

Governance Committee Meeting  
February 28, 2023  
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 Tuesday,  
January 24, 2023  
(*EXHIBIT G-1*)

**IV. REVIEW AND TAKE ACTION**

**A. NEW/UNCHANGED**

1. Cellular Phone Distribution and Management  
(*EXHIBIT G-2*)
2. Confidentiality and Disclosure of Parent/Individual Health  
Information  
(*EXHIBIT G-3*)
3. The Development and Maintenance of Center Policies  
(*EXHIBIT G-4*)

**B. REVISED/MINOR CHANGES**

1. Burglaries or Theft  
(*EXHIBIT G-5*)
2. Court-Ordered Outpatient Mental Health Services  
(*EXHIBIT G-6*)
3. Delegation and Supervision of Certain Nursing Acts  
(*EXHIBIT G-7*)
4. Emergency Medical Care for Consumers, Employees and  
Volunteers  
(*EXHIBIT G-8*)
5. Infection Control and Prevention  
(*EXHIBIT G-9*)
6. Management of Legal Documents & Litigation  
(*EXHIBIT G-10*)
7. Mandatory COVID-19 Vaccinations  
(*EXHIBIT G-11*)
8. Medical Peer Review  
(*EXHIBIT G-12*)
9. Medical Services  
(*EXHIBIT G-13*)
10. Pharmaceutical or Patient Assistance Programs (PAP)

(EXHIBIT G-14)

11. Referral, Transition and Discharge  
(EXHIBIT G-15)

12. Research Procedures and the Committee for Protection of  
Human Subjects  
(EXHIBIT G-16)

13. Risk Management Plan  
(EXHIBIT G-17)

14. Social Media Use  
(EXHIBIT G-18)

15. Utilization of Security Officer Services  
(EXHIBIT G-19)

**V. EXECUTIVE SESSION**

• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

• In accordance with §551.074 of the Texas Government Code, discussion of personnel matters related to the nomination of Board members to service on the Board's Audit Committee this calendar year. Mr. James Lykes, Chair of Governance Committee and S. Zakaria, Chair of the Harris Center Board of Trustees

**VI. RECONVENE INTO OPEN SESSION**

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

**VIII. INFORMATION ONLY**

A. Abbreviation List  
(EXHIBIT G-20)

**IX. ADJOURN**



Veronica Franco, Board Liaison  
Jim Lykes, Chair, Governance Committee  
The Harris Center for Mental Health and IDD



# **EXHIBIT G-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
GOVERNANCE COMMITTEE MEETING  
TUESDAY, JANUARY 24, 2023  
MINUTES**

**CALL TO ORDER**

Mr. Jim Hayes Chairman called the meeting to order at 8:36 a.m. in Conference Room 109-9-01 South West Freeway noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Mr. Jim Hayes Mr. J. P. Pomic Dr. R. Gearing  
Dr. M. Miller Mr. S. Salaria

Committee Member Absent: Mrs. J. Hurtado

Other Board Member Present: Dr. J. Santos Mrs. J. Hellums Dr. J. Moore

**1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

Mr. Jim Hayes designated Dr. Santos Mrs. Hellums and Dr. J. Moore as voting members of the committee.

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:36 a.m.

**3. PUBLIC COMMENTS**

There were no Public Comments.

**4. APPROVAL OF MINUTES**

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday November 1 2022

**MOTION: GEARING      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Minutes of the Board of Trustees Governance Committee meeting held on Tuesday November 1 2022 EPHIT has been approved and recommended to the full Board.

**5. REVIEW AND TAKE ACTION**

- A.  Unchanged
  - 1. Employment Policy

**MOTION: MOORE                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Employment Policy  E  HI  IT  2 has been approved and recommended to the full board.

- 2. Pharmacy Peer Review

**MOTION: MOORE                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Pharmacy Peer Review  E  HI  IT  3 has been approved and recommended to the full board.

- 3. Privacy Officer

**MOTION: ZAKARIA                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Privacy Officer  E  HI  IT  has been approved and recommended to the full board.

- Relief Service Employees

**MOTION: MOORE                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Relief Service Employees  E  HI  IT  has been approved and recommended to the full board.

- The Requisitioning and Purchasing of Goods and or Services

**MOTION: GEARING                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** The Requisitioning and Purchasing of Goods and or Services EHIIT 6 has been approved and recommended to the Full Board.

- REISED/MIOR CHANGES
  1. Business Associate Policy

**MOTION: GEARING      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Business Associate Policy EHIIT 6 has been approved and recommended to the Full Board.

2. Employee Performance Evaluation

**MOTION: GEARING      SECOND: ZAKARIA**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Employee Performance Evaluation EHIIT 8 has been approved and recommended to the Full Board.

3. Oursing Peer Review: Incident Based or Safe Haror

**MOTION: MOORE      SECOND: ZAKARIA**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Oursing Peer Review: Incident Based or Safe Haror EHIIT 9 has been approved and recommended to the Full Board.

- Personal Relationships in the Workplace

**MOTION: SANTOS      SECOND: ZAKARIA**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Personal Relationships in the Workplace EHIIT 10 has been approved and recommended to the Full Board.

Petty Cash

**MOTION: GEARING      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**  Petty Cash  E  HI  IT  11 has  been approved and recommended to the  full  board.

6. Reporting Automobile Accidents

**MOTION: GEARING      SECOND: ZAKARIA**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**  Reporting Automobile Accidents  E  HI  IT  12 has  been approved and recommended to the  full  board.

Telehealth/Telemedicine Services

**MOTION: GEARING      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**  Time and Attendance in the  or  place  E  HI  IT  13 has  been approved and recommended to the  full  board. Dr. Santos requested to add a reference to the procedures.

8. Third Party Participation in Patient Services

**MOTION: WOMACK      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**  Third Party Participation in Patient Services  E  HI  IT  14 has  been approved and recommended to the  full  board.

9. Trauma Informed Practice

**MOTION: HELLUMS      SECOND: MOORE**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**  Third Party Participation in Patient Services  E  HI  IT  15 has  been approved and recommended to the  full  board.

10. Force Reduction

**MOTION: MOORE                      SECOND: HELLUMS**  
**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED** Force Reduction **RESOLVED** 1/26/23 has been approved and recommended to the full board.

**6. EXECUTIVE SESSION -**

Mr. Lykes announced the Committee was entering into Executive session at 8:00 am for the following reason:

- In accordance with 1.01 of the Texas Government Code Discussion of Personnel Matters related to the nomination of Individual Board members for Board Officers and the proposed 2023 Slate of Officers. Mr. James Lykes Chair of Governance Committee S. Maria Chair of the Harris Center Board of Trustees

**7. RECONVENED INTO OPEN SESSION-**

The Governance Committee reconvened into open session at 9:21 a.m.

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

No action taken as a result of Executive session.

**9. ADJOURN**

**MOTION: SANTOS                      SECOND: HELLUMS**

The meeting was adjourned at 9:21 A.M.

**Respectfully submitted,**

---

**Veronica Franco, Board Liaison**  
**Jim Lykes, Chairman**  
**Governance Committee**  
**THE HARRIS CENTER for Mental Health and IDD**  
**Board of Trustees**

# **EXHIBIT G-2**

Status **Pending** PolicyStat ID **12363056**



Origination	N/A	Owner	Wesley Farris: ITSecOfcr
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## HIM21A Cellular Phone Distribution and Management

### 1. PURPOSE:

The purpose of this policy is to ensure The Harris Center issued cellular phones and the data contained therein are securely distributed and managed.

### 2. POLICY:

- Smart phones intended for workforce member use must have mobile device management enforced prior to distribution.
- Cellular phones intended for consumer use must not be smart phones unless approved by the Chief Information Officer (CIO) and Information Security Officer (ISO) on a per program basis.
- The Harris Center staff members must not distribute/provide smart phones configured with Center staff credentials to other staff members, even for temporary/single use cases.
- The Harris Center staff members must not distribute/provide smart phones configured with Center staff credentials to consumers, even for temporary/single use cases.
- The Harris Center smart phones must be assigned to the intended individual user by the Information Technology (IT) Department. Exceptions must be approved by the CIO and ISO.
- The assigned smart phone user is responsible for the device and the information on the device and must return the device to the IT department for service/reassignment, etc.
- End-user departments shall not assign/reassign cellular phones.

### 3. APPLICABILITY/SCOPE:

All employees, staff, contractors, interns and volunteers with a Harris Center issued cellular phone.

## 4. PROCEDURES:

Cellular Phone Distribution and Management Procedure

## 5. RELATED POLICIES/FORMS:

- HIM4A Information Security Policy

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- NIST Special Publication 800-53 Rev. 5: AC-19
- CARF: Section 1., Subsection J., Technology

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Mustafa Cochinwala: Dir	12/2022
Initial Assignment	Wesley Farris: ITSecOfcr	12/2022

### History

**Created by Robinson, Anthony: VP** on 9/13/2022, 1:29PM EDT

Imported policy draft

**Last Approved by Farris, Wesley: ITSecOfcr** on 12/14/2022, 12:22PM EST

**Last Approved by Cochinwala, Mustafa: Dir** on 12/15/2022, 9:59AM EST

Approved

---

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:23PM EST

**Administrator override by Webb, Christopher: Audit** on 1/27/2023, 3:15PM EST

Added Area and policy number to document.

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:49PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:13PM EST

# **EXHIBIT G-3**

Status **Pending** PolicyStat ID **11725237**



Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2000		
Next Review	1 year after approval		

# HIM6A Confidentiality and Disclosure of Patient/Individual Health Information

## 1. PURPOSE

The Center shall protect the privacy of all patient/individual health information and safeguard such information against loss, damage, alteration, or impermissible disclosure. Uses and disclosures will be made only as permitted or required by law and will consist of only the relevant or minimal amount necessary to satisfy the purpose of the use or disclosure.

## 2. POLICY

It is the policy of The Harris Center that the patient/individual records are the property of the Center and may be removed from Center premises only in accordance with a court order, subpoena, or statute. Proven privacy violations of the patient/individual health information by any employee or business associate may be cause for disciplinary actions including termination of employment or contract. Violations will also be mitigated in accordance with privacy regulations.

## 3. APPLICABILITY/SCOPE

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center.

## 4. PROCEDURES

See procedure HIM: 003b.

## 5. RELATED POLICIES/FORMS

<b>Policy and Procedures</b>	<b>Reference</b>
Patient/individual Records Administration	HIM: 005
Faxing Patient/individual Record Information	HIM: 009
Patient/ Individual Access to Medical Records	HIM: 016
Sanctions for Privacy and Security Violations	HIM: 017
<b>Forms</b>	<b>Reference</b>
Authorization Request Cover Letter	
Authorization to Disclose Patient/individual Health Information	HIM: 016
Revocation for Disclosure of Health Information	HIM: 016
Information Media Consent Form	HIM: 015

### Procedure Attachments Reference

Patient/individual Protected Health Information	
Release of Information Log	Attachment A
Release of Information Grid	Attachment B
Verification Checklist for Processing Authorizations	Attachment C
Release of Information Cover Letter	Attachment D
Confidentiality Statement	Attachment E
Release of Information Processing Fee	Attachment F
Release of information Invoice	Attachment G
Subpoena Information Sheet	Attachment H
Employee Statement of Information Security and Confidentiality	Attachment I
Emergency Verification for Disclosure of Protected Health Information	Attachment J
Confidentiality Awareness Guidelines	Attachment K
Guidelines for Releases	Attachment L
Business Records Affidavit	
No Records Affidavit	

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2

Health Insurance Portability and Accountability Act 1996,45 CFR Parts 160 and 164

Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Texas Human

Resources Codes Chapter 48  
 Medical Records Privacy Act, Texas Health & Safety Code Chapter 181  
 Mental Health Record, Texas Health and Safety Code Chapter 611  
 Interagency Sharing of Certain Noneducational Records, Texas Family Code §58.0052  
 Physician-Patient Communication, Texas Occupations Code Chapter 159  
 Physician-Patient Privilege, Texas Rules of Evidence Rules 509  
 Mental Health Information Privilege in Civil Cases, Texas Rules of Evidence 510

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Mustafa Cochinwala: Dir	01/2023
Initial Assignment	Rita Alford: Dir	01/2023

## History

**Sent for re-approval by Alford, Rita: Dir** on 5/11/2022, 9:36AM EDT

**Last Approved by Alford, Rita: Dir** on 5/11/2022, 9:47AM EDT

**Administrator override by Webb, Christopher: Audit** on 5/11/2022, 10:55AM EDT

Updated owner of document and removed a owner.

**Approval flow updated in place by Webb, Christopher: Audit** on 7/18/2022, 11:02AM EDT

**Administrator override by Webb, Christopher: Audit** on 7/25/2022, 5:26PM EDT

Updated document owner.

**Approval flow updated in place by Webb, Christopher: Audit** on 12/21/2022, 12:04PM EST

**Last Approved by Alford, Rita: Dir** on 1/6/2023, 5:38PM EST

---

**Last Approved by Cochinwala, Mustafa: Dir** on 1/9/2023, 9:44AM EST

Approved

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:22PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:48PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:12PM EST

# **EXHIBIT G-4**

Status **Pending** PolicyStat ID **13038769**



Origination	N/A	Owner	Anthony Robinson: VP
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## LD18A The Development and Maintenance of Center Policies

### 1. PURPOSE:

The purpose of this policy is to establish the guidelines of The Harris Center for Mental Health and IDD (The Harris Center) for the development of agency policies.

### 2. POLICY:

It is the policy of The Harris Center to develop and maintain policies and procedures, which define the internal management and operations of the agency. All policies, procedures, plans, protocols notices and all other regulatory documents shall comply with state/local contracts, grants, rules, regulations, The Harris Center's Board of Trustees' policies and other applicable statutes. Polices shall be reviewed and updated at least annually, unless changes in regulations, laws, changes within The Harris Center's privacy practices or The Harris Center business needs require an earlier review.

Updated copies of the agency's policies are maintained within a data management system accessible to all staff. Suggestions for the development of new agency policies or revisions to existing policies may be made by contacting The Harris Center's Compliance department. When immediate action is needed and timing precludes the normal review and approval, process, the CEO may issue Administrative Directives that are followed up with the formal policy and procedure development process. Board Committee and Full Board meeting agendas will include two sections, as it relates to policies. One section will include new and revised policies for consideration. The other section will include policies with no substantive changes from review period to review period, but which require an annual review and approval.

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees, staff, volunteers, contractors, and interns of The Harris Center.

### 4. PROCEDURES:

LD11B. Policy Changes Outside of Board Review and Approval

### 5. RELATED POLICIES/FORMS:

Bylaws of the Board of Trustees of the Harris Center for Mental Health and Intellectual Developmental Disabilities

### 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Section 1. Aspire to Excellence

#### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023
Initial Assignment	Christopher Webb: Audit	01/2023

#### History

Created by Webb, Christopher: Audit on 1/26/2023, 6:37AM EST

Uploaded document and started the workflow approval process.

Last Approved by Webb, Christopher: Audit on 1/26/2023, 6:37AM EST

---

**Administrator override by Webb, Christopher: Audit** on 1/27/2023, 9:58AM EST

Added policy number to document.

**Administrator override by Fleming, Shannon: Counsel** on 2/6/2023, 10:42AM EST

added procedure and removed procedure

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:46AM EST

**Administrator override by Webb, Christopher: Audit** on 2/6/2023, 10:48AM EST

I have updated the policy number for this document.

**Administrator override by Robinson, Anthony: VP** on 2/7/2023, 1:13PM EST

Updated heading "Policy", added procedural and policy references

**Last Approved by Robinson, Anthony: VP** on 2/7/2023, 1:13PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/7/2023, 2:32PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 4:11PM EST

# **EXHIBIT G-5**

Status **Pending** PolicyStat ID **12961079**

Origination	06/2013
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	1 year after approval

Owner	Anthony Robinson: VP
Area	Environmental Management
Document Type	Agency Policy

## EM3A Burglaries or Thefts

### 1. PURPOSE

To ensure documentation, tracking, and reporting of lost or stolen property.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, **theft or loss** **thefts or losses** of The Harris Center property shall be reported immediately upon discovery to the local police and/or to the appropriate personnel at The Harris Center. Property losses shall be reviewed to determine negligence, including degree of financial responsibility for the loss.

### 3. APPLICABILITY/SCOPE

This policy applies to all employees, **staff**, contractors, volunteers and interns of The Harris Center.

### 4. DEFINITIONS

N/A

### 5. PROCEDURES

- Reporting Procedures
- Recovery of Lost Property

## 6. RELATED POLICIES/FORMS:

- [HIM11A Off Premises Equipment Usage](#)
- [incidentEM4A Incident Reporting](#)
- Equipment Disposal Report
- The Harris Center Property Authorization for Employee Use Form

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Anthony Robinson: VP	02/2023

### History

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Draft saved by Robinson, Anthony: VP** on 2/6/2023, 11:30AM EST

**Edited by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

Updated Scope and added Policy references

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:31AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:46PM EST

---

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 3:42PM EST

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **12961078**



Origination 06/2000

Last Approved N/A

Effective Upon Approval

Last Revised 02/2023

Next Review 1 year after approval

Owner Shiela Oquin:  
ExecAsst

Area Assessment,  
Care & Continuity

Document Type  
Agency Policy

## ACC1A Court-Ordered Outpatient Mental Health Services

### 1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

### 2. POLICY:

It is the policy of The Harris Center that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or a risk associated with relapse or re-hospitalization, dangerous behavior or deterioration.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center including, both direct and contracted employees.

### 4. PROCEDURES:

Section I: Routes to Court-Ordered Out-Patient Mental Health Services

Section II: Order Following Hearing on Application for Temporary Mental Health Services

Section III: Modification of In-Patient to Out-Patient Commitment

Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment

Section V: Termination of Commitment

Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In Patient Treatment

Section VII: Treatment Failure

Section VIII: Procedure for Transmitting Documents to Court Staff Training

Section IX: Staff Training

Section X: Review of Policy and Procedure

Section XI: References

Section XII: Forms

Section XIII: Attachments

## 5. RELATED POLICIES/FORMS ~~(for reference only)~~:

NA

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574

CARF: Section 1. Subsection E., Legal Requirements

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Shiela Oquin: ExecAsst	01/2023

### History

---

**Comment by Oquin, Shiela: ExecAsst** on 9/16/2022, 2:10PM EDT

@[Britt, Lance: Dir](#) - Policy does not have any procedures. Please review, create procedures and have them uploaded into Policy Stat for approval.

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Comment by Oquin, Shiela: ExecAsst** on 1/11/2023, 9:18AM EST

@[Britt, Lance: Dir](#) Are we good with me approving this policy/procedure?

**Last Approved by Oquin, Shiela: ExecAsst** on 1/24/2023, 4:32PM EST

**Last Approved by Pace, Keena: Exec** on 2/3/2023, 6PM EST

**Administrator override by Robinson, Anthony: VP** on 2/7/2023, 1:15PM EST

formatting

**Last Approved by Robinson, Anthony: VP** on 2/7/2023, 1:15PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/7/2023, 2:28PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 4:04PM EST

# **EXHIBIT G-7**

Status **Pending** PolicyStat ID **12316254**

Origination	09/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Kia Walker: Chief Nursing Officer
Area	Medical Services
Document Type	Agency Policy

## MED14A Delegation and Supervision of Certain Nursing Acts

### 1. PURPOSE:

The purpose of the policy is to describe the method by which The Harris Center for Mental Health and IDD complies with rules established by the Texas Board of Nursing when delegating certain nursing acts. It is not the intent to describe every situation in which an act maybe delegated, but to provide the framework necessary to delegate certain acts in a safe and appropriately supervised manner.

### 2. POLICY:

The Harris Center Registered Nurses (RNs) may delegate certain nursing acts to LVNs, and unlicensed staff. Acts delegated by RN's must comply with rules developed by the Texas Board of Nursing.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center areas where nursing delegates services or tasks. ~~Texas Administrative Code Title 22, Part 11, Chapter Texas Board Rule 225 applies to IDD and CPEP Residential sites. Texas Administrative Code Title 22, Part 11, Chapter Board Rule 224 applies to Mental Health Clinics, PES and GSU.~~

### 4. DEFINITIONS:

- a. **Activities of daily living**-Limited to the following activities: bathing, dressing, grooming, routine hair and skin care, meal preparation, feeding, exercising, toileting, transfer/ambulation,

- positioning, and range of motion.
- b. **Client**–the individual receiving care
  - c. **Non-licensed staff.** Direct care staff who have received training and demonstrate competency in supervision of self-administration of medications or have received training and demonstrate competency in administration of prescribed medications by a licensed ~~healthcare~~health care practitioner.
  - d. **Delegation**–Authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.
  - e. **Unlicensed person**–An individual, not licensed as a health care provider:
    - i. Who is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the RN in providing direct client care or carrying out common nursing functions;
    - ii. including, but is not limited to, nurse aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by a state agency, and other individuals providing personal care/assistance of health related services; or
    - iii. Who is a professional nursing student, not licensed as a RN or LVN, providing care for monetary compensation and not as part of their formal educational program shall be considered to be unlicensed persons and must provide that care in conformity with this chapter.

## 5. Related Procedures/Policies/Forms:

- ~~MED-10 Policy~~
- ~~GPEP-Delegation & Supervision of Nursing Acts Procedure~~
- ~~Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure~~
- ~~IDD-Delegation & Supervision of Nursing Acts~~
- MED17A Physician Assistant, Advanced Practice Registered Nurse Delegation Protocol

## 6. References: Rules/Regulations/Standards

- Texas Administrative Code Title 22, Part 11, Chapter ~~Texas Board Rule~~-225 - RN Delegation to Unlicensed Personnel & Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable ~~Condition~~Conditions
- Texas Administrative Code Title 22, Part 11, Chapter ~~Board Rule~~-224 - Delegation of Nursing Tasks by ~~RNs~~Registered Professional Nurses to Unlicensed Personnel for Clients with ~~Active~~Acute Conditions or in Acute Care Environments
- Texas Board of Nursing, **Delegation Resource Packet**
- Texas Occupations Code, ~~Chapter 301 - 25 TAC §412.323 Medication Services~~Subtitle E. Chapter 301. Nurses. General Provisions

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Kia Walker: Chief Nursing Officer	12/2022

## History

**Sent for re-approval by Muzquiz-Drummond, Sylvia: VP** on 9/6/2022, 9:10AM EDT

**Last Approved by Muzquiz-Drummond, Sylvia: VP** on 9/13/2022, 12:48PM EDT

No to add or change.- S

**Rejected by Li, Luming: Chief Medical Ofcr (1101 1817)** on 9/27/2022, 11:19AM EDT

Please update to include the referenced policies and procedures:

MED 10 Policy

CPEP Delegation & Supervision of Nursing Acts Procedure

Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure

IDD Delegation & Supervision of Nursing Acts

**Comment by Muzquiz-Drummond, Sylvia: VP** on 9/27/2022, 4:42PM EDT

Referenced P and P appear to have been added.

**Last Approved by Muzquiz-Drummond, Sylvia: VP** on 9/27/2022, 4:43PM EDT

P and P added

**Comment by Li, Luming: Chief Medical Ofcr (1101 1817)** on 10/27/2022, 11:14AM EDT

@Muzquiz-Drummond, Sylvia: VP Should this go to Kia to review? Also - can we link to P&P as identified here? Thanks

**Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/1/2022, 2:14PM EDT

**Sent for re-approval by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/1/2022, 2:15PM EDT

updated to Kia as owner

**Last Approved by Walker, Kia: Chief Nursing Officer** on 11/1/2022, 5:14PM EDT

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/3/2022, 12:53PM EDT

**Last Approved by Robinson, Anthony: VP** on 12/6/2022, 5:40PM EST

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 11:57AM EST

**Draft discarded by Fleming, Shannon: Counsel** on 12/12/2022, 11:57AM EST

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 12:05PM EST

**Edited by Fleming, Shannon: Counsel** on 12/12/2022, 12:06PM EST

*Deleted- MED 10 Policy, and CPEP Delegation & Supervision of Nursing Acts Procedure, Mental Health Outpatient Delegation & Supervision of Nursing Acts Procedure IDD Delegation & Supervision of Nursing Acts- THEY ARE INCORRECT REFERENCES OR THEY DON'T EXIST Deleted- TAC Code reference- INCORRECT*

**Last Approved by Walker, Kia: Chief Nursing Officer** on 12/12/2022, 12:49PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:41PM EST

**Administrator override by Robinson, Anthony: VP** on 1/10/2023, 4:57PM EST

updated related policy

**Last Approved by Robinson, Anthony: VP** on 1/10/2023, 4:57PM EST

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 3:29PM EST

corrected statutes

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 3:29PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:10PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:07PM EST

# **EXHIBIT G-8**

Status **Pending** PolicyStat ID **12653272**

Origination	02/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED15A Emergency Medical Care for Consumers, Employees and Volunteers

### 1. PURPOSE:

The purpose of the policy is to describe ~~the manner that The Harris Center manages emergent~~ the emergency medical preparedness strategies implemented at the Harris Center to manage both a crisis and non-emergent injuries and illnesses ~~for consumers, employees and volunteers with the Harris Center for Mental Health and IDD.~~

### 2. POLICY:

Acute injuries ~~and~~ or illnesses of individuals occurring during visits at The Harris Center for Mental Health and IDD shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a ~~minor~~ non-emergent injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

### 3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of the Harris Center where consumers, employees and volunteers may be present.

## 4. Related Procedures/Policies/Forms:

- ~~Composition and Function of First-Aid Kits~~
- ~~Incident Reporting (for injury or illness resulting from an accident or non-accidental injury or illness)~~
- ~~Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)~~
- ~~Employee On-the-Job Injuries and Illnesses (Worker's Compensation Reporting) – (for accidental injury of employees and volunteers)~~
- ~~Disaster and Severe Weather Emergencies Disaster and Evacuation Plan~~
- ~~Emergency Codes, Alerts and Response Policy~~
- ~~Code Blue/Medical Alert Procedure~~
- [EM 15B - Medical Alert- Code Blue](#)
- [EM25B- Weather Alert](#)

## 5. Related Policies

[EM2A - Emergency Codes, Alerts and Response](#)

[EM4A - Incident Reporting](#)

## 6. References: Rules/Regulations/Standards

- Organizational Standards-Environment of Care and Safety, [Title 26](#), Tex. Admin. Code, 301.323

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2023
Initial Assignment	Jennifer Evans	01/2023

## History

**Sent for re-approval by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

This one is due in Jan.

**Last Approved by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/14/2022, 5:33PM EST

**Administrator override by Webb, Christopher: Audit** on 11/17/2022, 2:42PM EST

Updated document owner to Jennifer Evans Director of Medical Services.

**Administrator override by Robinson, Anthony: VP** on 12/6/2022, 5:38PM EST

Formatting. Adding Policy/Procedure cross references

**Last Approved by Robinson, Anthony: VP** on 12/6/2022, 5:39PM EST

**Sent for re-approval by Fleming, Shannon: Counsel** on 12/12/2022, 11:32AM EST

Removed incorrect procedures- Composition and Function of First-Aid Kits, and Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)

**Draft saved by Fleming, Shannon: Counsel** on 12/12/2022, 11:37AM EST

**Edited by Fleming, Shannon: Counsel** on 12/12/2022, 11:38AM EST

Corrected p&ps.  
Deleted bc incorrect name or could not find- Composition and Function of First-Aid Kits, and Investigation of Accidents Involving Consumers and Visitors (for accidental injury of consumers)

**Last Approved by Evans, Jennifer** on 12/12/2022, 12:25PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:40PM EST

**Administrator override by Robinson, Anthony: VP** on 1/9/2023, 2:07PM EST

Formatting

**Last Approved by Robinson, Anthony: VP** on 1/9/2023, 2:07PM EST

**Draft saved by Fleming, Shannon: Counsel** on 1/13/2023, 5:33PM EST

**Edited by Fleming, Shannon: Counsel** on 1/13/2023, 5:33PM EST

---

grammar

**Last Approved by Evans, Jennifer** on 1/17/2023, 5:13PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:27PM EST

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:09PM EST

**Last Approved by Fleming, Shannon: Counsel** on 1/27/2023, 3:56PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:27PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:37AM EST

# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **12653269**



Origination 01/2000  
Last Approved N/A  
Effective Upon Approval  
Last Revised 02/2023  
Next Review 1 year after approval

Owner Vanessa Miller:  
Mgr  
Area Infection Control  
Document Type Agency Policy

## MED2A Infection Control and Prevention Policy

### 1. PURPOSE:

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

### 2. POLICY:

The Harris Center shall provide an effective infection control and prevention plan for staff, individuals served, volunteers and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices and precautions to prevent or mitigate the spread of infectious organisms and diseases.

### 3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

### 4. PROCEDURES:

- a. Infection Control
- b. Tuberculosis Testing and Exposure to Tuberculosis
- c. Regulated Medical Waste Disposal
- d. Accidental Blood and Bodily Fluid Exposures

- e. Hand Hygiene
- f. Handling Contaminated Linens

## 5. RELATED POLICIES/FORMS:

[MED19P Infection Control Plan](#)

[EM10P Risk Management Plan](#)

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- a. Association for Professionals in Infection Control and Epidemiology [www.apic.org](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://www.dshs.state.tx.us)
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030. [Bloodborne Pathogens](#)
- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H-~~§§~~. [Bloodborne Pathogen Exposure Control Plan. §81.301 et seq.](#)
- f. Online Incident Report Form

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Kia Walker: Chief Nursing Officer	12/2022
Initial Assignment	Vanessa Miller: Mgr	12/2022

### History

---

**Sent for re-approval by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

This one is due in Jan.

**Last Approved by Richardson, Maria: Dir** on 11/8/2022, 5:29PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 11/14/2022, 5:36PM EST

**Administrator override by Robinson, Anthony: VP** on 12/13/2022, 5:50PM EST

Changed ownership to Infection Control Director and CNO

**Draft saved by Robinson, Anthony: VP** on 12/13/2022, 5:53PM EST

**Edited by Robinson, Anthony: VP** on 12/13/2022, 5:53PM EST

Updated plan references

**Last Approved by Miller, Vanessa: Mgr** on 12/14/2022, 7:55AM EST

**Last Approved by Walker, Kia: Chief Nursing Officer** on 12/14/2022, 10:12AM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:06PM EST

**Administrator override by Fleming, Shannon: Counsel** on 2/13/2023, 5:57PM EST

updated references

**Last Approved by Fleming, Shannon: Counsel** on 2/13/2023, 5:57PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 7:03PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:39AM EST

# **EXHIBIT G-10**

Status **Pending** PolicyStat ID **12880445**



Origination 06/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Leadership  
 Document Type Agency Policy

## LD10A - Management of Legal Documents & Litigation

### 1. PURPOSE

To ensure all staff of The Harris Center for Mental Health & Intellectual and Developmental Disability (The Harris Center) properly respond to service of lawsuits, court orders, legal documents and other official notices.

### 2. POLICY

It is the policy of The Harris Center to comply and respond timely to lawsuits, court orders, legal documents or other official documents served on The Harris Center to avoid any delay in legal proceedings and to protect the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department is administratively responsible for all legal matters related to The Harris Center, including management of litigation.

~~A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. A lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to the Legal Services Department and the Chief Executive Officer for review. This will ensure service was proper and met legal requirements, will avoid delay, and will protect the interests of The Harris Center, staff, volunteers, interns, contractors and persons served.~~

### 3. APPLICABILITY/SCOPE

All Harris Center Staff, contractors, volunteers and interns.

## 4. RELATED POLICIES/FORMS

[Subpoenas](#)

[Search Warrants](#)

[LD7A Subpoenas](#)

[HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information](#)

## 5. PROCEDURES:

[A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. A lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to the Legal Services Department and the Chief Executive Officer for review. This will ensure service was proper and met legal requirements, will avoid delay, and will protect the interests of The Harris Center, staff, volunteers, interns, contractors and persons served.](#)

## 6. References: /Regulations/Standards/Statutes:

[Regulations/Standards/Statutes](#)

[The Harris Center Compliance Plan](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Initial Assignment	Kendra Thomas: Counsel	01/2023
Initial Assignment	Shannon Fleming: Counsel	01/2023

### History

**Sent for re-approval by Thomas, Kendra: Counsel** on 12/27/2022, 11:20AM EST

No changes made

**Last Approved by Thomas, Kendra: Counsel** on 12/27/2022, 11:20AM EST

**Comment by Fleming, Shannon: Counsel** on 1/13/2023, 5:50PM EST

Is there a procedure for search warrants?

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 5:50PM EST

comment

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 5:55PM EST

**Draft saved by Robinson, Anthony: VP** on 1/13/2023, 6:05PM EST

**Comment by Robinson, Anthony: VP** on 1/13/2023, 6:08PM EST

[@Fleming, Shannon: Counsel](#) A search warrant would follow this Policy as it would be a legal document. We may want to add it as a Named component of the Subpoena policy. I moved the third paragraph to the Procedures heading since it is describing the process of what to do when a document is received.

**Edited by Robinson, Anthony: VP** on 1/13/2023, 6:09PM EST

Moved 3rd paragraph to procedure heading. Added additional reference citation.

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 6:14PM EST

**Last Approved by Thomas, Kendra: Counsel** on 1/13/2023, 6:22PM EST

**Last Approved by Robinson, Anthony: VP** on 1/19/2023, 6:23PM EST

**Last Approved by Thomas, Kendra: Counsel** on 1/23/2023, 2:22PM EST

**Last Approved by Young, Wayne: Exec** on 1/27/2023, 12:46PM EST

# **EXHIBIT G-11**

Status **Pending** PolicyStat ID **13029815**



Origination	02/2022	Owner	Shannon Fleming: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2023		
Next Review	1 year after approval		

## LD14A Mandatory COVID-19 Vaccination Policy

### 1. PURPOSE:

To comply with the Center for Medicare Services (CMS) Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule dated November 5, 2021 and updated as of January 20, 2022.

### 2. POLICY:

**By February 22, 2022**, applicable individuals shall have received, at a minimum, the first dose of the primary series or a single dose of an acceptable COVID-19 vaccine, or requested and/or been granted a medical or religious exemption, prior to said individual providing any care, treatment, or other services for the Harris Center and/or its patients.

**By March 21, 2022**, all applicable individuals are fully vaccinated for COVID-19, except for those individuals who have been granted a medical or religious exemption or those individuals for whom vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

Although not considered fully vaccinated until 14 days (2 weeks) after the final dose, an individual who has received the final dose of a primary vaccination series by **March 21, 2022**, is considered to have met the vaccination requirement, even if the individual has not yet completed the 14-day waiting period.

### 3. APPLICABILITY/SCOPE:

To Harris Center employees, direct, contracted, volunteers, students, working at the Intermediate Care Facilities for individuals with intellectual disabilities (ICF-IDD) and long-term care facilities (Preadmission Screening and Resident Review (PASRR) Program). It applies to all eligible staff working at those

facilities regardless of clinical responsibility or patient contact. The requirement includes all current staff as well as any new staff who provide any care, treatment, or other services for the facility and/or its patients:

- Facility employees;
- Licensed practitioners;
- Students, trainees, and volunteers; and
- Any individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or by other arrangement.

This policy does not apply to:

- Staff who exclusively provide 100 percent telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with patients and other staff.
- Staff who provide support services for the facility hospital that are performed exclusively outside of the facility setting such as payroll services and who do not have any direct contact with patients and other staff.

## 4. DEFINITIONS

- **Fully vaccinated** means it has been 2 weeks or more since an individual has completed a primary vaccination series for COVID-19.
- **Primary vaccination series for COVID-19** means the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.
- **Acceptable vaccine** means administration of one of the following:
  - BioNTech, Pfizer Vaccine
  - Johnson & Johnson Vaccine
  - Moderna NIAID Vaccine
  - A vaccine listed by the World Health Organization (WHO) for emergency use that is not approved or authorized by the FDA, or a vaccine administered in a clinical trial.
- **Medical exemption** means an individual is not required to be vaccinated due to an allergic and/or recognized clinical contraindication to COVID-19 vaccines.
- **Religious exemption** means an individual is not required to be vaccinated due to religious beliefs or practices in accordance with ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Accountable Care Act, and Title VII of the Civil Rights Act.

## 5. PROCEDURES:

### EVIDENCE OF VACCINATION

The following are considered acceptable forms vaccination proof:

- CDC COVID-19 vaccination record card (or a legible photo of the card),

- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record.

If vaccinated outside of the United States or its territories, a reasonable equivalent of any of the previous examples shall suffice.

## **EXEMPTIONS FROM VACCINATION**

Individuals may request an exemption from COVID-19 vaccination requirements based on medical contraindication or for conflict with religious beliefs, observances, or practices. Requests shall be submitted to the Human Resource Department on a Harris Center approved or comparable form.

### **Medical Exemption**

If an individual requests a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which supports the individual's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.

Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the individual be exempted from the facility's COVID-19 vaccination requirements based on the recognized clinical contraindications.

### **Religious Exemption**

If an individual requests a religious exemption from vaccination, the individual shall provide a personal written and signed statement detailing the religious basis for the vaccination objection, explaining why the religious exemption is requested, the religious principle(s) that guide the objection to vaccination, and the religious basis that prohibits the COVID-19 vaccination.

### **Mitigation Strategies**

Individuals who are not fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, adhere to additional precautions that are intended to mitigate the spread of COVID-19.

- Staff will be required to identify open roles that they are interested in and qualified for and submit a transfer application.
- Require staff who have not completed their primary vaccination series to follow additional, CDC-recommended precautions and Harris Center guidelines.
- Requiring staff who have not completed their primary vaccination series to use an N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with clients.

Individuals exempted from vaccination shall undertake the following measures designed to mitigate the risk of getting / transmitting COVID-19:

- Wear appropriate personal-protective-equipment in accordance with current CDC guidelines.
- Be tested for the COVID-19 virus weekly with a CDC approved test. If tested positive, the individual's supervisor shall be immediately notified, and the individual shall be placed immediately off work and quarantined in accordance with CDC guidelines, law, and regulation.
- The individual will not be permitted to work / or access Harris Center or contracted facilities until a negative COVID test is resulted and it has been at least 14 days since the positive test result.

### **TRACKING OF VACCINATION STATUS**

The Harris Center shall track and securely document the vaccination status of each individual, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. The Harris Center shall also track any booster doses as recommended by the CDC. Vaccine exemption requests and outcomes shall also be documented.

For employees, proof of vaccination shall be submitted using the COVID-19 vaccination documentation online form located on the Harris Center Harrisphere.

For individuals who provide care, treatment, or other services for the facilities and/or its patients, under contract or by other arrangement, the Harris Center may track and securely document the vaccination status of each individual prior to engaging in care, treatment or service.

**While no specific tool is mandated, records shall contain the following information – as applicable – for each individual:**

- Start of Employment Date
- End of Employment Date
- Last Name, First Name, Date of Birth
- Medical or Religious Exemption Granted / Date
- Declined COVID Vaccine / Date
- Vaccinated with Dose 1
  - Date Administered
  - Vaccine Manufacturer Name
- Vaccinated with Dose 2
  - Date Administered
  - Vaccine Manufacturer Name
- Is Vaccination Series Complete? Yes / No
- Eligible for Additional/Booster Dose? Yes / No, if Yes
  - Additional/Booster Dose Vaccination Date?
  - Additional/Booster Dose Manufacturer
- Employee or Non-Employee

**Documentation shall be kept confidential and stored separately from the individual's personnel file.**

This does not apply to the Request for Religious Exemption to the Covid-19 Vaccination Requirement which will be stored in the personnel file.

## 6. RELATED POLICIES/FORMS ~~(for reference only)~~:

Request for Religious Exemption to the Covid-19 Vaccination Requirement

Request for Medical Exemption to the Covid-19 Vaccination Requirement

COVID-19 Vaccination Documentation Online Form

## 7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- A. Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination Centers for Medicare & Medicaid Services on 11/05/2021
- B. § 482.42(g) and § 485.640(f): Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs.
- C. Safer Federal Workforce; Vaccinations, November 2021
- D. ADA, Section 504 of the Rehabilitation Act
- E. Section 1557 of the Accountable Care Act
- F. Title VII of the Civil Rights Act

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023

## History

---

**Sent for re-approval by Webb, Christopher: Audit** on 1/24/2023, 3:47PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:53AM EST

**Administrator override by Robinson, Anthony: VP** on 2/6/2023, 11:25AM EST

Removed template signposting language

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:25AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:34PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:39AM EST

# **EXHIBIT G-12**

Status **Pending** PolicyStat ID **11936826**



Origination	04/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Luming Li: Chief Medical Ofcr (1101 1817)
Area	Medical Services
Document Type	Agency Policy

## MED4A - Medical Peer Review Policy

### 1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by physicians and physician assistants at the Harris Center for Mental Health & IDD (The Harris ~~center~~Center) is physician peer-driven and meets professionally recognized standards of health care via ongoing objective, non-judgmental, consistent and fair evaluation by the medical staff.

### 2. POLICY:

It is the policy of The Harris Center to consistently assess, monitor and evaluate physician-patient care activity, ~~monitor and evaluate this activity~~ to ensure the highest quality of care for all patients of The Harris Center. Triggers for physicians and physician assistants may include findings from routine patient record reviews, incident reports, patient or staff complaints, sentinel events or critical incident reviews. The deliberations of the medical peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations in regard to confidentiality and privileged nature of medical peer review deliberations and proceedings. The Medical Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

### 3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed physicians and physician assistants for the evaluation of clinical practice under the supervision of a licensed physician.

## 4. PROCEDURES:

[MED 4B.](#) Medical Peer Review Procedure

## 5. RELATED POLICIES/FORMS ~~(for reference only):~~

[MED12A.](#) Professional ~~Responsibility~~ [Review](#) Committee Policy

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health Care Quality Improvement Act of 1986, 42 U.S.C. §§11101, et seq.

~~Report & Confidentiality Requirements, Tex. Occupations Code, Sub-chapter A, §§160.001, et. seq. Physician Assistant Licensing Act-Duty to Report; Medical Peer Review, Tex. Occupations Code §204.208~~

[Report and Confidentiality Requirements, Tex. Occupations Code, Subchapter A. §§160.001, et. seq.](#)

[Physician Assistants- Duty to Report; Medical Peer Review, Texas Occupations Code Subchapter A. §204.208](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023
Initial Assignment	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023

### History

Sent for re-approval by Li, Luming: Chief Medical Ofcr (1101 1817) on 6/21/2022, 7:20PM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 6/21/2022, 7:20PM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 6/21/2022, 7:20PM EDT

Last Approved by Robinson, Anthony: VP on 6/26/2022, 12:26AM EDT

Draft saved by Fleming, Shannon: Counsel on 7/15/2022, 6:11PM EDT

Edited by Fleming, Shannon: Counsel on 7/15/2022, 6:11PM EDT

Corrected statutes

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 7/22/2022, 3:13PM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 8/22/2022, 1:26PM EDT

Last Approved by Robinson, Anthony: VP on 9/1/2022, 5:40PM EDT

Draft saved by Fleming, Shannon: Counsel on 9/21/2022, 11:41AM EDT

Edited by Fleming, Shannon: Counsel on 9/21/2022, 11:42AM EDT

Edited the name of the related policy

Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Edited by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Copy editing update

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817) on 9/27/2022, 11:46AM EDT

Can we also link procedures and related documents?

Last Approved by Robinson, Anthony: VP on 10/21/2022, 4:13PM EDT

Last Approved by Fleming, Shannon: Counsel on 11/1/2022, 4:03PM EDT

Draft saved by Thomas, Kendra: Counsel on 12/13/2022, 6:24PM EST

Edited by Thomas, Kendra: Counsel on 12/13/2022, 6:25PM EST

I updated the legal citations.

Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817) on 12/20/2022, 12:43PM EST

**Edited by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

updated nomenclature for medical peer review to professional practice evaluation and included clinical supervision of NP practice

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:44PM EST

**Rejected by Robinson, Anthony: VP** on 1/12/2023, 11:31AM EST

Please remove references to NP/APRN

**Draft saved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Edited by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

updated nomenclature and title

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:24PM EST

**Last Approved by Robinson, Anthony: VP** on 1/23/2023, 2:37PM EST

**Draft saved by Fleming, Shannon: Counsel** on 1/25/2023, 2:58PM EST

**Edited by Fleming, Shannon: Counsel** on 1/25/2023, 3PM EST

Corrected the name of the med peer review procedure

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 2/1/2023, 5:36PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 2/1/2023, 5:37PM EST

**Last Approved by Robinson, Anthony: VP** on 2/13/2023, 3:15PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/13/2023, 6:23PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:24PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:35AM EST

# **EXHIBIT G-13**

Status **Pending** PolicyStat ID **12784248**

Origination	10/1992
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED1A Medical Services

### 1. PURPOSE

To document The Harris Center's expectation for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's patients.

### 2. POLICY

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs or PAs working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, [Professional Practice Evaluation Committee](#), Medical Peer Review [Committee](#), [Nursing Peer Review Committee](#), Incident Reports, Patient Safety Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

### 3. APPLICABILITY/SCOPE

All Harris Center programs and clinical services.

## 4. PROCEDURES

- A. Medication Reviews/Consultation
- B. [MED 1B Medical Services](#)
- C. Administration of Medication to Patient
- D. Medication Errors
- E. Patient Consent, Information, and Education

## 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> <li>• Behavior Supports</li> </ul>
<ul style="list-style-type: none"> <li>• Abnormal Involuntary Movement Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) &amp; (Spanish)</li> </ul>

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

### ~~Role and Responsibilities of Local Authority, 40 Tex. Admin. Code, Part 1, Ch. 2, Subchapter G~~

- [Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part 1, Ch. 2, Subchapter G](#)
- Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, [Division 3](#)
- ~~Prescribing of Psychoactive Medications~~ [Provider Clinical Responsibilities - Mental Health Services](#), 25 Tex. Admin. Code, Part 1, Chapter 415, ~~Subchapter~~
- Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I
- Use and Maintenance of ~~Texas~~the HHSC [Psychiatric](#) Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter ~~6-G~~

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2023
Initial Assignment	Jennifer Evans	01/2023

## History

**Sent for re-approval by Evans, Jennifer** on 12/6/2022, 11:37AM EST

**Administrator override by Webb, Christopher: Audit** on 12/6/2022, 12:10PM EST

I updated the document owner from Maria Richardson to Jennifer Evans.

**Last Approved by Richardson, Maria: Dir** on 12/6/2022, 12:59PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:39PM EST

**Administrator override by Robinson, Anthony: VP** on 1/12/2023, 11:35AM EST

Changed Medical Peer Review Committee to Professional Practice Evaluation Committee and Added Nursing Peer Review Committee

**Last Approved by Robinson, Anthony: VP** on 1/12/2023, 11:35AM EST

**Administrator override by Fleming, Shannon: Counsel** on 1/12/2023, 5:39PM EST

added former name of PPEC

**Administrator override by Fleming, Shannon: Counsel** on 1/12/2023, 5:42PM EST

added more to statutes ch. 415

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 11:51AM EST

corrected statute names

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 11:51AM EST

**Draft saved by Thomas, Kendra: Counsel** on 1/13/2023, 1:50PM EST

---

**Edited by Thomas, Kendra: Counsel** on 1/13/2023, 1:53PM EST

Per our meeting today with Dr. Li, the PPEC is a separate committee from the Medical Peer Review Committee. An update to reflect this change was made.

**Last Approved by Evans, Jennifer** on 1/17/2023, 5:15PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 1/18/2023, 6:27PM EST

**Last Approved by Robinson, Anthony: VP** on 1/23/2023, 12:38PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 11:40AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 4:31PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 6:08PM EST

# **EXHIBIT G-14**

Status **Pending** PolicyStat ID **12784260**



Origination 08/2017  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 01/2023  
 Next Review 1 year after approval

Owner Jennifer Evans  
 Area Medical Services  
 Document Type Agency Policy

## MED9A Pharmaceutical or Patient Assistance Programs (PAP)

### 1. PURPOSE

The purpose of this policy is to establish best practices regarding any Patient or Pharmacy Assistance Program (PAP).

### 2. POLICY

It is the policy of The Harris Center to ensure and support best practices for the management and governance of PAP and that the following policies are to be adhered to:

- Adhere to applicable governing laws, regulation, rules, and manufacturer guidelines for PAP brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the Pharmacy, dispensing to Financially Disadvantaged or Indigent patients and disposition of expired or unused pharmaceuticals.
- PAP products are received at each pharmacy location or at a centralized location to reduce chances of package loss and to streamline package receipt process. Packages distributed to the central location shall be transferred to individual clinics for PAP management. Dispensing consistent with internal pharmacy procedures and in accordance with sponsored program recommendations will be done in all cases. Patient specific PAP oral medications may be shipped by sponsoring PAP programs to the patients' residence, unless deemed inappropriate by prescriber and/or pharmacy team.
- Annually Physicians and Pharmacists will receive a PAP Authorization and Pharmacy Acknowledgment form for review and signature for applicable PAP program. The form reaffirms the professional's participation in PAP and notice of any applicable rules, regulations,

guidelines, or legal change(s).

- All pharmaceuticals are to be disposed of in accordance with internal disposition procedures and/or per manufacturer request as confirmed and documented with individual manufacturer.
- Information gathered or exchanged through PAP is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA) such that access is limited in accordance with 45 CFR Part 160 and Part 164.
- PAP has no requirement of financial remuneration and there is never a charge for PAP medication brand or generic.

### 3. APPLICABILITY/SCOPE

All Harris Center staff, employees, interns, volunteers, contractors, and programs

### 4. PROCEDURES:

[MED 9B Pharmaceutical or Patient Assistance Programs \(PAP\)](#)

### 5. Related Policies/Forms:

#### ~~Pharmaceutical or Patient Assistance Programs (PAP) Procedure~~

- Patient Attestation Form – The HARRIS CENTER
- PAP Authorization to Disclose – Medicaid Eligibility Status Form
- Texas HHS Form H1003 – Appointment of an Authorized Representative to Allow Another Person to Act for You
- Authorization to Provide Navigator Support to Complete a Medicaid Application On-Line
- Authorization to Continue to Provide Pharmacy Services
- PAP Notification of Pending Eligibility Status
- Pharmacy Services PAP Patient Status Form
- Zero Income Letter
- Zero Income Letter Modifiable for Special Circumstances
- Distribution of PAP from SW to other Clinic Pharmacies
- Transfer of Medications in or Out of a Pharmacy
- Transfers of Medications in or Out of Pharmacy Form(s)
- Monthly Unit Inspections
- Monthly Unit Inspection Form
- PAP Haldol Injection Protocol
- Pharmacy Records Retention
- PAP Disposition
- PAP Disposition Documentation Log

## 6. References: Rules/Regulations/Standards:

- Texas Food, Drug and Cosmetic Act, Drug Donation Program, ~~Tex.~~ Health and Safety Code, Chapter 431, Subchapter M
- Charitable Immunity & Liability ~~Act of 1987~~, Texas Civil Practice and Remedies Code, Chapter 84
- Pharmacy and Pharmacists, Title 3 Texas ~~Pharmacy Act, Texas Occupations~~ Occ Code, Subtitle J, Ch. 551-556, 559
- Texas State Board of Pharmacy ~~Rules~~, Title 22 Tex. Admin. Code, Part 15, Ch 281-311
- Donation of Unused Drugs, Title 25 Tex. Admin. Code, Chapter 229, Subchapter B
- CARF Section 2

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Maria Richardson: Dir	12/2022

### History

**Sent for re-approval by Evans, Jennifer** on 12/6/2022, 11:38AM EST

**Administrator override by Webb, Christopher: Audit** on 12/6/2022, 12:08PM EST

I updated the document owner from Maria Richardson to Jennifer Evans.

**Last Approved by Richardson, Maria: Dir** on 12/6/2022, 12:59PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:39PM EST

---

**Last Approved by Robinson, Anthony: VP** on 1/9/2023, 4:35PM EST

**Administrator override by Fleming, Shannon: Counsel** on 1/13/2023, 4:26PM EST

minor corrections to statutes

**Last Approved by Fleming, Shannon: Counsel** on 1/13/2023, 4:26PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:30PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 2:28PM EST

# **EXHIBIT G-15**

Status **Pending** PolicyStat ID **11502181**

Origination	11/1994
Last Approved	N/A
Effective	Upon Approval
Last Revised	12/2022
Next Review	1 year after approval

Owner	Lance Britt: Dir
Area	Assessment, Care & Continuity
Document Type	Agency Policy

## ACC10A Referral, Transition, and Discharge

### 1. PURPOSE

~~To~~The purpose of this policy is to provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

### 2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ~~provide linkage~~coordinate services in the least restrictive environment between persons served and other service delivery systems. ~~The Harris Center will coordinate services in the least restrictive treatment environment~~ upon request ~~or evidence needed, provided in the least restrictive setting~~and based on the needs of the persons served. The Agency shall seek to facilitate integration of the persons served into the community, whenever appropriate. A referral, transition or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

### 3. APPLICABILITY/SCOPE

Persons residing in Harris ~~County as well as individuals in Harris~~ County, as well as, individuals in Harris County but reside outside of the county who are in crisis.

### 4. PROCEDURES

~~None~~

ACC10B Referral, Transition, and Discharge

## 5. Related policies/Forms

None

## 6. References: Rules/Regulations/Standards

- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306, ~~Subchapter~~[Subchapters](#) A, D
- CARF: Section 2. Subsection D., Transition/Discharge

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2023
Legal Review	Kendra Thomas: Counsel	01/2023
Compliance Review	Anthony Robinson: VP	01/2023
Departmental Review	Keena Pace: Exec	12/2022
Initial Assignment	Lance Britt: Dir	07/2022

### History

**Sent for re-approval by Downey, Michael: VP** on 4/5/2022, 9:11AM EDT

**Last Approved by Oquin, Shiela: ExecAsst** on 4/5/2022, 9:25AM EDT

**Last Approved by Downey, Michael: VP** on 4/26/2022, 8:55AM EDT

**Last Approved by Pace, Keena: Exec** on 4/27/2022, 11:47AM EDT

**Draft saved by Robinson, Anthony: VP** on 4/29/2022, 1:36PM EDT

**Edited by Robinson, Anthony: VP** on 4/29/2022, 1:37PM EDT

Updated procedure reference to the policy

**Last Approved by Oquin, Shiela: ExecAsst** on 4/29/2022, 2:33PM EDT

---

**Last Approved by Downey, Michael: VP** on 5/3/2022, 8:51AM EDT

**Last Approved by Pace, Keena: Exec** on 5/24/2022, 11:16AM EDT

**Last Approved by Robinson, Anthony: VP** on 5/26/2022, 12:32PM EDT

**Draft saved by Thomas, Kendra: Counsel** on 5/31/2022, 6:13PM EDT

**Edited by Thomas, Kendra: Counsel** on 5/31/2022, 6:15PM EDT

I revised the language under the purpose and policy subsections. please let me know if you have concerns.

**Comment by Oquin, Shiela: ExecAsst** on 6/1/2022, 10:41AM EDT

@[Britt, Lance: Dir](#) - Please review

**Last Approved by Oquin, Shiela: ExecAsst** on 6/1/2022, 10:41AM EDT

Lance Britt to review

**Administrator override by Webb, Christopher: Audit** on 7/22/2022, 11:48AM EDT

Updated document owner.

**Last Approved by Britt, Lance: Dir** on 7/26/2022, 9:11AM EDT

**Last Approved by Pace, Keena: Exec** on 12/13/2022, 1:23PM EST

**Last Approved by Robinson, Anthony: VP** on 1/23/2023, 3:01PM EST

**Last Approved by Thomas, Kendra: Counsel** on 1/23/2023, 3:03PM EST

**Last Approved by Young, Wayne: Exec** on 1/27/2023, 12:46PM EST

# **EXHIBIT G-16**

Status **Pending** PolicyStat ID **12784285**



Origination	09/2002
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED18A Research Procedures and the Committee for the Protection of Human Subjects

### 1. PURPOSE:

The purpose of policy is to establish a uniform process for the review, selection, approval and handling of inquiries or requests for any research, studies, clinical trials involving The Harris Center for Mental Health and IDD (hereinafter "The Harris Center") patients.

### 2. POLICY:

It is the policy of The Harris Center ~~for Mental Health and IDD (Harris Center)~~ to permit certain research programs and research training to be conducted, whereby Agency consumers or staff serve as research subjects.

Any research conducted on human subjects must be done in compliance with the rules and regulations as outlined by the U.S. Department of Health and Human Services (HHS) and as governed by other state and federal guidelines.

Research involving the use of aversive procedures (aversive stimuli and/or effortful tasks, including overcorrection, forced exercise and negative practice), placebos, convulsive therapy or phase I or phase II investigational and experimental drugs shall not be allowed.

Any research being done by individuals working under the auspices of an academic institution, health care system, or research sponsor, must have approval of their institutions' Institutional Review Board (IRB) before it can be considered by The Harris Center's IRB. Researchers must submit a full research protocol describing research procedures for The Harris Center's IRB review.

The Harris Center IRB Committee (or approved designee – university partner, in accordance with state and federal guidelines) must review and approve any research studies prior to soliciting research subjects (both consumers or staff). The Harris Center IRB Committee (or approved designee) must provide a formal letter stating that research can be conducted at The Harris Center. Without formal approval, no research subjects shall be solicited, verbally, through mail or e-mail, or through posting, nor shall research be conducted involving consumers or staff.

### 3. APPLICABILITY/SCOPE:

All [agency research conducted at The Harris Center or in connection with The Harris Center programs and/or clinical services.](#)

### 4. PROCEDURES:

[HIM6B Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[HIM7B Consents and Authorizations](#)

### 5. RELATED POLICIES:

[HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[HIM7A Consents and Authorizations](#)

[RR1P Compliance Plan](#)

### 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Protection of Human Subjects, 45 CFR Part 46, Subparts A, B, C & D

Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 & Part 164

[Research in TDMHMR Facilities, 25 Tex. Admin. Code, Chapter 414, Subchapter P](#)

[Rights and Protections of Persons Receiving Mental Health Services, Tex. Admin. Code, Title 25, Part 1, Chapter 414.](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	02/2023
Final Legal Review	Kendra Thomas: Counsel	02/2023
Initial Legal Review	Shannon Fleming: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	01/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2022
Initial Assignment	Maria Richardson: Dir	12/2022

---

## History

**Sent for re-approval by Evans, Jennifer** on 12/6/2022, 11:38AM EST

**Administrator override by Webb, Christopher: Audit** on 12/6/2022, 12:06PM EST

I updated the document owner from Maria Richardson to Jennifer Evans.

**Last Approved by Richardson, Maria: Dir** on 12/6/2022, 12:59PM EST

**Last Approved by Li, Luming: Chief Medical Ofcr (1101 1817)** on 12/20/2022, 12:41PM EST

**Administrator override by Robinson, Anthony: VP** on 1/9/2023, 3:57PM EST

Formatting

**Administrator override by Robinson, Anthony: VP** on 1/25/2023, 4:57PM EST

Added related policies, procedures, and references

**Last Approved by Robinson, Anthony: VP** on 1/25/2023, 4:57PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 11:37AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 6:33PM EST

**Last Approved by Young, Wayne: Exec** on 2/14/2023, 11:38AM EST

# **EXHIBIT G-17**

Status **Pending** PolicyStat ID **13136598**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 02/2023  
 Next Review 1 year after approval

Owner Eunice Davis: Dir  
 Area Environmental Management  
 Document Type Agency Plan

## Risk Management Plan

### 1. Purpose

The purpose of the Risk Management Program is to strengthen The Harris Center for Mental Health and IDD's (The Harris Center) mission and vision related to consumer safety ~~and~~, clinical risk, ~~as well as~~ and the safety of visitors, employees, ~~third parties~~, property, ~~operational and business risks~~ and operations.

### 2. Guiding ~~Principle~~ Principles

The Risk Management Program supports The Harris Center's philosophy that safety and risk management is everyone's responsibility. Employees shall observe safe work practices, rules, ~~and operating~~ policies, and procedures to ~~help assure~~ provide a safe environment for everyone at The Harris Center's facilities or ~~in properties~~. Employees shall assist individuals served at The Harris Center vehicles and our visitors in complying with these procedures and activities.

### 3. Program Goals and Objectives

~~The Harris Center's goal is to reduce accidental losses and improve environmental safety. The Harris Center is committed to protecting its patients, personnel, and property.~~

~~Through loss prevention efforts, The Harris Center is committed to:~~

- ~~1. Continuous improvement of safety and minimizing errors and events that result in harm;~~
- ~~2. Mitigating the effects of errors and events when there is an occurrence; and~~
- ~~3. Minimizing losses by identifying and analyzing errors and events by performing a root cause analysis.~~

~~The Harris Center has a Safety and Loss Control Program that supports established policies and procedures to help provide a safe environment. It is vital that all employees participate to help achieve~~

~~the goals of the program. Proper risk management will help reduce injuries and losses. It will also help ensure that The Harris Center will be able to provide quality care to our patients.~~

~~Continuously evaluating methods of reducing loss frequency and severity of accidental losses inherent in the existence of The Harris Center, lends itself towards implementing the most appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention allows the organization to retain financial responsibility for the risk associated with accidental loss, while risk transfer extends financial responsibility through contractual relationships and the Commercial Insurance Program. Implementing precise risk avoidance measures involves the coordination of multiple organizational functions, as well as loss control resources that are available through The Harris Center's Commercial Insurance Program and Property/Casualty Agent of Record.~~

~~The Harris Center's Board of Trustees require the expertise of a competitively selected Agent of Record to analyze the insurance market on an annual basis and make recommendations for appropriate coverage of exposures to its programs, human capital, individuals served, and assets.~~

~~All reports, audits, inspections and reviews will be communicated or forwarded to the Risk Management Director. Where reports or audits cannot be forwarded due to work-product privilege or privacy concerns, the Risk Management Director should serve on these committees. After review by the Risk Management Director, submitted resources will be forwarded to the Vice President of Enterprise Risk Management, then to the appropriate department heads, Vice President, Chief, and/or Chief Executive Officer.~~

The Harris Center's goal is to provide employees, consumers, and visitors a safe environment. The Harris Center is committed to continuous improvement of quality of care, safety and minimizing or preventing errors through risk management activities.

The Harris Center's Risk Management Program aims to reduce the frequency of losses and severity of accidents. Root Cause Analyses will guide implementation of appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention is the practice of setting up a self insurance program and Commercial Insurance Program to pay for losses as they occur. Risk transfer is a risk management and control strategy that involves contractually shifting risk, potential loss from an adverse outcome and financial responsibility that may or may not occur to a contractor. The Harris Center uses an Agent of Record to analyze the insurance market on an annual basis and make recommendations for appropriate coverage of exposures to its programs, personnel, consumers, and assets.

#### **4. Leadership**

Following the lead of the Board of Trustees, employees of The Harris Center are committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The responsibilities of the Board of Trustees, ~~Executive Leadership~~executive leadership, ~~Directors and Managers~~directors, Supervisors and Employeesmanagers, supervisors, and employees are established in the ~~Safety~~Risk Management Program. The Harris Center's executive leadership is committed to the effectiveness of The Harris Center's ~~risk management~~Risk Management plan and its role in serving the ~~Houston and~~ Harris County community ~~of need~~.

#### **5. Role of the Risk Management Director**

The Risk Management Director is empowered by The Harris Center to implement the functions and

activities of the Risk Management Plan. The role of the Risk Management Director is to maintain a proactive Risk Management Program under the guidance of the VP of Enterprise Risk Management that complies with the provisions of federal, state, and local laws and regulations. ~~The role of the Risk Management Director is to maintain a proactive Risk Management Program under the guidance of the VP of Enterprise Risk Management that complies with the provisions of federal, state and local laws and regulations. The Risk Management Director is~~ responsible for creating, implementing, and evaluating the ~~outcome~~outcomes of the Risk Management Plan. The Risk Management Director shall utilize reports, audits, inspections, and reviews for evidence-based decisions. The Risk Management Director shall serve on the System Quality, Safety and Experience Committee and Safety and Risk Management Committee to provide information and trends learned from the The Harris Center's incident report system.

## 6. Components of the Risk Management Program

The Harris Center Risk Management Program ~~will include~~includes the following components:

- A. **Designated Risk Management Director and System Quality, Safety and Experience Committee and Safety and Risk Management Committee shall perform the following responsibilities:** ~~with demonstrated training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis. Reviews, identifies, monitors, and minimizes risks and potential risks associated with injury, infectious disease, property damage or loss, harm to individuals being served, and other sources of potential liability. Documentation of all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring and actions taken to reduce risk. Actively collaborates with loss prevention experts.~~
1. Demonstrate training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis.
  2. Review, identify, monitor, and minimize risks, and potential risks associated with injury, infectious disease, medication errors, property damage or loss, and harm to individuals being served.
  3. Document all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring, and actions taken to reduce risk.
- B. **Incident Reporting System ("IRS")** is utilized for reporting ~~non~~incidents involving consumers, employees, or property. Employees are required to report all events in The Harris Center Incident Reporting system as outlined in the Harris Center's Incident Reporting policy. Clinical Risk Management reviews are required for incidents that indicate follow-up ~~routine incidents involving consumers, employees, or property which are not consistent with the usual operation of the agency. Non-routine incidents involving staff, consumers or others in programs operated by The Harris Center Contract affiliates are also documented. An "Incident"up is defined as an event which is not consistent with the operation of any The Harris Center /contracted program or which is not consistent with the routine care of an individual~~necessary. Clinical Risk Management reviews are conducted by the Professional Review Committee and its subcommittees. Employees are required for incidents that indicate follow up is necessary. Clinical reviews are conducted by the Professional Review Committee and its subcommittee,

- ~~the Pharmacy and Therapeutics Committees. All employees are required to report all events in The Harris Center Incident Reporting system. All new employees are required to complete an incident report training during orientation. This~~The incident report training includes when to complete an incident report, how to complete an incident report~~and, and consequences for failure to report a serious injury or incident.~~
- C. **Annual Risk Assessment** is conducted annually to help identify and bring attention to the likelihood of ~~the~~a risk event occurring and ~~how~~the potential impact if the risk event occurs. A Risk Event refers to any unforeseen or unexpected occurrence that can cause losses for the Harris Center. Classifications of the likelihood of risk range from "rare to almost certain", with consequences of likely risks ranging from "insignificant to severe~~the outcomes could be if the risk event occurs". Classifications of the likelihood of risk ranging from rare to almost certain, with consequences of likely risks ranging from insignificant to severe.~~ This type of risk assessment ~~directs~~assists the organization's ~~responsiveness~~response to certain practices, situations, and policies that ~~could~~may help ~~eliminate~~reduce the risk of harm to ~~The Harris Center~~ consumers, employees, visitors, ~~assets, and systems involved in operations before problems occur~~and property.
- ~~Additional Risk Assessments are conducted by individual departments. These assessments vary by department and the results and mitigation plan shall be documented and made available to the Risk Management Director upon request.~~
- D. **Ongoing Monitoring and Data Analysis** of harm and potential harm to identify and promptly respond to ~~risk of harm to individuals receiving services is an activity that is carried out at operational, administrative, financial, and medical levels of The Harris Center, including the General Counsel, Chief Executive Officer and Board of Trustees~~risks.
- E. **Root Cause Analyses:** The Harris Center is committed to the utilization of ~~robust~~ improvement models, tools, and techniques such as ~~Lean, root cause analysis (RCA), failure mode event analysis (FMEA), and other appropriate tools.~~ Sources of data will include prospective, concurrent, and retrospective reviews of records and events, reports from regulatory and contracting agencies relating to care deficiencies, complaints ~~and~~, grievances, and clinical reviews of sentinel events ~~(through RCA, FMEA, etc.).~~
- F. **Life Safety Inspections** are performed ~~at least~~ annually at each service location owned, rented or leased by The Harris Center. The Facility Services ~~department assures~~Department oversees that applicable permits required by local government are maintained for fire safety surveys, alarms, fire box keys, intrusion alarms, and sprinkler systems.
- G. **Death Mortality Reviews** of the deaths of ~~all~~ consumers ~~being~~ served in The Harris Center programs, including consumers served in The Harris Center contracted placements, are conducted by ~~way of an administrative review.~~the Closed Records Committee [See MED16A & MED16B Policy and Procedures for Closed Records Committee.] Closed Record reviews are conducted to identify clinically related problems requiring correction and opportunities to improve the quality of care pursuant to ~~the statutes that authorize peer review activities in the State of Texas.~~requirements of the Texa Administrative Code (TAC)[See Community Centers: Clinical Death Review 25 TAC §405.274.] ~~Mortality reviews are performed by the Professional Review Committee and its subcommittee, the Closed Record Committee to identify opportunities to reduce risk and improve upon The Harris Center's service delivery system of care.~~
- H. **Commercial Insurance Program:** The ~~Texas Council Risk Management Fund ("Fund") is a self-~~

insurance trust composed of 36 of the 39 community centers in Texas. The Harris Center is a member. The Fund provides carries the following coverages/lines of coverage:

- **Workers' Compensation** coverage responds to injuries to center employees who are injured on the job while in the course of their employment. Workers' compensation covers medical bills, rehabilitative, and lost income benefits for center employees. ~~Claims adjusters work with the employer to return the employee to meaningful work as soon as possible. To insure the most efficient use of members' contributions, claims adjusters employ significant cost savings strategies by directing medical care to pre-approved providers who are members of the Political Subdivision Workers Compensation Alliance. Cost and claim management measures include a drug formulary, pre-authorization of treatment, medical bill review and assignment of nurse case managers to serious and complex claims.~~
- **Liability coverage** includes automobile liability (AL), general liability (GL), medical malpractice for both mental health and primary health care (PL) ~~that is available for selection,~~ public official's errors & omissions (E&O) coverage, and Excess Liability (EL) to provide additional limits of insurance of the underlying liability policies. ~~The liability coverage has been customized to meet the exposures commonly faced by community centers in Texas. Some examples of this include the addition of options for primary care facilities that were established as a result of the 1115 Waiver program, increased coverage for non-owned automobiles, defense cost coverage for professional licensees in disciplinary actions by their licensing boards and employment practices liability including employee benefits program coverage.~~
- **Property** coverage includes buildings, office contents, computers, contractor's equipment, and vehicles owned by ~~the center~~ The Harris Center. ~~The insuring agreement in the Basic crime coverage document grants the~~ is included within property coverage based on an all risk of direct physical loss subject to deductibles and exclusions. ~~Coverage is on a blanket basis at replacement cost valuation re-determined annually. Basic crime coverage is included.~~
- **Cyber Liability** coverage ~~will guide~~ includes the response to an incident with forensics, attorneys, notification, and public relations strategies. Coverage is also provided for damage caused by a breach, penalties or fines and injury to the public from a breach.
- **Flood coverage provides property coverage to The Harris Center properties that are within federally identified flood zones.**
- The Texas Council Risk Management Fund also provides ~~effective~~ safety consulting, assistance with auditing processes for determining premiums, leadership training, risk management consulting, ~~excellent~~ claim service, and the ability of The Harris Center to have input in the claim management and settlement practices.

## 7. Risk Management ~~Responsibilities in other~~ in Operational Units ~~of The Harris Center~~

The ~~Harris Center has a fully developed~~ following risk management philosophy that assigns responsibilities for risk management in areas outside the actual provision of services to elements are in place and support the Risk Management Plan and its clients. ~~The following risk management elements are in place and support the Risk Management Plan and its reach and mission.~~

### A. **Compliance and Financial Risk Management**

~~The Harris Center's compliance to HIPAA is paramount. In addition, The Harris Center maintains an emphasis on legal and fiscal requirements of funders and regulatory agencies. In~~

every area devoted to client intake, medical services, medical records and medication administration, client privacy is strictly enforced. Medical Records areas maintain very good procedures and oversight to prevent any breach of confidentiality. The annual financial statement and audit underlie the financial stability of The Harris Center and address the monetary risks The Harris Center faces.

**B. Health and Safety** The Harris Center has a written safety program and the training that goes along with it includes the following elements:

- Statement of Safety Policy by CEO
- Premises safety
- Safety Rules
- Accident Reporting
- SAMA and/or PMAB standards
- Vehicle and Driver Safety
- Blood-Borne Pathogens
- Infection Control
- Emergency Response and Disaster Preparedness
- Electrical Safe Practices and Lock-out/Tag-out
- Hazardous Materials
- Back Safety
- Ergonomics
- Security
- Confined Spaces
- Remote Site Safety
- Accident Investigation
- Safety Committee
- Visitor Safety
- Contractor Safety

**C. Risk Management in Clinical Setting**

- Physicians and nurses at The Harris Center provide leadership and oversight for medical and nursing practices. Clinic spaces are well equipped and fully staffed for the number of clients on site. Medical supplies and pharmaceuticals are secured behind locked doors. Clinic spaces are very clean and disinfectant protocols are in place. Risk Management in the clinic setting includes Infection Control, Wellness and Disease Prevention.

**D. Contracting Practices**

- Contracts with providers, vendors and maintenance contractors are readily available to the Risk Management Director. Contracts contain "hold harmless" agreement

language in the indemnification section, requirements for insurance coverage that the contractor should carry and provisions for the contractor's adherence to safety standards. All contracts are reviewed by legal and purchasing/risk management functions.

#### **E. Security of Information including Client Confidentiality**

- Strict adherence to HIPAA and other privacy regulations are in effect. The Medical Records departments are secure to outside entry with the use of badge readers to restrict the area from unauthorized persons and employ an effective sign-out procedure for release of files. Hard copy records are scanned into the EHR system in the Medical Records department. The EHR system is username and password protected to restrict unauthorized access.

#### **F. Conflict of Interest**

- Policies and procedures to protect against the risks inherent in conflict of interest are in place for medical staff that interface with the pharmacy contractor and other medical vendors. All contractors or vendors should be surveyed for conflict of interest per our employee handbook.

#### **G. Employment Practices**

- Leadership training offered by the Fund addresses many of the employment practices or mistakes that can lead to allegations of discrimination or retaliation in employment actions. Documentation regarding performance or disciplinary issues is the key to effective risk management in employment liability.

#### **H. Inter-agency Collaborations or Joint Ventures**

The primary inter-agency collaborations at The Harris Center are with city, county, and state agencies, including local law enforcement agencies.

##### **Primary:**

- Houston Police Department
- Harris County Sheriff's Department
- Harris County Office of Homeland Security and Emergency Management
- [Regional] Joint Information Center
- Harris County Public Health and Environmental Services
- Community Services Department
- City of Houston Office of Emergency Management – Houston Department of Health and Human Services
- Health and Human Services Commission – According to performance contract
- SETRAC – SouthEast Texas Regional Advisory Council

##### **The Crisis Counseling Programs collaborate extensively with:**

- VOADs – Volunteer Organizations Active in Disaster

- ~~Red Cross~~
- ~~United Way~~
- ~~Medical Reserve Corp.~~
- ~~Network of Behavioral Health Providers~~
- ~~Local Independent School Districts~~
- ~~Long Term Recovery Meetings~~
- ~~Faith-based organizations~~
- ~~Community Centers~~
- ~~Neighborhood and Property Owner Associations~~
- ~~Food Banks~~
- ~~First Responders~~
- ~~Shelters~~
- ~~Apartment Communities~~

#### **A. Compliance and Financial Risk Management**

The Harris Center follows legal and fiscal requirements of all funders and regulatory agencies. Operational units are audited by Internal Audit and Compliance departments.

#### **B. Health and Safety** The Harris Center safety program includes the following:

- System Quality, Safety and Experience Committee and Safety and Risk Management Committee
- Incident Reporting
- Prevention and Management of Aggressive Behavior (PMAB) 25 TAC §417.515
  - The Harris Center uses Handle with Care to comply with this requirement.
- Vehicle and Driver Safety Campaign
- Slips, Trips and Falls Campaign
- Accident Investigation
- Infection Control and Prevention
- Emergency Response and Disaster Preparedness
- Online Training
  - Electrical Safe Practices
  - Hazardous Materials
  - Chair ergonomics and safety
- Security Officers
- Entrapment prevention environment review

#### **C. Risk Management in Clinical Setting**

- Physicians and nurses at The Harris Center provide leadership and oversight for

medical and nursing practices through continuous monitoring of the quality of care and peer review. Clinic spaces are equipped and staffed for consumer treatment. Medical supplies and pharmaceuticals are secured with access control measures. Clinic spaces are to be cleaned in accordance to the Infection Control and Prevention Plan overseen by the Chief Nursing Officer.

#### **D. Contracting Practices**

- : The Harris Center contracts shall be reviewed by the Contracts Services Department. Contracts shall contain indemnification language and minimum insurance coverages and amounts that contractors shall carry. The Harris Center Board of Trustees reviews and approves all contracts within its authority.

#### **E. Security of Information including Client Confidentiality**

- : The Harris Center follows federal and state laws and regulations regarding privacy and consumer information. The Information Security Officer and Health Information Management Department oversee policies and procedures to protect consumer information.

#### **F. Conflict of Interest**

- : The Harris Center has policies and procedures to protect against conflicts of interests [LD12A Code of Ethics, LD5A Solicitation of/and Acceptance of Donations, FM19B Requisitioning and Purchasing of Goods and/ or Services, MED10B Pharmaceutical Representatives]. All contractors or vendors are surveyed for conflicts of interest and employees on vendor selection committees are required to sign a conflict of interest acknowledgement form. The Harris Center Board of Trustees are required to complete Conflict of Interest Disclosure forms.

#### **G. Employment Practices**

- : Leadership training is offered to employees online that covers topics such as discrimination, sexual harassment, and retaliation at work.

#### **H. Inter-agency Collaborations or Joint Ventures**

- : The Harris Center has inter-agency collaborations with city, county, and state public health and emergency management agencies.

### **I. Public Relations Risk Management**

~~The effectiveness of The Harris Center is built on hard-won relationships with community organizations and law enforcement. Some of the clients served are unstable and prone to criminal activity that could reflect on these partners and The Harris Center. Any contacts from the press are forwarded to the Communications Director for a coordinated response. Any requests for information or interviews from the press must be referred to the Communication Director.~~

~~Social media is an important part of the communication process for The Harris Center. The Harris Center has a Social Media policy that every staff member must comply with. This is to protect clients, the center and individual staff members from the abuses of social media. Failure to comply with this policy can result in disciplinary action up to and including termination.~~

- The Harris Center has policies on Communications (LD2A Communications with the Media and Other Entities) and Social Media (LD13A Social Media Use). Requests for information, interviews, or postings on social media sites shall be forwarded to the Communications Department per policy.

**J. Risk Management Monitoring and Metrics**

~~The reporting process in place at The Harris Center has three main purposes. Its first is quality control related to the services and people affected by risk events. The Harris Center must make every effort to protect people and processes and recover from any damage or injury. The second function is to use data about risk events to revise or modify processes, premises or services to prevent future accidents or injuries from the same cause whether it is related to human action or physical conditions. The third function is to provide measures of the effectiveness of risk control efforts over time. This data informs the review of the risk management function by the Safety Committee and The Harris Center executives. With information, changes can be made to control, eliminate or mitigate risk to the center and its clients. Internal reporting of incidents and the external claims record provided by the Texas Council Risk Management Fund feed data into the system. The Harris Center will conduct an annual Risk Analysis, identifying risk areas of improvement, progress and action taken, and department responsibility for operational leaders that will be incorporated into this plan by reference.~~

- Incident Reporting assists in monitoring the frequency of events. The incident reporting process at The Harris Center has three main purposes:
  1. Quality Control related to the services and people affected by risk events;
  2. Use data about risk events to revise or modify processes, premises, or services; and
  3. Provide measures of the effectiveness of risk control efforts.

Data is used by Risk Management and Clinical Transformation & Quality to provide improvements at The Harris Center. Internal reporting of incidents and external claims records provided by the Texas Council Risk Management Fund assist in the risk management process. The Harris Center shall conduct an annual Risk Analysis in collaboration with the Texas Council Risk Management Fund to identify risk areas of improvement, progress, actions taken, and department responsibility for operational leaders that shall be incorporated into this plan by reference. The Risk Management Plan shall operate in conjunction with the Infection Control Plan.

**Approval Signatures**

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023

Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Eunice Davis: Dir	02/2023

## History

**Draft saved by Robinson, Anthony: VP** on 2/10/2023, 7:29PM EST

**Edited by Robinson, Anthony: VP** on 2/10/2023, 7:30PM EST

Substantially rewrote Plan per suggestions

**Draft saved by Davis, Eunice: Dir** on 2/11/2023, 6:09PM EST

**Comment by Davis, Eunice: Dir** on 2/11/2023, 6:10PM EST

Edited Safety Committee to "System Quality, Safety and Experience Committee and Safety and Risk Management Committee"

**Edited by Davis, Eunice: Dir** on 2/13/2023, 12:05PM EST

Edited "Safety Committee" to include new name of patient safety and show distinctions between the two safety committees.

**Last Approved by Davis, Eunice: Dir** on 2/13/2023, 12:05PM EST

**Draft saved by Thomas, Kendra: Counsel** on 2/13/2023, 2:13PM EST

**Edited by Thomas, Kendra: Counsel** on 2/13/2023, 2:16PM EST

Per request of Board member, I added definitions for Risk Retention, Risk Transfer and Risk Event. Please review them and let me know if you agree. Additional revisions were made pursuant to the recommendations from the Board member.

**Last Approved by Davis, Eunice: Dir** on 2/13/2023, 3:11PM EST

Reviewed with no additional changes

**Last Approved by Robinson, Anthony: VP** on 2/13/2023, 3:15PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/13/2023, 4:59PM EST

**Last Approved by Young, Wayne: Exec** on 2/13/2023, 5:08PM EST

# **EXHIBIT G-18**

Status **Pending** PolicyStat ID **13029805**



Origination	02/2022	Owner	Nicole Lievsay: Dir
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2023		
Next Review	1 year after approval		

## LD13A Social Media Use

### PURPOSE:

The purpose of the Social Media Use policy is to ensure The Harris Center employees adhere to the social media standards and guidelines provided by the Communications Department and the agency leadership. This policy defines the rules and procedures for the use of personal and official social media sites to ensure the agency accounts are both legal and in compliance with agency policies.

Social media sites include, but are not limited to, Facebook, Twitter, Instagram, YouTube, Snapchat, [Tik Tok](#), etc.

### POLICY:

All official Harris Center social media sites must adhere to state and federal laws and regulations, and agency policies. Only public information may be posted on official Harris Center social media sites and may not contain sensitive personal information as defined in the Texas Business and Commerce Code and the Health Insurance Portability and Accountability Act (HIPAA).

#### Employee Use:

The Communications Department serves as the designated administrator of the agency's social media sites. Staff members are prohibited from creating social media accounts and posting social media content in representation of The Harris Center unless they are expressly given written permission by the Communications Department and/or agency leadership.

To prevent legal and/or regulatory issues from occurring, avoiding loss of productivity and distraction to employee job performance and to preserve a consistent brand of voice, tone and messaging across

social channels, and the following guidelines are to be maintained:

- Employees may not use social media to discuss matters related to their clients, supervisors, co-workers or The Harris Center in a defaming or abusive manner that may be considered unprofessional and/or disruptive to the work environment.
- The personal use of social media sites by employees via The Harris Center devices and/or network is prohibited unless approved by the Communications Department.
- Staff may not use social media channels to communicate with any consumer/patient/individual regarding their care, including the exchange of personal health information (PHI).
- Employees may not post or stream social media content in representation of The Harris Center, unless expressly given written permission by the Communications Department and/or agency leadership.

Violation of this policy may lead to disciplinary action up to, and possibly including immediate termination of employment.

## APPLICABILITY/SCOPE:

All Harris Center employees, staff, volunteers, interns and contractors.

## RELATED POLICIES/FORMS ~~(for reference only)~~:

Social Media Guidelines

## REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF Standard: Risk Management - 1.G.3. Written procedures regarding communications, including media relations and social media.

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023

Initial Assignment	Shannon Fleming: Counsel	02/2023
Initial Assignment	Nicole Lievsay: Dir	02/2023

---

## History

**Comment by Fleming, Shannon: Counsel** on 2/2/2022, 5:08PM EST

Hi Karen. throughout the policy it refers to the chief business officer as having the authority. It is my understanding that the CBO position was eliminated. You will want to replace that reference.

**Sent for re-approval by Webb, Christopher: Audit** on 1/24/2023, 3:47PM EST

**Administrator override by Webb, Christopher: Audit** on 2/3/2023, 3:11PM EST

Updated the document owner from Karen Boren to Nicole Lievsay.

**Draft saved by Lievsay, Nicole: Dir** on 2/3/2023, 3:23PM EST

**Comment by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

Added Tik Tok to list of social media sites and reviewed for approval.

**Edited by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

Reviewed for updates.

**Last Approved by Lievsay, Nicole: Dir** on 2/3/2023, 3:24PM EST

**Last Approved by Fleming, Shannon: Counsel** on 2/6/2023, 10:48AM EST

**Administrator override by Robinson, Anthony: VP** on 2/6/2023, 11:16AM EST

Removed instructional template language

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 11:16AM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:34PM EST

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 2:30PM EST

# **EXHIBIT G-19**

Status **Pending** PolicyStat ID **12961081**



Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	1 year after approval

Owner	Anthony Robinson: VP
Area	Environmental Management
Document Type	Agency Policy

## EM6A Utilization of Security Officer Services

### 1. PURPOSE

The purpose of this policy is to establish clear expectations on utilization of the security services provided by The Harris Center for Mental Health and IDD.

### 2. POLICY

The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of the Harris Center's commitment to maintain a safe environment, the Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect Harris Center property, proactively identify, and promptly mitigate security risks in the environment.

### 3. APPLICABILITY/SCOPE

This policy applies to all Harris Center employees, contractors, volunteers, and interns.

### 4. RELATED POLICIES/FORMS ~~(for reference only)~~:

- [EM2A Emergency Codes, Alerts, and Responses](#)
- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program

- Limitation to Security Officer's Role - Least Restrictive Environment

## 5. RELATED PROCEDURES:

- [EM12B Security Alert - Armed Intruder](#)
- [EM18B Security Alert - Bomb Threat/ Suspicious Package](#)
- [EM19B Security Alert - Hostage Situation](#)
- [EM20B Security Alert - Missing Child](#)

## 6. References/Rules/Regulations/Standards

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards- Organizational Standards, 26 Tex. Admin. Code §301.323

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Anthony Robinson: VP	02/2023

### History

**Sent for re-approval by Webb, Christopher: Audit** on 1/10/2023, 11:48PM EST

**Draft saved by Robinson, Anthony: VP** on 2/6/2023, 12:19PM EST

**Edited by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

Added related procedures and emergency alerts policy reference

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

**Last Approved by Robinson, Anthony: VP** on 2/6/2023, 12:20PM EST

**Last Approved by Thomas, Kendra: Counsel** on 2/6/2023, 1:24PM EST

---

**Last Approved by Young, Wayne: Exec** on 2/6/2023, 2:26PM EST

# **EXHIBIT G-20**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

ACT Assertive Community Treatment  
 ADL Activities of Daily Living  
 AFDC Aid to Families with Dependent Children  
 ALF Assisted Living facility  
 ANSA Adult Needs and Strengths Assessment  
 AOT Assisted out-patient treatment

APS Adult Protective Services  
 ARC Association for Retarded Citizens  
 AUDIT-C Alcohol Use Disorders Identification Test

**B**

BABY CANS Baby Child Assessment needs (3-5 years)  
 BHO Behavioral Health Organization  
 BDSS Brief Bipolar Disorder Symptom Scale  
 BNSA Brief Negative Symptom Assessment

**C**

CANS Child and Adolescent Needs and Strengths  
 CAPES Child and Adolescent Psychiatric Emergency Services  
 CAPS Child and Adolescent Psychiatric Services  
 CARE Client Assessment and Registration  
 CARF Commission on Accreditation of Rehabilitation Facilities  
 CAS Child and Adolescent Services  
 CBCL Children's Behavioral Checklist  
 CBHN Community Behavioral Health Network  
 CBT Cognitive behavior therapy  
 CCBHC Certified Community Behavioral Health Clinic  
 CCR Clinical case review  
 CCSI Chronic Consumer Stabilization Initiative  
 CCU Crisis Counseling Unit  
 CHIP Children's Health Insurance Plan  
 CIDC Chronically Ill and Disabled Children  
 CIRT Crisis Intervention Response Team  
 CIWA Clinical Institute Withdrawal Assessment for Alcohol  
 CMAP Children's Medication Algorithm Project  
 CMBHS Clinical Management for Behavioral Health Services  
 CMS Centers for Medicare and Medicaid  
 COC Continuity of Care

<b>COD</b>	<b>Co-Occurring Disorders Unit</b>
<b>COPSD</b>	<b>Co-occurring Psychiatric and Substance Abuse Disorders</b>
<b>COR</b>	<b>Council on Recovery</b>
<b>CPEP</b>	<b>Comprehensive Psychiatric Emergency Programs</b>
<b>CPOSS</b>	<b>Charleston Psychiatric Outpatient Satisfaction Scale</b>
<b>CPS</b>	<b>Children's Protective Services</b>
<b>CRCG</b>	<b>Community Resource Coordination Group</b>
<b>CRU</b>	<b>Crisis Residential Unit</b>
<b>CSC</b>	<b>Community Service Center</b>
<b>CSCD</b>	<b>Community Supervision and corrections department</b>
<b>CSP</b>	<b>Community Support plan</b>
<b>CSU</b>	<b>Crisis Stabilization Unit</b>
<b>CYS</b>	<b>Community Youth Services</b>

**D**

<b>DFPS</b>	<b>Department of Family and Protective Services</b>
<b>DHHS</b>	<b>Department of Health and Human Services</b>
<b>DID</b>	<b>Determination of Intellectual Disability</b>
<b>DLA-20</b>	<b>Daily Living Activities-20 Item Version</b>
<b>DRB</b>	<b>Dangerousness review board</b>
<b>DSM-5</b>	<b>Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition</b>
<b>DSRIP</b>	<b>Delivery System Reform Incentive Payment Program</b>

**E**

<b>ECI</b>	<b>Early Childhood Intervention</b>
<b>EO</b>	<b>Early Onset</b>
<b>EPSDT</b>	<b>Early Periodic Screening Diagnosis and Treatment</b>

**F**

<b>FACT</b>	<b>Forensic Assertive Community Team</b>
<b>FF</b>	<b>Flex Funds</b>
<b>FSIQ</b>	<b>Full Scale Intelligence Quotient</b>
<b>FSPA</b>	<b>Jail -Forensic Single Portal</b>
<b>FTND</b>	<b>Fagerstrom Test for Nicotine Dependence</b>
<b>FY</b>	<b>Fiscal Year</b>

**G**

<b>GAF</b>	<b>Global Assessment of Functioning</b>
<b>GR.</b>	<b>General Revenue</b>

**H**

<b>HAM-A</b>	<b>Hamilton Rating Scale for Anxiety</b>
<b>HCJPD</b>	<b>Harris County Juvenile Probation Department</b>
<b>HCPC</b>	<b>Harris County Psychiatric Center</b>
<b>HCPI</b>	<b>Harris County Psychiatric Intervention</b>
<b>HCPS</b>	<b>Harris County Protective Services for Children and Adults</b>
<b>HCS</b>	<b>Home and Community Services</b>
<b>HCS-O</b>	<b>Home and Community Services – OBRA</b>
<b>HCSO</b>	<b>Harris County Sheriff's Office</b>
<b>HH</b>	<b>Harris Health System</b>
<b>HHS</b>	<b>Health Human Services</b>
<b>HHSC</b>	<b>Health and Human Services Commission</b>
<b>HMO</b>	<b>Health Maintenance Organization</b>
<b>HOT</b>	<b>Homeless Outreach Team</b>
<b>HPD</b>	<b>Houston Police Department</b>
<b>HRC</b>	<b>Houston Recovery Center</b>

**I**

<b>ICAP</b>	<b>Inventory for Client and Agency Planning</b>
<b>ICC</b>	<b>Interim Care Clinic</b>
<b>ICF-ID</b>	<b>Intermediate Care Facility for Intellectual Disability</b>
<b>IEP</b>	<b>Individual Education Plan</b>
<b>IFSP</b>	<b>Individual Family Support Plan</b>
<b>IHR</b>	<b>In Home Respite</b>
<b>IRG</b>	<b>Innovative Resource Group</b>
<b>IRP</b>	<b>Individualized recovery plan</b>

**J**

<b>JDC</b>	<b>Juvenile Detention Center</b>
<b>JJAEP</b>	<b>Juvenile Justice Alternative Education Program</b>
<b>JSS</b>	<b>Job Satisfaction Scale</b>

**K****L**

<b>LAR</b>	<b>Legislative Appropriations Request</b>
<b>LIDDA</b>	<b>Local IDD Authority</b>
<b>LMHA</b>	<b>Local Mental Health Authority</b>
<b>LOC</b>	<b>Level of Care – LOC A= Authorized and LOC R= Calculated</b>
<b>LOS</b>	<b>Length of Stay</b>
<b>LPHA</b>	<b>Licensed Professional of the Healing Arts</b>
<b>LSA</b>	<b>Local Service Area</b>

**M**

<b>MACRA</b>	<b>Medicare Access and CHIP Reauthorization Act</b>
<b>MAPS</b>	<b>Mental Retardation Adult Psychiatric Services</b>
<b>MBOW</b>	<b>Medicaid Managed Care Report (Business Objects)</b>
<b>MCO</b>	<b>Managed Care Organization</b>
<b>MCOT</b>	<b>Mobil Crisis Outreach Team</b>
<b>MCAS</b>	<b>Multnomah Community Assessment Scale</b>
<b>MDU</b>	<b>Multiple Disabilities Unit</b>
<b>MHW</b>	<b>Mental Health Warrant</b>
<b>MMPI-2</b>	<b>Minnesota Multiphasic Personality Inventory 2<sup>nd</sup> Edition</b>
<b>MoCA</b>	<b>Montreal Cognitive Assessment</b>
<b>MSU</b>	<b>Maximum security unit</b>

**N****N**

<b>NAMI</b>	<b>National Alliance for the Mentally Ill</b>
<b>NEO</b>	<b>New Employee Orientation</b>
<b>NGRI</b>	<b>Not Guilty for Reason of Insanity (46C)</b>
<b>NPC</b>	<b>Neuro-Psychiatric Center</b>
<b>NWCSC</b>	<b>Northwest Community Service Center</b>

**O**

<b>OSAR</b>	<b>Outreach Screening Assessment and Referral</b>
<b>OASS</b>	<b>Overt Agitation Severity Scale</b>
<b>OHR</b>	<b>Out of Home Respite</b>
<b>OVSOM</b>	<b>Office of Violent Sexual Offenders Management</b>

**P**

<b>PAP</b>	<b>Patient Assistance Program (for Prescriptions)</b>
<b>PASARR</b>	<b>Preadmission Screening and Annual Residential Review</b>
<b>PATH</b>	<b>Project to Assist in the Transition from Homelessness</b>
<b>PCH</b>	<b>Personal Care Home</b>
<b>PCM</b>	<b>Patient care monitoring</b>
<b>PDP</b>	<b>Person Directed Plan</b>
<b>PDSA</b>	<b>Plan-Do-Study-Act</b>
<b>PES</b>	<b>Psychiatric Emergency Services</b>
<b>PHCRU</b>	<b>Post Hospitalization Crisis Residential Unit</b>
<b>PHQ-9</b>	<b>Patient Health Questionnaire-9 Item Version</b>
<b>PHQ-A</b>	<b>Patient Health Questionnaire-9 Modified for Adolescents</b>
<b>PI</b>	<b>Performance Improvement</b>
<b>PIP</b>	<b>Performance Improvement Plan</b>
<b>PMAB</b>	<b>Prevention and Management of Aggressive Behavior</b>
<b>POC</b>	<b>Plan of Care</b>

PoC-IP Perceptions of Care-Inpatient  
 ProQOL Professional Quality of Life Scale  
 PSRS Positive Symptom Rating Scale  
 PSS Parent Satisfaction Scale

**Q**

QAIS Quality Assurance and Improvement System  
 QMHP Qualified Mental Health Professional  
 QI Quality Improvement  
 QIDS-C Quick Inventory of Depressive Symptomology-Clinician Rated

**R**

RC Rehab Coordination  
 ROI Release of Information  
 RM Recovery Manager  
 RTC Residential Treatment Center

**S**

SAM Service Authorization and Monitoring  
 SAMHSA Substance Abuse and Mental Health Services Administration  
 SC Service Coordination  
 SECSC Southeast Community Service Center  
 SEFRC Southeast Family Resource Center  
 SMAC Sequential Multiple Analysis tests  
 SMHF State mental health facility  
 SNF Skilled Nursing Facility  
 SP Service Package (SP1, etc)  
 SPA Single portal authority  
 SSLC State living facility  
 SWCSC Southwest Community Service Center  
 SWFRC Southwest Family Resource Center  
 SUD Substance Use Disorder

**T**

TAC Texas Administrative code  
 TANF Temporary Assistance for Needy Families  
 TCOOMI Texas Correctional Office on Offenders with Medical or Mental Impairments  
 TDCJ Texas Department of Criminal Justice  
 THKC Texas Health Kids  
 THSteps Texas Health Steps  
 TIC Trauma informed Care  
 TMAP Texas Medication Algorithm Project

**TMHP** Texas Medicaid & Healthcare partnership  
**TJJD** Texas Juvenile Justice Department  
**TRR** Texas Resiliency and Recovery  
**TWC** Texas Workforce Commission

**U**  
**UR** Utilization Review

**V**  
**V-SSS** Visit-Specific Satisfaction Scale

**W**

**X**

**Y**