fiscal Year Purchase Order Number*

CT143456

Contract Requestor*

Danyalle Evans

Contract Owner*

Felecia Garner

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.*
2208	\$ 151,479.36	540504
Budget Manager*		Secondary Budget Manager*
Shelby, Debbie		Hooper Jr., Michael

Provide Rate and Rate Descriptions if applicable* (?)

63.54 per hour for 52 hours per week for 8 months (2 residents)

63.54 per hour for 32 hours per week for 12 months (1 resident)

Project WBS (Work Breakdown Structure)* (?)

Psychiatric Residency program for Forensics, CAS, AMH
Outpatient and Crisis

Fiscal Year* (?)	Amount* (?)
2025	\$ 151,479.36

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

151,479.36

Contract Funding Source*

Federal Grant

Contract Content Changes

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

Yes No

Please Explain*

see file upload

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 (?)

0735 2025 changes.pdf

1.17MB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Felecia Garner

Budget Manager Approval(s) 

Approved by

Debbie Chambers & Shelby

Contract Owner Approval 

Approved by

Felecia Garner, HD

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

6/20/2024

EXHIBIT F-7

Pharmacy Inventory Services - Project #FY24-0314

Presented by: Stanley Adams, MBA



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program	25%
Understanding	20%
Financial Condition	5%
History, Past Performance, and Description of the Firm	20%
Credentials of Staff	10%
References	10%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor A
Evaluator 1	98
Evaluator 2	95
Evaluator 3	100
Evaluator 4	97
Average Evaluation Score	97.5

The total possible score is 100 points.

Request For Proposal – Pricing

		Quantity Required	Unit Price	Total Cost
Year One (1) 09/01/2024-08/31/2025				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.25	\$ 2.25
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Two (2) 09/01/2025- 08/31/2026				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.25	\$ 2.25
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Three (3) 09/01/2026 – 08/31/2027				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.50	\$ 2.50
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Four (4) 09/01/2027 – 08/31/2028				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.50	\$ 2.50
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Five (5) 09/01/2028– 08/31/2029				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.75	\$ 2.75
	Annual NTE (for the 5 locations)	1	\$ 90,000.00	\$ 90,000.00

Request For Proposal- BAFO Pricing

		Quantity Required	Unit Price	Total Cost
Year One (1) 09/01/2024-08/31/2025				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.15	\$ 2.15
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Two (2) 09/01/2025-08/31/2026				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.15	\$ 2.15
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Three (3) 09/01/2026-08/31/2027				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.40	\$ 2.40
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00
Year Four (4) 09/01/2027-08/31/2028				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.40	\$ 2.40
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$90,00.00
Year Five (5) 09/01/2028-08/31/2029				
	Annual Rate Dollar Amount Per \$1,000.00	1	\$ 2.65	\$ 2.65
	Annual NTE (For the 5 locations)	1	\$ 90,000.00	\$ 90,000.00

Deviation Page-

Additional pricing requirement to include a minimum charge as follows:

- Year one 09/01/2024-08/31/25-Minimum charge of \$1,000.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,000.00.
- Year two 09/01/2025-08/31/2026 -Same as year one 09/01/2024-08/31/2025.
- Year three 09/01/2026-08/31/2027 -Minimum charge of \$1,250.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,250.00.
- Year four 09/01/2027-08/31/2028 - Same as year three 09/01/2026-08/31/2027.
- Year five 09/01/2028-08/31/2029 -Minimum charge of \$1,500.00 per location if the annual rate dollar amount per 1,000 equals less than \$1,500.00.

Award Recommendation



Award Recommendation REQUEST FOR PROPOSAL Pharmacy Inventory Services Project #FY24-0314

A Proposal Opening for Pharmacy Inventory Services Hospital was held on Thursday, May 15, 2024.

Two hundred seventy (270) vendors were identified in this area of interest by our procurement Software and were notified of this opportunity. Thirteen (13) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on five (5) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC). One (1) proposal was received. One (1) deemed responsive. The vendor who submitted responsive proposals is Button's Inventory Services Inc. After review of the Proposals, a Best and Final Offer (BAFO) was requested of the one (1) responsive vendor. This vendor submitted a BAFO with a price change.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Angela Babin, Senior Director of Pharmacy Programs, Tanya White, Manager of Pharmacy Operations, Luming Li, Chief Medical Officer, Teri Garland, Pharmacy Operations Coordinator.

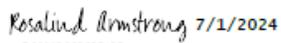
Seven (7) areas were evaluated: Overall Program, Understanding, Financial Condition, History, Past Performance, and Description of the Firm, Credentials of Staff, References and Cost.

Based on the project team's evaluation of responses received, it is recommended to award Button's Inventory Services Inc

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date, and shall remain in effect unless terminated, canceled, or extended. Subsequent contract years will begin on September 1st and end on August 31st.

The initial fiscal year budget requested is \$90,000.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$450,000.00 funded annually. The Funding Source is 1135- 543067.

- FY25 NTE- \$90,000.00
- FY26 NTE- \$90,000.00
- FY27 NTE- \$90,000.00
- FY28 NTE- \$90,000.00
- FY29 NTE- \$90,000.00

DocuSigned by:

 Rosalind Armstrong, BSBA
 Buyer II

DocuSigned by:

 Nina Cook, MBA, CTCM, CTCD
 Director of Purchasing

DocuSigned by:

 Stanley Adams, MBA
 Interim Chief Financial Officer

Thank you.

EXHIBIT F-8



The Harris Center for Mental Health MH and IDD (The Harris Center):
Compliance Department (Compliance) FY 2025 Work Plan

Work Plan Description: The Work Plan briefly describes the various areas that we perceive as critical to the mission of The Harris Center.

Presenter: Demetria Lockett, Compliance Director

Focus Reviews- are designed to address a variety of issues, including, but not limited to, billing and procedural coding, individual information, confidentiality, service activities, corrective actions, etc. A focused review may be initiated by sources other than Compliance, including, but not limited to, directors, program managers, and administrative or direct care staff.

Twenty-six (26) Follow-up Reviews:

- Youth Diversion Center
- Hillcroft, Pasadena, and Humble Day Programs
- TxHmL Provider
- Substance Use Disorder Outreach Program (SUDOP)
- Community Mental Health Contracts
- Projects for Assistance in Transition from Homelessness (PATH)
- Southwest Community Service Center (SWCSC)
- Youth Empowerment Services (YES) Waiver
- Psychiatric Emergency Services (PES)
- Northeast Community Service Center (NECSC)
- Youth Empowerment Services (YES) Waiver
- Homeless Outreach Team (HOT)
- Clinical High Risk for Psychosis (CHR-P)
- Integrated Healthcare
- The PEERS for Hope House
- STARS
- Texas Correctional Office on Offenders with Medical or Mental Impairments Jr. (TCOMMI Jr.)
- Multisystemic Therapy (MTS)
- Coffeehouse
- The Harris Center Independent Living
- Northwest/Southeast Community Service Center (NW/SECSC ACT/FACT)
- Outpatient Biopsychosocial Approach for IDD Service (OBI)
- Crisis Stabilization Unit (CSU)
- Optum Integrated Behavioral Health Home
- Northwest Community Service Center (NWCSC)
- Policy/Code of Conduct Acknowledgements



Fourteen (14) Focus Reviews:

- ANSA/CANS/Treatment Plans (MH Division)
- Telehealth Services
- Community First Choice Service Coordination
- HCS Service Coordination
- Credentialing
- Texas Home Living (TxHmL) Service Coordination
- Policies and Procedures (MH Division)
- Enhanced Community Coordination Service Coordination
- Training
- PASRR Service Coordination
- Eligibility-Intake and Scheduling
- Eligibility-HCS/TxHmL Interest List
- Service Coordination: Basic GR
- Consents (All Divisions)

Operational Review – a review to determine if agency facilities/programs meet federal/state requirements and city ordinances, postings, accessibility, appearance, safety, and consumer service. It identifies systemic and potential operational hazards, flaws, and deficiencies in operational practice before they lead to an accident.

Four (4) Operational Reviews:

- Forensics Division
- MH Division
- CPEP Division
- IDD Division

Comprehensive Review – A review of The Harris Center’ adherence to regulatory guidelines related to, Operations, Medical, Environment, Personnel Requirements, Clinical Record Review, and others as assigned. Records are selected randomly; the size of the programs and the frequency of entries are contributing factors to the number of records reviewed.

Forty-five (45) Comprehensive reviews:

- Mobile Outreach Crisis Team (MCOT)
- Dual Diagnosis Residential Program (DDRP)
- Pasadena Cottages A/B
- Assisted Outpatient Treatment (AOT)
- TxHmL Provider
- Crisis Residential (CRU)
- TRIAD Children Mental Health Services
- Youth Empowerment Services (YES Waiver)
- Outpatient Competency Restoration
- Community Assistance and Referral Program (CARP)
- IDD Contracts
- OSAR
- Behavioral Health Response Team (BHIRT)



- Infirmiry Discharge Treatment Planning (HCSO)
- Westbury
- Southeast Community Service Center Children's Services (SECSC)
- The Enrichment Center at the Villas of Eastwood
- Forensic Front Door
- Southwest Community Service Center Children's Services (SWCSC)
- Rapid Response
- Forensic Specialty
- Northwest Community Service Center (NWCSC)
- The Navigation Center: Harris Center Support Team
- Forensic Outpatient
- Applewhite
- CAS Co-Location Clinics
- Clinician Officer Remote Evaluation
- Peer Support and Re-Entry Services
- IDD Network Development and Management
- Continuity of Care Services
- Chronic Consumer Assistance Program
- New Start Residential (TCOOMMI Adult)
- Jail Diversion Aftercare
- Declaration of Mental Health Treatment
- Donsky
- New Start (TCOOMMI Jr: MH Portion)
- Crisis Call Diversion
- Transitional Services
- IDD Clinical Services
- Early Childhood Intervention (ECI)
- Community Unit Probation Services (CUPS)
- CIRT
- Southeast Community Service Center (SECSC)
- Consents
- Policy/Code of Conduct Acknowledgements

Billing and Coding- Reviews of medical financial records and/or other source documents that support claims for reimbursement to ensure accuracy of claims.

Twenty-Five (25) Billing and Coding Audits:

- AMH Coding Audit
- CAS Coding Audit
- CAS Counseling Services Audit
- AMH Case Management Audit
- Medicaid Coding Requirements Audit
- CAS Medication Training Support Audit
- Harris Center Pharmacy Operations Audit
- CAS Case Management Audit



- AMH Counseling Audit (CBT)
- Family Partner Support Services Audit
- AMH Counseling Services Audit (CPT)
- AMH Medication Training & Support Audit
- AMH Skills Training & Development Audit
- Adult Withdrawal Medication Services Audit
- CAS Crisis Intervention Audit
- SUD Medication Assisted Treatment Program Audit
- IDD Progress Notes Audit
- Forensics Progress Notes
- IDD Billing & Coding Audit
- PES Billing Audit
- CSU Billing Audit
- CRU Billing Audit
- SUD Billing Audit
- AMH Billing Audit
- CAS Billing Audit

Program Self-Monitoring- To determine if programs are conducting documentation reviews to identify deficiencies.

Four (4) Program Self-Monitoring

- Forensics Division
- MH Division
- CPEP Division
- IDD Division

External Audits- medical record review of dates of service, patients enrolled, and such plans.

Other Compliance Activities-

- Maintenance of The Harris Center's Policy and Procedures (Ongoing)
- Compliance Education and Development (Ongoing)
- Corporate Compliance and Ethics Week November 5-11, 2024

EXHIBIT F-9

FY2024 Q2/Q3 Audits

Internal Audit Department

David W. Fojtik, CPA, MBA, CIA, CFE
July 16, 2024



FY2024 Q2/Q3 Reports

Agenda

□ Proposed FY 2025 Audit Plan (Action Item)

□ Internal Audits to be presented (Discussion):

- FY 2024 Board Approved Audit - Bank Reconciliation Audit
- Follow-Up Audit: Fleet Management (last reviewed in FY 2023)
- Follow-Up Audit: Fixed Assets and Inventory Control (last reviewed in FY 2023)
- Follow-Up Audit: Travel Reimbursements Audit (last reviewed in FY 2023)
- Special Audit Request: Petty Cash and Change Funds Audit
- Special Management Request: Cybersecurity
- Continuous Auditing

FY2024 Q2/Q3 Reports

Follow-up Fleet Management Audit:

Management Response #1 (Director of Transportation): *“Entering into the contract with Enterprise just as the nation faced the COVID crisis presented some very real challenges with the nation shutting down for several months and that coupled with the semi-conductor shortage drove the fleet replacement time from months to years. With the conditions improving in FY 2024, we expect the fleet replacement to be completed late FY 2024 to early FY 2025. Once the fleet is replaced with only the rental fleet, I expect to see a drop in operating cost across the board; maintenance, fuel cost, etc. The enterprise management team has been very good in helping navigate this crisis and has kept the transportation team informed and engaged in the replacement process and options available to the Center. Internally we are working on purchasing internal software to assist in managing the fleet for our end, this should result in reduced cost fleet wide. Once the fleet is replaced it is my recommendation an audit be conducted on vehicle use by program to determine if the actual car count could be reduced which would also result in reduced yearly expenditures.”*

FY2024 Q2/Q3 Reports

Follow-up Fleet Management Audit:

Internal Audit Response

Once the leasing process is completed, we will perform a review of the leased vehicles by program to determine if actual car counts are adequate or could be decreased based on usage which would result in reduced yearly expenditures.

FY2024 Q2/Q3 Reports

Follow-Up Fixed Assets and Inventory Control:

Finding #1 - Internal Audit generated the Fixed Assets Inquiry online report, dated 01/31/2024, and found 73 fixed assets, such as personal computers, scanners, cameras, and installed medical equipment that were still assigned to former and terminated employees.

Recommendation: Internal Audit recommends that the records containing names of former employees should be reassigned to show “general use” status if assets are not redeployed to another employee.

UPDATES

As of 06/04/2024, the Fixed Asset team ensured that all corrective activity had occurred to address this issue, and in Internal Audit’s follow-up review found no laptops or other fixed assets assigned to former employees. This was accomplished by ongoing intensified emails sent by the FA team to the Fixed Asset Designees (FADs) to provide the required paperwork. Also, the FADs’ supervisors and Internal Audit were added to these emails.

Note to Finding: The Fixed Asset Team is doing what it is empowered, by the agency, to do to keep the Fixed Asset inventory up to date. The Fixed Asset Team cannot make any updates to devices (location and employee assignment) without the proper paperwork, which is required by agency policy to authorize any updates.

FY2024 Q2/Q3 Reports

Follow-up Fixed Assets and Inventory Control:

Staff Comments – Internal Audit spoke with a number of fixed assets designees (FADs) who maintain the fixed assets inventory process. Here is a short list of additional comments from our conversations:

- 1. Challenges include work environments where employees may trade or borrow laptops without the FAD's knowledge. but that type of exchange would occur after hours or weekends without the FAD's knowledge.*
- 2. Another challenge is assigning a fixed location for equipment items when room numbers are updated during construction, or the equipment is a laptop used in the employee's home.*
- 3. Whenever terminated employees leave employment, there is no automated process to identify the records that are no longer correct and require an amendment to show that or this laptop should be reassigned to "general use" or to "disposal" if it is no longer functional, or should be reassigned to another current employee in the business unit.*

FY2024 Q2/Q3 Reports

Follow-up Fixed Assets and Inventory Control:

Comments (cont'd)

4. *Fixed Asset Tags are placed in tough-to-read locations (back side, underneath side) of the equipment, which sometimes requires disassembling computer components to find Tag #.*
5. *There appears to be no tie-in to the Center's budgeting process or with the Ross financial system.*

FY2024 Q2/Q3 Reports

Follow-up Fixed Assets and Inventory Control:

Management Response #1 (Fixed Asset Examiner):

- ✓ “Remove all ASSIGNED GENERAL USE designations as an employee assignment.
Replace with either your (FAD) name or the unit manager’s name.
- ✓ *Remove all former employees and old unit staff data and replace it with the new staff names. If the position is vacant for now, replace that data with either your name or the unit manager’s name*
- ✓ *Update locations if devices are moved or the Program relocates.”*

FY2024 Q2/Q3 Reports

Follow-up Travel Reimbursements Audit:

Observation #1 – Travel reports were reviewed between September 1, 2023 and February 28, 2024.

- 1) The six-month reimbursements totaled **1,145,215 miles** compared to **1,276,975 miles** reported in a prior six-month period from September 1, 2022 through February 28, 2023.
- 2) We determined that **95.7%** of the First Trip segment miles started from the employee's assigned Harris Center location and **88.2%** of Last Trip segment miles ended at their assigned Harris Center location.
- 3) Internal Audit noted that the current Center's travel policies rely on IRS business travel guidelines which require employees to compute mileage by subtracting "normal commute miles" to their assigned Center location.
- 4) The Harris Center paid out \$775,079 to 635 employees in Travel Reimbursements during the period September 1, 2023 through February 28, 2024.

FY2024 Q2/Q3 Reports

Follow-up Travel Reimbursements Audit:

Observation #1 – Travel reports were reviewed between September 1, 2023 and February 28, 2024.

5) Internal Audit found 26 employees submitted at least \$6,000 in mileage claims over this six-month period, however, per our review none of these individuals submitted reimbursements for excessive mileage.

Currently, although 4.3% of reimbursed travel reimbursements included starting from residential locations on the first trip of the day and 11.2% of last trip reimbursements ended at residential locations are immaterial in amount, these routes are not 100% compliant with current Travel Expense Reimbursement Policies and Procedures.

Internal Audit recommends the Travel Policies be revised to reflect compliancy.

FY2024 Q2/Q3 Reports

Special Audit Request: Petty Cash and Change Funds Audit:

Observation #1 – Internal Audit performed unannounced petty cash audits and found the counted contents of currency agreed with the designated target cash balances that were listed in the Petty Cash Custodian Listing.

Internal Audit has noticed that the petty cash fund balances have decreased over the past years, and many petty cash custodians do not reconcile the petty cash funds timely due to fewer transactions that require petty cash as online purchases continue to reduce the usage of the current 17 petty cash funds.

The valuation of the funds in FY 2019 was \$9,350.00 compared to the current total value of \$4,150.00.

FY2024 Q2/Q3 Reports

Special Management Request: Cybersecurity Audit:

Observation #1 – Internal Audit met with the Center’s Information Security Officer (ISO) to discuss the Center’s stabilization following a cybersecurity attack on November 7, 2023.

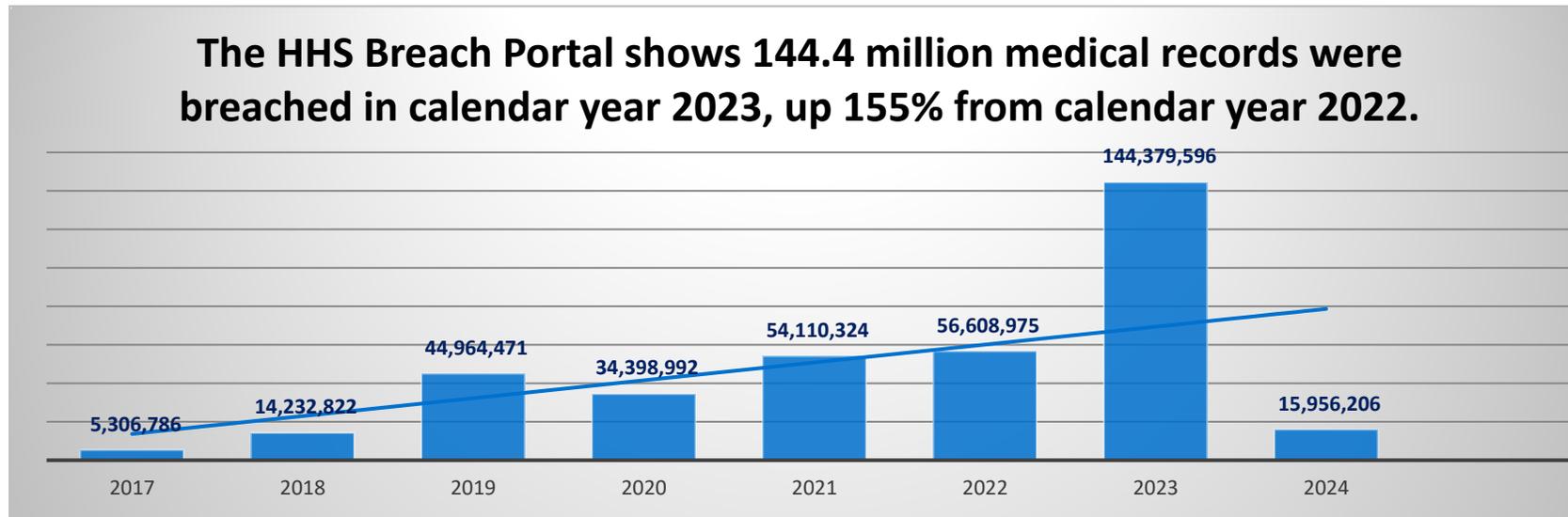
- 1) We learned that at the time a previously unidentified “bad actor” emerged and made their entry through the Center’s Citrix Netscaler system, then pursued a systematic encryption of our data files, to make them unavailable to the Center’s users.
- 2) The ISO reported that granting system access quickly was essential to restoring the Center’s operations and Information Technology consultants were brought in to assist. The objective was to “reduce our attack surface” without shutting down service to end-users, which could have halted services in the Center’s offices.

Summary - No ransom was paid and the Center’s operations continued with moderate delays after the breach occurred. Work arounds after the breach enabled operations to continue at a measured pace.

FY2024 Q2/Q3 Reports

Special Management Request: Cybersecurity Audit:

Observation #2 – Internal Audit attended a Clearwater Security debrief which reported that the HHS Breach Portal counted 144.4 million medical records breached in CY2023 versus 56.6 million in CY2022, thus posting the 155.0% increase. The report stated 76% of the reported medical breaches were due to hacking incidents.



Source: HHS Breach Portal (data pulled March 3, 2024), presented at recent Clearwater Security presentation, April 8, 2024

FY2024 Q2/Q3 Reports

Continuous Auditing:

The Harris Center Internal Audit Department has implemented “continuous auditing” scripts to review Accounts Payable and Travel Expense reimbursement transactions.



Continuous Audit

[ken-'nɪ-yū-es 'ɑ-dɪt]

An internal process that examines accounting practices, risk controls, compliance, information technology systems, and business procedures on an ongoing basis.



The infographic features a circular flow diagram on the left. It starts with a laptop, moves to a magnifying glass over a document, then to a stack of coins, and finally to a computer monitor displaying dollar signs. Arrows indicate a clockwise cycle between these elements. The background is a solid light blue.

FY2024 Q2/Q3 Reports

Continuous Auditing (cont'd):

Continuous Auditing enables Internal Audit to:

- Collect from processes, transactions, and accounts data that support internal audit activities.
- Achieve more timely, less costly compliance with the Center's policies, procedures, and regulations.
- Shift from cyclical or episodic reviews with limited focus to continuous, broader, more proactive reviews to detect misappropriations/fraud.
- Evolve from a traditional, static annual audit plan to a more dynamic plan based on continuous auditing results.
- Reduce audit costs while increasing effectiveness through IT solutions.

In summary, the value of continuous auditing is that it enables Internal Audit to move from sampling a limited number of accounts and transactions to complete coverage of 100% of accounts and transactions (whenever and where desired).

Questions

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