



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

Governance Committee Meeting

March 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, February 28, 2023
(EXHIBIT G-1)

IV. REVIEW AND TAKE ACTION

A. NEW POLICIES

1. Lobbying
(EXHIBIT G-2)
2. Outreach Screening Assessment Referral (OSAR) Policy and Procedure Manual
(EXHIBIT G-3)

B. POLICY UPDATES/MINOR CHANGES

1. Religious Accommodations
(EXHIBIT G-4)
2. Bylaws of the Board of Trustees of The Harris Center for Mental Health and Intellectual Developmental Disabilities
(EXHIBIT G-5)
3. Corporate Compliance
(EXHIBIT G-6)
4. Family and Medical Leave Act (FMLA)
(EXHIBIT G-7)
5. Linguistic Competence Services
(EXHIBIT G-8)
6. Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons with Disabilities
(EXHIBIT G-9)
7. Section 504 of the Rehabilitation Act and, the American with Disabilities Act ("ADA") (Consumers)
(EXHIBIT G-10)
8. Solicitation of/and Acceptance of Donations (Money, Goods or Services)
(EXHIBIT G-11)
9. State Service Contract Monitoring and Performance Reporting
(EXHIBIT G-12)

10. Weapons
(EXHIBIT G-13)

C. POLICY UPDATES/SUBSTANTIAL CHANGES

1. Credentialing Policy
(EXHIBIT G-14)
2. Incident Reporting
(EXHIBIT G-15)

V. EXECUTIVE SESSION

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

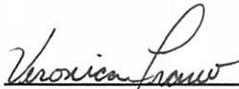
VI. RECONVENE INTO OPEN SESSION

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

VIII. INFORMATION ONLY

- A. Abbreviation List
(EXHIBIT G-16)

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, FEBRUARY 28, 2023
MINUTES**

CALL TO ORDER

Mr. Jim Lykes, Chairman called the meeting to order at 8:34 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. J. Lykes, Mr. G. Womack, Dr. R. Gearing,

Committee Member Absent: Mrs. N. Hurtado

Other Board Member Present: Dr. G. Santos, Mrs. B. Hellums, Mr. S. Zakaria

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Jim Lykes designated Dr. Santos and Mrs. Hellums as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:34 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, January 24, 2023

MOTION: WOMACK SECOND: ZAKARIA

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, January 24, 2023 EXHIBIT G-1 has been approved and recommended to the Full Board.

5. REVIEW AND TAKE ACTION

A. New/Unchanged

1. Cellular Phone Distribution and Management

MOTION: WOMACK SECOND: ZAKARIA
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Cellular Phone Distribution and Management, EXHIBIT G-2 has been approved and recommended to the Full Board.

2. Confidentiality and Disclosure of Patient/Individual Health Information

MOTION: WOMACK SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Confidentiality and Disclosure of Patient/Individual Health Information, EXHIBIT G-3 has been approved and recommended to the Full Board.

3. The Development and Maintenance of Center Policies

MOTION: GEARING SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, The Development and Maintenance of Center Policies, EXHIBIT G-4 has been approved and recommended to the Full Board.

B. REVISED/MINOR CHANGES

1. Burglaries or Theft

MOTION: HELLUMS SECOND: SANTOS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Burglaries or Theft, EXHIBIT G-5 has been approved and recommended to the Full Board.

2. Court-Ordered Outpatient Mental Health Services

MOTION: SANTOS SECOND: HELLUMS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Court-Ordered Outpatient Mental Health Services, EXHIBIT G-6 has been approved and recommended to the Full Board.

3. Delegation and Supervision of Certain Nursing Acts

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

BE IT RESOLVED, Delegation and Supervision of Certain Nursing Acts, EXHIBIT G-7 has been approved and recommended to the Full Board.

4. Emergency Medical Care for Consumers, Employees and Volunteers

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

BE IT RESOLVED, Emergency Medical Care for Consumers, Employees and Volunteers, EXHIBIT G-8 has been approved and recommended to the Full Board.

5. Infection Control and Prevention

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

BE IT RESOLVED, Infection Control and Prevention, EXHIBIT G-9 has been approved and recommended to the Full Board.

6. Management of Legal Documents & Litigation

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

BE IT RESOLVED, Management of Legal Documents & Litigation, EXHIBIT G-10 has been approved and recommended to the Full Board.

7. Mandatory COVID-19 Vaccinations

MOTION: WOMACK SECOND: ZAKARIA
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Mandatory COVID-19 Vaccinations, EXHIBIT G-11 has been approved and recommended to the Full Board.

8. Medical Peer Review

MOTION: SANTOS SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Medical Peer Review, EXHIBIT G-12 has been approved and recommended to the Full Board.

9. Medical Services

MOTION: SANTOS SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Medical Services, EXHIBIT G-13 has been approved and recommended to the Full Board.

10. Pharmaceutical or Patient Assistance Programs (PAP)

MOTION: WOMACK SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Pharmaceutical or Patient Assistance Programs (PAP), EXHIBIT G-14 has been approved and recommended to the Full Board.

11. Referral, Transition and Discharge

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

BE IT RESOLVED, Referral, Transition and Discharge, EXHIBIT G-15 has been approved and recommended to the Full Board.

12. Research Procedures and the Committee for Protection of Human Subjects

MOTION: GEARING SECOND: SANTOS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Research Procedures and the Committee for the Protection of Human Subjects, EXHIBIT G-16 has been approved and recommended to the Full Board.

13. Risk Management

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

BE IT RESOLVED, Risk Management, EXHIBIT G-17 has been approved and recommended to the Full Board.

14. Social Media Use

MOTION: GEARING SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Social Media Use, EXHIBIT G-18 has been approved and recommended to the Full Board.

15. Utilization of Security Officer Services

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

BE IT RESOLVED, Utilization of Security Officer Services, EXHIBIT G-19 has been approved and recommended to the Full Board.

6. **EXECUTIVE SESSION -**

Mr. Lykes announced the Committee was entering into Executive session at 8:50 am for the following reason:

- 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

7. **RECONVENED INTO OPEN SESSION-**

The Governance Committee reconvened into open session at 9:07 a.m.

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

MOTION: Mr. Zakaria moved the Governance Committee nominate the following Board members for election to the Audit Committee: Mr. Womack, Dr. R. Gearing, Dr. M. Miller, Jr. and Dr. L. Moore.

SECOND: SANTOS

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, the Governance Committee nominates Mr. Womack, Dr. Gearing, Dr. Miller, Jr., and Dr. Moore for election to Audit Committee and recommends these nominations to the Full Board for final vote and approval.

MOTION: Mr. Zakaria moved the Governance Committee nominate Dr. G. Santos as an additional member to the Audit Committee.

SECOND: WOMACK

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, the Governance Committee also nominates Dr. G. Santos for election to the Audit Committee and recommends the nomination to the Full Board for final vote and approval.

9. **ADJOURN**

MOTION: SANTOS

SECOND: HELLUMS

The meeting was adjourned at 9:07 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 **13246445**



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

Owner	Kendra Thomas: Counsel
Area	General Administration
Document Type	Agency Policy

GA9A Lobbying

1. PURPOSE

The purpose of this policy is to encourage employees to participate in lawful political activities on the employee's own personal time and not on behalf of the Harris Center nor at any of our facilities.

2. POLICY:

The Harris Center believes that its employees should be free to participate in lawful political activity as they see fit. It is the policy of the Harris Center that the following lobbying and political activities are prohibited while on duty at the Harris Center:

- Use any equipment (computer, fax, phone, copier)
- Demonstrating
- Circulating petitions
- Soliciting votes at any time in any work area of the Harris Center
- Conducting or participating in polls
- Fundraising
- Sending political messages or materials to co-workers
- Harassment of any co-workers regarding political preferences

Participating in these activities must be conducted on the employee's own time and should in no way suggest The Harris Center's support. Vacation leave may be requested to conduct such activities.

ADDITIONAL PROHIBITED ACTIVITIES OF AGENCIES AND INDIVIDUALS

- a. The Harris Center and employees may not use any money under its control, including appropriated money, to finance or otherwise support the candidacy of a person for an office in the legislative, executive or judicial branch of state government or of the government of the United States. This prohibition extends to the direct or indirect employment of a person to perform an action described by this section.
- b. The Harris Center and employees may not use leased vehicles to engage any of the prohibited acts outlined in this policy.
- c. The Harris Center and employees may not use appropriated money to attempt to influence the passage or defeat of a legislative measure. This section does not prohibit employees from using resources to provide public information or to provide information responsive to a request.
- d. The Harris Center and employees may not use their official authority or influence, or permit the use of a program administered by the Harris Center to interfere with or affect the result of an election or nomination of a candidate or to achieve any other political purpose.
- e. The Harris Center and employees must not coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan or contribution of anything of value to a person or political organization for a political purpose.

EMPLOYMENT OF LOBBYIST

- a. The Harris Center may not use appropriated money to employ, as a regular full-time or part-time or contract employee, a person who is required by state law to register as a lobbyist.
- b. The Harris Center may not use appropriated money to pay, on behalf of the Harris Center or an officer or employee of the Harris Center, membership dues to an organization that pays part or all of the salary of a person who is required by state law to register as a lobbyist.
- c. If the Harris Center violates Subsection (a) it is subject to a reduction of amounts appropriated for administration by the General Appropriations Act for the biennium following the biennium in which the violation occurs in an amount not to exceed \$100,000 for each violation.

RESTRICTIONS ON LOBBYING EXPENDITURES

- a. The Harris Center may not use state funds to pay:
 - 1. lobbying expenses incurred by the Harris Center;
 - 2. a person or entity that is required to register with the Texas Ethics Commission under Chapter 305;
 - 3. any partner, employee, employer, relative, contractor, consultant, or related entity of a person or entity described who is required to register with the Texas Ethics Commission); or
 - 4. person or entity that has been hired to represent associations or other entities for the purpose of affecting the outcome of legislation, agency rules, ordinances, or other government policies.

- b. A political subdivision or private entity that violates Subsection (a) is not eligible to receive additional state funds.

DISCIPLINARY ACTION

Any Harris Center employee who is in violation of this policy may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

NA

5. RELATED POLICIES/FORMS:

NA

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Gov't Code Ch. 556

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Initial Assignment	Anthony Robinson: VP	03/2023
Initial Assignment	Kendra Thomas: Counsel	03/2023

EXHIBIT G-3

Status **Pending** PolicyStat ID **12253848**



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

Owner	Sandra Brock: Dir
Area	Manuals
Document Type	Program Policy and Procedure Manual

Outreach Screening Assessment Referral (OSAR) Policy & Procedure Manual

THE HARRIS CENTER FOR MENTAL HEALTH & IDD

OSAR - OUTREACH SCREENING ASSESSMENT REFERRAL POLICY & PROCEDURE MANUAL

FY2023

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INTRODUCTION

OSAR - outreach, screening, assessment, and referral, provides coordinated access to a continuum of substance use services. The OSAR Program is funded by the Health and Human Services Commission (HHS) via contract with The Harris Center for Mental Health and IDD (The Harris Center). The Harris Center subcontracts OSAR services with The Council on Recovery (The Council). OSAR services are provided to all Texas residents who are seeking substance abuse services.

To guide referrals, OSAR uses severity guidelines mapped to specific levels of care and identify priority populations at the time of assessment. OSAR also maintains residential treatment waiting lists. OSAR staff maintain communication with individuals waiting for treatment, and refer patients to an appropriate level of care as soon as space becomes available.

Clinical services include confidential alcohol and drug screenings and assessments for all ages, referrals for state funded inpatient and outpatient drug and alcohol treatment, brief interventions, which include motivational counseling, education and support. Case management is provided for clients who need assistance in accessing supportive services, interim services and weekly contacts.

OSAR maintains a vast list of resources (**See Attachment A**) to provide appropriate referral services to general and specific populations. A few of the resources are listed below:

- A. Opioid Substitution Therapy
- B. Adult Medical Detox HHS
- C. Medication Assisted Treatment
- D. Men's Residential Provider HHS
- E. Men's Non HHS Services Shelters
- F. Female Residential HHS
- G. Pregnant Women and Women with Children
- H. TRF Specialized Females HHS
- I. Women with Children Residential
- J. Sober Living Services for Women
- K. Other Residential Programs
- L. Recovery Coaches

There are some special accommodations made for the following priority populations.

- Department of Family and Protective Services (DFPS). DFPS clients are seen within 3 business days of a DFPS referral.
- All other high priority clients are also seen within 3 business days of the referral.
 - Pregnant injecting drug users
 - Pregnant substance abusers
 - Injecting drug users

Additional Information:

- Marijuana (includes synthetic marijuana), does not qualify for state funded treatment.
- Veterans are served
- Services are extended to the following counties: Harris, Liberty, Montgomery, Waller, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Matagorda, Wharton

Referrals for the OSAR Program can be made at The Council on Recovery (The Council) at 713-942-4100, 1-855-942-4100, or at <https://www.councilonrecovery.org/get-help-now/>

The Council on Recovery

303 Jackson Hill

Houston, TX. 77007

The Council's primary offices are open and available for OSAR services Monday to Thursday from 8:00 AM - 9:00 PM; Friday 8:00 AM - 6:00 PM; and Saturday from 8:00 AM - 2:00 PM.

OSAR services are also available from 8:00am - 5:00pm, at each of the primary Harris Center Clinics, located in the following areas of Harris County.

- Northwest Community Service Center (3737 Dacoma, Houston)
- Southwest Community Service Center (9401 Southwest Freeway, Houston)
- Southeast Community Service Center (5901 Long Drive, Houston)
- Northeast Community Service Center (7200 N. Loop E. Freeway, Houston)

OSAR services are also provided remotely, at the Harris County Psychiatric Center and Crisis Residential Unit.

The Harris Center provides 24 hour crisis emergency services at 713-970-7000

The Harris Center OSAR Responsible Staff:

1. Sandra Brock, Director of Mental Health Projects
713-970-3307

If Director is unavailable for immediate assistance call

1. **Leonard Jeffcoat** - Coordinator of Outpatient Services
713-942-4100 ext: 1241 or Cell: 713-907-8108, or
2. **Cheryl Kalinec** - Director for Clinical Assessment, Referrals, and Engagement
713-942-4100 ext. 1282

*Onsite refers to services provided at Jackson Hill Street. **Offsite refers to services provided within The Harris Center locations.

This manual contains policies and procedures that are not The Harris Center's policies and procedures. However, the identified policies and procedures represent The Harris Center's approach to monitoring the subcontractor's delivery of OSAR services and program management.

PROCEDURES FOR CLIENT SERVICES

Counselors work with clients seeking assistance in obtaining services to address their substance use and/or other related problems or issues. The goals of the Outpatient Services is to engage with clients from the point of initial contact, to provide quality screening and brief intervention services, and refer appropriate clients directly to education, intervention or treatment services as needed. Additionally, provide quality clinical services including but not limited to individual, group and family counseling to clients. Counselors will follow all OSAR and Health and Human Services Commission (HHS) rules and regulations throughout the process including documentation and reporting requirements.

A. FINANCIAL ELIGIBILITY

This is the documentation attesting to the applicant's financial and residency status. -To establish that the applicant lives in Texas, copy one of the following documents:

- Current utility bill in applicant's name,
- Current voter registration for applicant,
- Texas ID or Texas Driver's License with current Texas address,
- Current lease agreement in applicant's name,
- A signed Attestation Statement

To establish the applicant's reported income, copy of one or more of the following documents:

- Last pay stub,
- W-2 form or last year's income tax return if the applicant' income is unchanged,
- Income verification letter from employer,
- Statement of income from Workforce Solutions Office
- A signed Attestation Statement

1. Financial eligibility information is collected and entered into Clinical Management for Behavioral Health Services (CMBHS) on the Financial Eligibility Form.

2. If a client does not have all the financial documentation required then an attestation form will be completed at that time.

3. If a client is found to be ineligible for state-funding due to financial status or residency, the counselor will discuss options available and give the client appropriate contact information.

4. Relevant documentation is copied and placed in the file and electronically attached to Financial Eligibility Form in CMBHS.

- a. Onsite: If client did not present proof of income, valid ID, address, or insurance, then an attestation statement must be filled out correctly and signed by client, witness of signature (unit coordinator) and counselor. It should then be attached electronically to CMBHS financial eligibility.
- b. Offsite: If client did not present proof of income, valid ID, address, or insurance, then an attestation statement must be filled out correctly and signed by client and counselor. It should

then be attached electronically to CMBHS financial eligibility.

B. ONSET OF SERVICES

Onsite

1. Appointment Procedures
 - a. Screenings are completed on Monday-Friday mornings/afternoons from 8AM-5PM on a walk-in basis, first come, first served, no appointment required.
2. Upon client arrival, the Unit Coordinator will:
 - a. Check (CMBHS) to see if client has been here previously. If client was seen within the past 12 months, the chart is pulled and paperwork updated.
 - b. Give client appropriate paperwork to be filled out, and explain all forms (client rights, consents, confidential data sheet, Pre Readiness Ruler (**See Attachment B**). Ensure all forms have been completed before referring client to counselor.
 - c. Financial eligibility information is collected and entered into CMBHS according to procedure described in A.1. Relevant documentation is copied and placed in the file and electronically attached to financial eligibility forms in CMBHS. If client did not present proof of income, valid ID, address, or insurance, an attestation statement must be filled out correctly and signed by client, witness of signature (unit coordinator) and attached electronically to CMBHS financial eligibility.

Offsite

1. Referral Procedures
 - a. The Harris Center staff will identify characteristics for appropriate referrals to assigned OSAR staff located at each of the Harris Center Clinics.
2. Upon receipt of referral:
 - a. Check (CMBHS) to see if client has previous service treatment history. If client was seen within the past 12 months, then contact Unit Coordinator will pull chart to update paperwork.
 - b. Give client appropriate paperwork to be filled out, and explain all forms (client rights, consents, confidential data sheet, Pre Readiness Ruler (**See Attachment B**). Ensure all forms have been completed before referring client to counselor.
 - c. Financial eligibility information is collected and entered into CMBHS according to procedure. Relevant documentation is copied and placed in the file and electronically attached to financial eligibility forms in CMBHS. If client did not present proof of income, valid ID, address, or insurance, an attestation statement must be filled out correctly and signed by client and counselor then attach electronically to CMBHS financial eligibility.

C. INITIAL CLIENT/COUNSELOR MEETING

1. Counselor reviews paperwork with client before screening process to explain and ensure client understands all documentation forms.

2. Counselor ensures financial eligibility information is correct and all documents are present and attached, and has the client sign the CMBHS financial form.
3. Appropriate (CMBHS) consent release forms must be signed by client and the counselor for any person or facility whom the client wishes to share their screening and or other information with. The consent should specify time period of consent activity, and what specific information is to be shared with person or facility. Client should be notified that their consent can be revoked at any time at their request
4. Under no circumstances should a client be requested or permitted to sign a blank consent form or a form that is not completely filled out.
5. Complete CMBHS screening by asking all questions on screening tool (**See Attachment C**).
 - a. If no substance use disorder problems are identified (screening score below 2), make appropriate referrals for other needed services. Create service plan and follow up to ensure appropriate services are received or to provide additional referrals if needed. (See follow up process below).
 - b. Substance use disorder problems are identified (screening score above 2)
 - i. If client meets HHS funding requirements, refer to a HHS funded treatment provider using preliminary DSM V diagnosis and criteria, however; other non HHS services may be utilized if appropriate. Create service plan and call providers while client is in office to get client on wait list and/ or to initiate referral and admit appointment.
 - ii. Referrals and contact information should be given to client on a recommendation form for all needed and identified problems by the client and counselor.
6. At completion of screening, Post Readiness Ruler (**See Attachment B**)/Client Satisfaction Survey (**See Attachment S**) are to be given to the client to fill out.
 - a. Onsite: Survey is given to unit coordinator/front desk/or data entry person specified.
 - b. Offsite: Completed folder is to be returned to data entry specialist for data entry.
7. After data is entered, the data entry clerk will return client chart to clinician for follow up completion.
8. Counselors are ultimately responsible for all documents in chart which includes financial documentation being entered appropriately in CMBHS and signed by client and the counselor.

D. FOLLOW UP PROCESS

1. An initial follow up is to be done within 48 hours after screening interview. At this time the counselor will document
 - a. If the client has followed through on the recommendations and referrals made, including if they have accessed any recovery support services. These may include: AA, NA, CA, Health Screening, Smoking Cessation, Counseling, Mental health services, Community and faith-based organizations, etc.
 - b. If the client has used any mind altering substances or not since the screening

- c. Provide additional assistance or referrals if needed at that time, including a Motivational Interviewing session (must be documented) if client is willing and appropriate for process.
2. As long as the client is not placed in a treatment facility or program, additional weekly follow ups are warranted until the client is placed. These follow ups must be entered and documented in CMBHS.
3. At least 3 attempts 1 week apart should be made to contact client and/or authorized contact unsuccessfully before file can be closed complete due to no contact.
4. After the initial follow up within 48 hours at least two of the follow up attempts should be completed a week apart, 1 week after 1st follow up and the week following making it 2.5 to 3 weeks since initial screening before the file is closed and only if both the client and authorized contact have not been reached.
5. After client is placed, is no longer seeking services, or all attempts to contact client and authorized contact have been exhausted the note is closed indicating the following
 - a. Outcome:
 - i. Unable to contact client, file closed; Or
 - ii. Client is currently placed in residential treatment at treatment facility (Santa Maria), no further services are needed at this time, file closed.
 - b. Counselor will document client's abstinence or level of use at case closure.
 - c. Counselor will document whether client has engaged in any support or recovery group/meetings.
 - d. File Closed must be indicated in ending statement. Then print out and sign note and give to the data entry clerk
6. If client is not placed into treatment facility or program after 4 weeks of follow-up, Counselor will staff case during Outpatient Services case staffing for recommendations. The recommendation will be followed and documented in CMBHS.
7. If required or requested and a release is signed and in place, reports to a referral source (CPS, probation, etc.) will be emailed (Encrypted) or mailed.
8. Client charts are to be stored in the file room at all times. If a chart still needs additional work (such as continued follow up attempts), it can be kept in the counselor "open-file" drawer in the locked file room. Once the counselor is finished, the chart is to be submitted to unit coordinator or data entry personnel for filing. Under no circumstances are client charts to be stored overnight in office, desks, briefcases.
9. OSAR will assist appropriate clients under special circumstances to meet one-time needs that are preventing admission to System-Agency funded substance use disorder treatment services, such as filling prescriptions, medications or providing transportation to treatment services.
 1. Policy: This policy is to provide guidance on the decision process and available resources for when OSAR provides one time support to clients. All decisions for providing client support should be approved by a Director.
 - a. Procedure: At point of scheduling the initial screening visit, the Client

should be made aware to provide their own transportation to and from The Council.

- b. If a person presents in a manner, or has extenuating circumstances, that lead staff to determine the person is unable to effectively or safely leave under their own volition (for reasons provided below), OSAR may provide the person with transportation to their home, a residential facility or medical care facility, per this policy.
- c. If an employee determines that a client does not have transportation to leave the facility, they should notify a Manager, Director or Designee immediately

E. ADOLESCENT CLIENTS (AGE APPROPRIATE CLIENT RIGHTS)

1. Consenter - The individual legally responsible for giving informed consent for a client. This may be the client, parent, guardian, or conservator. Unless otherwise provided by law, a legally competent adult is his or her own consenter. Consenters include adult clients, clients 16 or 17 years of age, and clients under 16 years of age admitting themselves for chemical dependency counseling under the provisions of the Texas Family Code, Â§32.004 (**See Attachment D**).
2. Information gathered by an adolescent during an assessment may not be released to the parent(s)/guardian(s) without written consent from the youth—even if the parent consented for the assessment. Make sure this is understood by the parent or guardian prior to meeting with the youth.

F. PROCEDURE FOR COGNITIVELY IMPAIRED CLIENTS, AGGRESSIVE CLIENTS

1. Staff will immediately report to his/her supervisor if a client demonstrates any significant signs or symptoms of using any mind-/mood-altering substances or other cognitive impairment, aggressive or other problematic behavior.
2. IF IMMEDIATE SUPERVISOR ISN'T PRESENT, FOLLOW THE CHAIN OF COMMAND.
3. The supervisor will interview the client to determine whether the client has used Mind/mood-altering substances and/or if there is other significant cognitive or behavioral impairment.
4. The supervisor shall make a determination as to whether it is in both the client's and the program's best interest for the client to attend their session.
5. If at any time a client becomes aggressive or otherwise problematic during the waiting room or screening process, counselor or staff member should notify supervisor immediately or request that a co-worker notify a supervisor. This can be done by using the Instant messaging program (Lync on counselor's desktop), excusing yourself from the office and speaking with a supervisor directly or calling or requesting that a co-worker do so.
6. If the supervisor determines it is not in either the client's or the program's best interest that the client attend their session, the supervisor will inform the client of this determination and the reasons the determination has been made. The client will be given appropriate referrals and escorted from the facility immediately.
7. If the client is driving themselves and seems to present a danger to the public, if he/she were to attempt to drive, the supervisor will urge the client to contact a friend or family member to provide transportation.
 - a. At this time the manager and director are to be notified. If the client has previously signed an authorization to release information to a family member or friend, the supervisor may call, or direct another staff member to call, that individual and arrange for transportation.
8. If no signed authorization to contact a friend or family member exists and the client clearly states he/she does not want any person contacted, the client's wishes will be respected. The supervisor and manager/director shall continue to encourage the client to take responsible action. If the client expresses a desire to leave the facility, refuses to allow anyone to be contacted, and in the opinion of the manager/director will pose a danger to self and others if the client operated a motor vehicle, then the manager/director should offer the client a cab-ride home at The Council's expense.
9. If the client expresses a determination to leave and drive him/herself from the agency, and in the opinion of the manager/director the client's level of impairment is so significant that a reasonable person would conclude the client's act of driving would place either the client or public in any danger, the client will be notified that the appropriate law enforcement agency will be made aware of the situation. The client will be advised that this action will be taken if the client persists in his/her attempts to drive.
10. The supervisor or manger/director will escort the client to their car and take note of the car make, model, color, and license plate.
11. The authorities shall be immediately notified and supervisor shall ensure an incident report (**See Attachment E**) is completed within 24 hours of the event, in accordance with The Council

and The Harris Center procedures. The manager/director involved shall be contacted to sign off on the report. Incidents shall also be reported to The Harris Center Director of Mental Health Projects and the applicable regulatory agencies as soon as practical. (The Harris Center EM4A Incident Reporting Policy dated 02/2023 Updated)(**see Attachment O**).

12. If a client record exists, the events will also be appropriately documented in the client record by the supervisor or program manager.
13. Counselor and immediate supervisor shall ensure an incident report is completed within 24 hours of the event, in accordance with Council procedures. The manager/director involved shall be contacted to sign off on the report.
14. If a client record exists, the events will also be appropriately documented in the client record by the supervisor or program manager.

G. SUICIDAL CLIENTS

1. In the event that a client responds "yes" to the CMBHS assessment questions regarding suicidal ideations/attempts currently or within the past 30 days, the counselor will use the Suicide Screener (**See Attachment F**)/ Risk Assessment (**See Attachment G**) and No Harm Contract (**See Attachment H**).
2. If the client appears to be at low risk for self-harming behaviors, a no-harm contract specifying that the client agrees to contact a mental health professional or suicide hotline if the impulse to commit suicide occurs will be signed by both counselor and client. Several referrals for the client will be specified on the no harm contract. It must also be documented that, in the counselor's professional opinion, it did not appear the client was an imminent threat to themselves or others at that time. Client will get a copy of the contract with the referral phone numbers, and the original will be placed in the client's chart.
3. If the client is deemed to be at high risk for self-harming behaviors including suicide
 - a. The counselor will encourage the client to voluntarily admit to a psychiatric facility. The counselor will notify immediate supervisor of situation. Immediate supervisor will contact MCOT, The Mobile Crisis Outreach Team, while counselor waits with client.
 - i. If they refuse to do so, a supervisor must be contacted and the chain of command followed. At that time, if a release of information for a friend or family member has not been signed, one will try to be obtained so that they may be contacted to transport the client for services to either NPC or HCPC (contact and location information will be provided to them by the counselor).
 - ii. If the client refuses to sign the release or the client does not want to authorize a friend/family member to be contacted, then 911 will be called to transport the client for emergency services.
 - b. The counselor will follow policies and procedures set forth by The Harris Center regarding suicidal clients.
4. An incident report must be completed within 24 hrs. by the involved staff member and submitted to their direct supervisor or designee.

5. Appropriate documentation of the interview will be noted in the client record and the completed Suicide Screener, Risk Assessment Scale, and No Harm Contract will be placed in the clients chart by the counselor.
6. This information will also need to be documented separately in CMBHS by counselor using an administrative note titled: **Crisis Intervention**.
7. This procedure aligns with processes set by The Harris Center related to suicide/homicide prevention policy effective 08/2022 (**See Attachment I**).

OTHER SCREENING PROCEDURES

A. TEXAS TARGETED OPIOID RESPONSE

1. Outpatient services will designate a Priority Admissions Counselor (PAC) and at least one additional counselor that will conduct PAC activities when the PAC is unavailable. PACs and their designated staff will be responsible for:
 - a. Conducting targeted outreach to individuals with opioid use disorders (OUDs);
 - b. Screening all individuals identifying as having an OUD;
 - c. Engaging individuals in a process of informed consent;
 - d. Ensuring timely treatment entry in accordance with state and federal guidelines, and
 - e. Providing overdose prevention education.

B. PREGNANT INDIVIDUALS WITH OPIOID/OPIATE USE DISORDER

1. Counselor shall engage the individual in a process of informed consent explaining all risks as listed and document using the form provided by HHS. These clients shall be immediately referred to a PPI program (Cradles). The consent form must also be uploaded and attached into CMBHS per HHS contract requirements.

C. COMMUNICABLE DISEASE AND HIV SCREENING

1. Counselors must provide and document screening for Tuberculosis, Hepatitis B, and C, sexually transmitted diseases, and Human Immunodeficiency Virus (HIV).
2. If the screening indicates the client is at risk for communicable diseases and or sexually transmitted diseases, the counselor shall refer the client to the appropriate community resources for further testing and counseling.
3. If the client is HIV positive, counselor shall refer the client to a HHS funded Early Intervention (HEI) case manager or an HIV Ryan White case manager. If no HEI case manager is available then consider referral to the HHS - funded HIV residential provider.
4. **See Attachment J** - HIV Workplace and Education Policy

D. TOBACCO SCREENING

1. Assess tobacco use for all clients, noting preliminary tobacco use disorder as an official diagnosis, if applicable.
2. Include tobacco cessation in the service plan, if the client chooses to pursue quitting.

3. Discuss readiness to change and treatment options with clients.
4. Provide all tobacco users who are motivated to quit with interventions appropriate to the treatment setting, such as a referral to hospital or other cessation resources. Unless otherwise directed by HHS, counselor shall offer a referral to the HHS funded Quitline (telephone cessation counseling service) with a referral for Nicotine Replacement Therapy and provide client with resource materials on tobacco cessation.
5. Document these services in the CMBHS note.

E. Medicaid/Healthcare Screening

1. Clients who have underage children, elderly or have a disability may be eligible for Medicaid or other Texas Benefits refer to www.yourtexasbenefits.com or www.healthcare.gov to complete additional screening and to apply online.
2. If client does not have internet access refer clients to call 211 or 1 -877-541-7905 from 8AM - 6PM for assistance over the phone or refer them to a Medicaid community partner for assistance.
3. Clients will be referred to the community partner office closest to them by entering their zip code on this webpage and making sure offices are open for referrals
https://www.texascommunitypartnerprogram.com/TCPP_Site_PartnerResources?lang=
4. Clients can also attend their closest HHS office that can be identified on the www.yourtexasbenefits.com website.
5. Screening and administrative note should state if client has healthcare or not and if not that they were referred to www.yourtexasbenefits.com and/or www.healthcare.gov, 211, or other Texas partner referral.
6. Add all referrals to recommendation sheet and CMBHS.

STAFF TRAINING REQUIREMENTS

A. TRAINING

Clinical staff must have specific documented training within 90 days of start of contract or the date of hire, whichever is later in the following:

1. Motivational Enhancement Therapy (MET) or MI Techniques.
2. Stages of change, relapse prevention, strengths-based, trauma-informed, abuse and neglect, violence, post-traumatic stress disorder and related conditions.
3. Cultural competency, specifically including, but not limited to, gender and sexual
4. identity and orientation issues;
5. State of Texas Co-Occurring Psychiatric and Substance Use Disorder (COPSD) training.
6. Medicaid Eligibility
7. LCDC license renewal requires 40 hr. continuing education every two years without a Master's Degree (Masters only requires 24hrs). These must include 3 hours in ethics, 6 hr.HIV/Hep-C/ and other sexually transmitted diseases, and 3 hr. clinical supervision for supervisors.

Additional training for Priority Admissions Counselor (PAC) staff responsible for screening individuals

identifying as having an opioid use disorder shall have additional training in the following:

1. System Agency-approved Overdose Prevention Training
2. System Agency-approved Medication Assisted Treatment (MAT) Advocate Training
3. Minimum ten hours of training each fiscal year in any of the following areas:
 - a. Motivational interviewing techniques;
 - b. Health literacy;
 - c. Risk- and harm-reduction strategies;
 - d. Substance abuse and trauma issues;
 - e. Community outreach;
 - f. Aspects of Prenatal and Postpartum Care;
 - g. Neonatal Abstinence Syndrome;
 - h. Fetal Alcohol Spectrum Disorders.

B. BACKGROUND CHECKS

1. The Council's pre-employment background checks are conducted as outlined in section 110 of The Council on Recovery OSAR Program Staff Handbook (**See Attachment K**)

C. VOLUNTEERS

Section: Human Resources

Subject: Students, Volunteers and Subcontractors § 448.602 (See Attachment W)

Policy: The Council on Recovery for the OSAR program ensures that volunteers, including students/ interns, and subcontractors comply with standards of performance, conduct, and rules.

Procedure: Students, volunteers and subcontractors must be appropriate and qualified to perform assigned duties and are subject to background check and drug testing policies, when required and appropriate. Refer to: The Council on Recovery TRAINING INSTITUTE:STUDENT INTERN/VOLUNTEER ORIENTATION PACKET (**See Attachment L**).

Students and volunteers will receive orientation and training appropriate to their qualifications and responsibilities, which includes but is not limited to, confidentiality, policy and procedures and identification of duties.

Students will be assigned a supervisor that meets the requirements of The Council and their school, if applicable. Supervisors will meet with students and volunteers regularly to provide instruction and feedback necessary to meet established learning objectives.

Subcontractors and volunteers will have an assigned Council point person to address questions about assignments, performance, conduct and rules.

D. GENERAL STANDARDS OF CONDUCT

The standards of conduct for the staff of the OSAR program are outlined in The Council on Recovery

OSAR Staff Handbook (**See Attachment M and Attachment R**)

OTHER DEPARTMENT PROCEDURES

A. CLIENT GRIEVANCES

1. Clients must be told that they can file a grievance in writing or by phone and staff must provide pen, paper, addresses, postage, assistance in writing, or access to a telephone so that the client may call HHS directly if wanted.
2. Staff should respond to a grievance by investigating it thoroughly, objectively and by obtaining any additional information needed.
3. Staff should refer within 24 hours any grievances received to their direct supervisor and/or follow the chain of command with their guidance attempt to resolve all grievances promptly and fairly.
4. All grievances and their final disposition should be kept in a central file in the Director's office or their designee.
5. See the **Client's Rights** for further detail (**See Attachment V**. Clients are provided this document upon admission.) The Client's Rights align with The Harris Center's Policy RR3A Assurance of Individual Rights effective 11/2022.; (**See Attachment N**)

B. CHART AUDIT PROCEDURES

1. It is the Outpatient Services policy to self-monitor or review its program in an effort to provide quality services (**See Attachment T**).
2. Chart reviews will be completed on a quarterly basis by both The Council on Recovery and The Harris Center.
3. Chart reviews may result in findings that are of concern. Minor findings may include but are not limited to:
 - a. Forms being out of order
 - b. Blank areas in non-signature lines
4. Significant concerns and/or re-occurring concerns may include but are not limited to:
 - a. The placement/referral is not justified by the DSM-V diagnosis
 - b. The DSM V documentation does not support the fact that the client met the criteria for substance use disorder
 - c. Lack of client signature on a release and/or any other form (Note: Client may refuse to sign. If so this should be indicated on the form and an administrative note on all applicable documentation.
5. In the event the review completed by The Council on Recovery results in minor or significant concerns, the coordinator and program manager may take the following action:
 - a. No action at all
 - b. Discuss concern with director for clinical assessment referrals and engagement.
 - c. Note concern on audit report; discuss with director for clinical assessment referrals

- and engagement.
 - d. Additional training might be recommended
 - e. Re-occurring concern. Note concern on audit report. Coordinator will notify Harris Center Director of Mental Health Projects and the director of Clinical Assessment and Referral.
6. Review dates will be determined by the Director of Mental Health Projects.
 7. The number of charts reviewed is to be determined by the Director of Mental Health Projects but, should be a representative sampling. Two or three randomly chosen files from each counselor should be reviewed.
 8. All completed reviews will be discussed with the counselor regardless of findings.
 9. The Harris Center Performance Improvement Department will review the OSAR Program annually to ensure continued compliance.
 1. In the event the review completed by The Harris Center results in minor or significant concerns, the coordinator will take the following action:
 - a. Discuss minor concerns with Director of Mental Health Projects for review
 - b. Provide audit report and discuss significant concerns with Director of Mental health Projects for review and next steps
 2. Director of Mental Health Projects will provide audit findings to OSAR Director for Clinical Assessment, Referrals and request Corrective Action Plan.
 3. Review dates will be determined by the Director of Mental Health Projects
 4. The Director of Mental Health Projects has determined that five (5) charts will be reviewed quarterly. Two or more randomly chosen files from each counselor
 5. The Harris Center Performance Improvement Department will review the OSAR Program annually to ensure continued compliance.

C. REPORTING INCIDENTS

1. OSAR staff will notify their immediate supervisor of the incident, ASAP & follow the OSAR chain of command.
2. OSAR staff will complete a written incident report within 24 hours of the incident for all cases of:
 - a. Accidents and injuries;
 - b. Medical-emergencies and/or psychiatric emergencies including but not limited to those that result in an inpatient admission.
 - c. Illegal or violent behavior;
 - d. Aggressiveness and or threat to self or others
 - e. Loss of a client record

- f. Use of personal or mechanical restraint or seclusion
 - g. Release of confidential information without client consent
 - h. Violation of client rights (abuse, neglect, exploitation)
 - i. Fire; or any natural disaster that results in disruption of services;
 - j. Death of an active client;
 - k. Suicide attempt by an active client (on or off site);
 - l. Mandatory reporting incident (CPS, APS)
 - m. Impaired Individual (on or off site)
 - n. Any other significant disruption.
3. The incident report shall be written within 24 hours of having witnessed or been informed of the incident whether on site or off and should be given to the immediate supervisor.
 4. The incident report must be reported on the OSAR Facility/Program Incident Report form (**See Attachment E**), be signed, dated, and include the time, location, persons involved and a detailed description of the actual event. It should also include any action taken.
 5. The immediate supervisor will review Facility/Program Incident Report form and submit to OSAR Chief Strategy Office and Director of MH Projects for review and filing.
 6. All incident reports will be available for review by The Harris Center Director of MH Projects upon request.

D. CONFIDENTIALITY OF CLIENT RECORDS

These are not The Harris Center's policies and procedures as The Harris Center currently has an EHR system (EPIC). However, these practices do align with The Harris Center's approach to monitoring the subcontractor's identified policies and procedures regarding confidentiality of client records.

All Client Records must be in a locked area. Client records will be maintained in the secure file room when not in use.

1. All client records must be returned to the file room at the end of each working day.
2. No client records shall be kept in counselor offices overnight.
 - a. Release of records to clients: Clients have a right to receive a copy of their records
 - b. Refer clients requesting a copy of their records to the front desk with unit coordinator. Explain that copies of requested documents will be available within 48 business hours.
3. When offsite, all Client Records must be in a locked area. Client records will be maintained in the secure file room when not in use.
4. Counselor should follow policies and procedures set forth by The Counsel pertaining to storing and confidentiality of client records.
5. See **Confidentiality Policy** for further details (**The Council on Recovery Osar Staff Handbook Section 240; Attachment M.**)

RECORD KEEPING

Policy and Procedure References

- PROCEDURES FOR CLIENT SERVICES - Page 5
- Financial Eligibility Section A Page 5
- Onset of Services Section B Page 6
- Follow Up Process Section D Page 7
- Adolescent Clients Section E Page 9
- OTHER SCREENING PROCEDURES - Page 14
- Pregnant Individuals with Opioid/Opate Use Disorder Section B Page 12
- Tobacco Screening Section D Page 12
- Medicaid /Healthcare Screening Section E Page 13
- OTHER DEPARTMENT PROCEDURES - Page 18
- Client Grievances Section A Page 15
- Reporting Incidents Section C Page 16
- Confidentiality of Client Records Section D Page 17
- HIPAA PRIVACY POLICY - Page 23
- GRIEVANCE RIGHTS POLICY - Page 27
- Responding to Client Grievances Page 23
- CONFIDENTIALITY POLICY - Page 29
- Client Records Page 26
- POLICIES/PROCEDURES - Page 32
- Abuse and Neglect Page 27
- ATTACHMENTS
- The Council on Recovery OSAR Program Staff Handbook **Attachment M**
- The Harris Center - Patient / Individual Records **Attachment Q**

CLIENT'S RIGHTS POLICY

Client's Rights

These policies and procedures are not The Harris Center's policies and procedures. However, the identified policies and procedures represent The Harris Center's approach to monitoring the subcontractor's delivery of OSAR services and program management. (See Attachment N)

As a participant of The Council on Recovery's contracted OSAR program, client's have the following rights:

1. A humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. Be free from abuse, neglect, and exploitation.
3. Be treated with dignity and respect.
4. Be informed of the program rules and regulations before participation.
5. Be informed of any other appropriate services.
6. Accept or refuse services after being informed of services and responsibilities.
7. Participate in the development of a service plan.
8. Refuse participation in any research efforts and have all research protocols and goals explained fully.
9. Have confidentiality maintained about any information concerning the participant and family.
10. Receive an explanation of rights in a way the participant can understand.
11. Make a complaint to the program or the Texas Health and Human Services Commission at any time; and
12. Access a program, not inhibited by race, color, sex, handicap, or national origin of the participant.

To register a complaint or a violation of rights contact:

Texas Health and Human Services Commission

Program Compliance Division

1100 West 49th Street

Austin, Texas 78756

1-800-832-9623

HIPAA Privacy Policy

Notice of Privacy Practices

The Harris Center requires The Council on Recovery to maintain the privacy of OSAR clients identifiable health information. The Council on Recovery is required by law to maintain confidentiality of health information that identifies a client. Federal regulations (42 CFR Part 2) prohibit disclosure without the specific written consent of the person to whom it pertains or otherwise permitted by such regulation. A general authorization for release of medical or other information is not sufficient for this purpose. The Council on Recovery is also required by law to provide clients with this notice of their legal duties and the privacy practices maintaining concerns of Protected Health Information (PHI). By federal law, The Council on Recovery must follow the terms of this notice of privacy practices that are in effect at the present time. This notice is currently in effect and applies to all PHI as defined by Federal Law. The

Council on Recovery realizes that these laws are complicated, but must provide client with the following important information:

- How we use and disclose your PHI
- Your rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

I. Uses and Disclosures for Treatment, Payment, and Operations

Following are examples of the types of uses and disclosures of your Protected Healthcare Information (PHI) that The Council is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures. The Council may use or disclose your PHI for treatment, payment, and health care operations purposes.

Treatment. We may use and disclose your PHI to provide, coordinate, and manage the services you receive.

Payment. We may use and disclose your PHI in order to bill and collect payment for the services you may receive.

Health Care Operations. We may use your PHI for certain operational, administrative, accounting, continuum of care, and quality assurance activities.

Business Associates. We may share your PHI with a third party business associate that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Fundraising. The Council on Recovery is a nonprofit organization. As such, we may engage in fundraising efforts to support our mission. We may use your information to contact you for fundraising purposes. We may disclose the contact information to The Council's related foundation, The Foundation for The Council on Recovery, so that they may contact you for similar purposes. If you do not want us or The Foundation to contact you for fundraising efforts, you may opt out by following the opt-out instructions on the communication or by contacting our Privacy Officer at the address below.

Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with general information about our health-related services and with promotional gifts of nominal value.

II. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your protected health information in the following situations without your authorization:

Disclosures Required By Law. We will use and disclose your PHI when we are required to do so by federal, state or local law.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority to report child abuse or neglect. If we believe you have been a victim of abuse, neglect, or domestic violence, we will

only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Serious Threat to Health or Safety. If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

Public Health. As required by law, we may use or disclose your PHI to public health authorities charged with preventing or controlling injury or disability or to a person who is at risk of contracting or spreading your disease.

Law Enforcement. We may disclose your PHI for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Agency Oversight Activities. We may disclose your PHI to an oversight agency as required by law. These oversight activities may include audits, investigations, inspections, and credentialing, as required for licensure and the government to monitor government programs and compliance with civil rights laws.

Lawsuits and Similar Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may use your PHI for the purpose of research when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member or another person responsible for your care, regarding your location and general condition.

III. Authorization Revocation

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

IV. Your Rights Regarding Your Protected Health Information

Confidential Communications. You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home, rather than work. Your request must specify the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including the client record and billing records, but not including psychotherapy notes. You must submit your request in order to inspect and/or obtain a copy of your PHI. We will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Requesting Restrictions. You have the right to ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Amendment. You have the right to ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept by our office. To request an amendment, you must provide us with a reason request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the Protected Health Information kept by or for The Council; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our office. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Accounting of Disclosures. You have the right to request an accounting of disclosures that we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. Use of your PHI as part of the routine client care in our office is not required to be documented. This information is subject to certain exceptions, restrictions and limitations. All requests for an accounting of disclosures must state a time period, which may not be longer than five (5) years from the date of disclosure and may not include dates before April 14, 2003.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our agency has created or maintained in the past, or will do so in the future. We will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time by contacting our Privacy Officer.

Right to File a Complaint. If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact The Council's Privacy Officer at 713-942-4100. If you believe that your privacy rights have been violated and you wish to file a complaint, you may send your written complaint to:

The Council on Recovery Privacy Officer (In Person)

303 Jackson Hill St. Houston, TX 77007

P.O. Box 2768 Houston, TX 77252-2768 (By Mail)

You will not be penalized for filing a complaint.

GRIEVANCE RIGHTS POLICY

Section: Rights of the Person Served

Subject: Grievance Reporting § 448.702 (See Attachment W)

Policy: It is the policy of The Council on Recovery for the OSAR contract that every effort shall be made to resolve a client's grievance in a fair and equitable manner, and that all grievances will be investigated and resolved promptly in accordance with the Texas Health and Human Services Commission (HHS). Annual reviews of formal complaints/grievances made in writing, are completed and reported on by the The Council on Recovery Director of Quality Assurance.

Procedure: The Council staff receives a written client grievance procedure. Staff have clients sign a copy of the grievance procedure during admission/orientation and explain it in clear, simple terms that the client understands as well as provide a copy to the client at the time of admission.

Staff are given the Grievance Procedure upon hire so they have a full understanding of the grievance procedure for clients.

The grievance procedure explains to clients that they can:

- a. File a grievance about any violation of client rights or Health and Human Services Commission rules;
- b. Submit a grievance in writing and get help writing it if they are unable to read or write;
- c. Request pens, paper, envelopes, postage, and access to a telephone for the purpose of filing a grievance.

Clients must be informed upon admission that, if the need arises, they may make a complaint directly to the State at any time and the address and telephone number of the Investigations Division of the State is supplied to the client at the time of admission.

Responding to Client Grievances

It is the policy of The Council for the OSAR contract that staff who receive a grievance from a client shall:

- a. Evaluate the grievance thoroughly and objectively, obtaining additional information as needed, to see if the problem can be worked out to the satisfaction of everyone involved;
- b. Report unresolved grievances to their supervisor; if a supervisor cannot resolve the issue the client is asked to put the grievance in writing so it can be reported to senior leadership;
- c. Take action to resolve all grievances promptly and fairly, attempt to contact the individual making the grievance will be made within 1 to 2 business days and provide a written response within 7 business days ; and,
- d. Document all formal grievances made in writing, including the final disposition, and keep the

documentation in a single file.

The staff in The Council programs for the OSAR contract shall not:

- a. Discourage, intimidate, harass, or seek retribution against clients who exercise their rights or file a grievance;
- b. Restrict, discourage, or interfere with client communication with an attorney or with the commission for the purposes of filing a grievance;
- c. Impose barriers to services;
- d. Limit access to available advocates or assistance with filing and/or responding to a grievance.

Procedure for Grievance Reporting

It is the policy of The Council on Recovery for the OSAR contract to facilitate a grievance process if the need arises. Council staff will answer questions about client rights and assist in filing complaints. All staff members are prohibited from discouraging, intimidating, harassing or seeking retribution against clients who seek to exercise their rights or file a complaint.

1. Upon admission to the program, all clients are (a) informed of and given a copy of their client rights and the grievance reporting procedure and (b) sign a form that this was accomplished.
2. In the event of a grievance or complaint by a client of any nature, including complaints of abuse, neglect or exploitation, the client has the right and is expected to consult his/her service provider, or any other staff member, to see whether the problem can be worked out to the satisfaction of everyone involved.
3. If the problem cannot be resolved in this manner, the client has the right to state the grievance in writing to The Council's Chief Strategy Officer or contact the Harris Center's MH Projects director, then the Harris Center's Rights Protection Officer at 713-970-7204. There will be a consultation with the appropriate person and a hearing granted to the client. The client will have the opportunity at this time to state his/her side of the grievance and the defendant to state his/hers. If a resolution cannot be reached the grievance will be handled as stated below.
4. Clients may submit the complaint in writing and may have assistance in writing the complaint if they are unable to read or write.
5. All complaints shall be responded to within 24 hours during the regular work week and 72 hours if the complaint is received on a weekend.
6. The client has the right to go directly to the Texas Health and Human Services Commission at any time.
7. The address and phone number of the Texas Health and Human Services Commission is clearly

posted in the Council reception area and is set forth below.

- 8. Client will be provided upon request pens, paper, envelopes and postage for filing complaints. Upon request, clients will have access to a telephone in order to call the Texas Health and Human Services Commission to file a complaint.
- 9. All complaints that cannot be resolved are forwarded to the Texas Health and Human Services Commission.

Texas Health and Human Services Commission

Program Compliance Division

1100 West 49th Street

Austin, Texas 78756

1-800-832-9623

CONFIDENTIALITY POLICY

Section: Rights of the Person Served

Subject: Confidentiality § 448.210 (See Attachment W)

Policy: The Council on Recovery, for the OSAR contract, protects the privacy of individuals served. Federal confidentiality regulations regarding substance use education, services or treatment are very specific and override any state/local mandates that conflict. There are also strict client/therapist restraints on disclosing client identity, clinical and health information that applies to our clientele. All of these laws and regulations exist to provide clients with the assurance that their problems, their treatment and their confidences will not be disclosed to anyone without their prior knowledge and consent unless records are under an issued court order signed by a judge. Confidentiality is not protected under the Duty to Warn clause, allowing disclosure of information in cases where prevention of or lessening serious threat to health or safety of person served or for a crime on the premises or against program personnel.

Procedure:

The Council shall protect the privacy of individuals served and shall not disclose confidential information without expressed written consent, except as permitted by law. Exceptions or limitations to confidentiality include the following:

- Information about suspected abuse, neglect or exploitation of a child, the elderly or a disabled person from being reported under state law to appropriate state or local authorities (timeframe: past, present, future acts).
- Reports of intent to harm self or someone else, will be reported to medical personnel or law enforcement.
- If a judge has signed a court order in accordance with federal confidentiality laws.

- A signed and valid Release of Information (ROI) consent is in the client's file.

The Council shall remain knowledgeable of, and obey, all State and Federal laws and regulations relating to confidentiality of records relating to the provision of services.

The Council shall not discuss or divulge information obtained in clinical or consulting relationships except in appropriate settings and for professional purposes that demonstrably relate to the case.

Confidential information acquired during delivery of services shall be safeguarded from illegal or inappropriate use, access and disclosure or from loss, destruction or tampering. These safeguards shall protect against verbal disclosure, prevent unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

The Council cannot and will not use client information in directories, marketing materials, and fundraising materials or events.

All records revealing client identities must always be protected from public view.

Only office business should be discussed in the open areas, waiting rooms, and hallways of The Council. Discussions regarding clients or other company business should occur in private offices behind closed doors or in some other location where confidentiality is guaranteed. Discussions should be done quietly to ensure professionalism and the protection of our clients.

All information shared within groups at The Council is confidential and may not be released without prior, written consent from the client(s). Clients participating in groups are routinely reminded to keep information shared during groups confidential. Clients who do not respect other clients' confidentiality may be dismissed from a group and/or services at The Council.

All clients entering clinical programs are informed of privacy practices and confidentiality rules and are requested to sign acknowledgment of receipt. The original signature of acknowledgement is maintained in the client's file and a copy is offered to the client.

Phone Inquiries - Telephone inquiries regarding a client's participation in treatment typically comes from significant others and family members. Releasing any information to a third party may only be done with prior, written consent of the client. This includes information related to client enrollment and participation in treatment, presence on site, urine screen results, attendance, and contents of individual and group sessions. All staff members are trained to state "I cannot confirm nor deny if a person is or ever was a client of The Council without a valid Release of Information" if a phone inquiry is received regarding a client and a valid ROI cannot be confirmed. If the caller is persistent or becomes forceful they should be transferred to a Director.

Client Records

Paper Charts - All client records should be maintained in double locked locations including a locking file cabinets, behind locked doors, or behind two separate locked doors. All client charts are maintained in a locked facility for seven (7) years. Adolescent and children charts are maintained for ten (10) years after their 18th birthday. Duplicate information is shredded to protect confidentiality. Disposal of client records will occur by destroying all paper documents.

Electronic Charts - Client records that are kept electronically are stored securely and access to information is privileged based on staff job function. Council staff that do not need access to client information stored in an electronic chart is not given a sign in for the respective system. Staff access is revoked immediately upon termination.

Written Releases - Any information regarding a client currently or in the past receiving treatment from The Council may only be released with prior, written consent from the client. Written consents should specify the party to whom the information is to be released, the type of information to be released and a time limit for the effectiveness of the release. The release should be signed by the client and witnessed by a staff member. Any release of information should be documented in the client's record.

Written permission must be obtained by the client before any records can be released. Requests for information from most sources (including subpoenas and court orders) should follow clinical protocols for Responding to a Request for Client Records. No records are to be released without consent unless it is mandated by the courts with an appropriate court order. Every effort should be made to verify the authenticity of the client signature by speaking with the client prior to releasing the records if an authorization for records is received by an outside source.

POLICIES/PROCEDURES

A. ABUSE AND NEGLECT

Section: Rights of Person Served

Subject: Abuse, Neglect and Exploitation § 448.703 & § 448.213 (See Attachment W)

Policy: Abuse, neglect, humiliation, retaliation and exploitation of a client are strictly prohibited. It is the policy of The Council on Recovery for the OSAR contract, in accordance with law, to report any client abuse, neglect, humiliation, retaliation or exploitation by any staff member, volunteer, board member, or affiliate of the agency to the appropriate agencies. During orientation, all employees receive instructions on this policy and sign an acknowledgement of understanding. (This policy aligns with The Harris Center's Policy on Abuse, Neglect, etc.)(**See Attachment U**)

Procedure:

Abuse, neglect humiliation, retaliation and exploitation of a client are absolutely prohibited and will not be tolerated. Any staff member, volunteer or affiliate who has knowledge of an alleged incident or witnessed an incident of client abuse, neglect, humiliation, retaliation or exploitation must make an immediate verbal report to a Director or Officer. If the allegation involves the Chief Executive Officer, it shall be reported directly to the governing body. This includes situations in which an employee receives a client complaint alleging acts or omissions which may constitute abuse, neglect, humiliation, retaliation or exploitation. Failure to report such an incident will be viewed as an attempt to conceal the incident and will result in disciplinary action. Protection of the client's rights is our most important consideration.

Any Director who receives an allegation, or has reason to suspect that a client has been, is, or will be abused, neglected, humiliated, retaliated or exploited, must immediately inform a member of senior

leadership (Officer, Vice President, President/CEO). Senior leadership or designee will immediately inform Texas Health and Human Services Commission's (HHS) Investigations Division.

Allegations of child abuse or neglect must be reported to the Texas Department of Protective and Regulatory Services as required by the Texas Family Code, Â§261.101. Allegations of abuse or neglect of an elderly or disabled individual must be reported to the Texas Department of Protective and Regulatory Services as required by the Texas Human Resources Code, §48.051.

If the allegation involves sexual exploitation, senior leadership must comply with reporting requirements listed in the Civil Practice and Remedies Code, §81.006.

Senior leadership must take immediate action to prevent or stop the abuse, neglect, humiliation, retaliation or exploitation and provide appropriate care and treatment, and must ensure a report has been, or is made, to the required parties as described above.

The employee who reported the incident must submit a written incident report within 24~hours.

A written report must be submitted to the HHS's Investigations Division within 2-working days and after receiving notification of the incident. This report must include: 1) the name of the client and the person the allegations are against; 2) the information required in the incident report, or a copy of the incident report; 3) other individuals, organizations, and law enforcement agencies notified.

Senior leadership or designee must also notify the client's guardian, if applicable. If the client does not require a guardian, family members and significant others may be notified only if the client gives written consent.

The Council on Recovery staff must investigate the complaint and take appropriate action unless otherwise directed by HHS. The investigation and the results must be documented.

The Council on Recovery staff must take action needed to prevent any confirmed incident from recurring.

The Council on Recovery must: 1) document all investigations and resulting actions and keep the documentation in a single, segregated file; 2) have a written policy that clearly prohibits the abuse, neglect, humiliation, retaliation and exploitation of clients; 3) enforce the policy and provide appropriate sanctions for confirmed violations.

Definitions:

Physical/Emotional Abuse: Physical abuse is a physical act by an employee which causes pain, suffering or hurt to a client or which chastises, belittles, embarrasses, humiliates, degrades a client or which a person in the employee's position should reasonably have known the client would have perceived as an act of chastising, belittling, embarrassing, humiliating, degrading or threatening or use of an unapproved or excessive physical restraint technique toward a client by an employee.

Sexual Abuse: Sexual abuse is any sexual activity between an employee and a client, even if such actions are consented to by the client or which a person in the employee's position should have reasonably known the client would have perceived the act as sexual activity, or any employee using his or

her position for sexual gratification or exploitation of clients.

Verbal Abuse: Verbal abuse is any derogatory, threatening, derisive, or demeaning language whether in writing, oral or in gestures directed toward a client by an employee, or which a person in the employee's position would reasonably have known the client would have perceived as a derogatory, threatening, derisive, or demeaning act; or any profane or obscene language directed toward the client by an employee.

Fiduciary Abuse: Refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served or taking advantage of the provider relationship with the person served.

Neglect/Mistreatment: Neglect is failure or refusal to attend to the necessary care and necessary treatment of a client by an employee or an action or inaction by an employee which denies clients the prescribed treatment to which they are entitled or actions by an employee contrary to the prescribed treatment or program, or failure to implement individual treatment as designed by the treatment team, or unauthorized use of seclusion or restraint, or failure to intervene and protect the client from abuse or mistreatment by another client or employee.

Exploitation: Exploitation is an act or process to use, either directly or indirectly, the labor or personal resources of a client for monetary or personal benefit, profit or gain of another individual or organization. Exploitation also exists if the agency or provider charges exorbitant or unreasonable fees for any services; or receives a commission or benefit of any kind related to the referral of an individual for services.

Employees: Employees are those individuals who are paid staff and those individuals, paid or unpaid, who relate to the clients as an adjunct of staff: Program Managers, Therapists, Professional Consultants (including subcontractors), Volunteers, Administrative staff and Trainees.

Humiliation: An emotions felt by a person whose social status either by force or willingly, has just decreased. It can be brought about through intimidation, physical or mental mistreatment or trickery, or by embarrassment if a person is revealed to have committed a socially or legally unacceptable act. (Wikipedia)

Retaliation: The act of harming someone because they have harmed oneself; revenge.

Exploitation § 448.213 (See Attachment W)

The Council on Recovery shall not exploit relationships with individuals receiving services for personal or financial gain of The Council on Recovery or its personnel. The Council on Recovery shall not charge exorbitant or unreasonable fees for any service. The Council on Recovery shall not pay or receive any commission, consideration, or benefit of any kind related to the referral of an individual for services.

****See Attachment R:** The Harris Center - Reporting Allegations of Abuse, Neglect and Exploitation of children, elderly Persons and Persons with Disabilities

B. INFECTION CONTROL - HIV AND AIDS

**** See Attachment J:** The Council on Recovery OSAR Staff Handbook Section 520 - HIV and

Communicable Diseases Workplace and Education Policy

C. COMMUNICABLE DISEASES

**** See Attachment J:** The Council on Recovery OSAR Staff Handbook Section 520 - HIV and Communicable Diseases Workplace and Education Policy

QUALITY MANAGEMENT PLAN

**** See Attachment P:** The Council on Recovery OSAR Quality Management Plan

PERFORMANCE IMPROVEMENT PLAN

**** See Attachment Q:** The Harris Center - Performance Improvement Plan

OPERATIONAL PLANNING

Section: Organizational Documentation

Subject: Operational Planning §448.502 (See Attachment W)

Purpose: To ensure The Council on Recovery for the OSAR contract (The Council) develops systems to increase quality and performance in all aspects of the organization. The Operational Plan utilizes metrics from various mechanisms to gauge the services provided, the level of performance, and the efficacy of the services provided.

Policy: The Council on Recovery, and all programs operated by The Council, shall operate according to an operational plan that reflects the program purpose or mission statement; services and how they are provided; description of the population to be served; and goals and objectives of the program.

Procedure: The Council on Recovery develops and maintains agency policies and procedures. Each program at The Council also develops and maintains policies and procedures that are specific to the services provided. The Director of Quality Assurance and the Senior Director of Program Operations work together to ensure that each set of policies and procedures do not conflict with one another, are properly referenced in each document, and meet all state Substance Abuse Standard of Care Rules and state contracts. Annually, all policies and procedures are reviewed to ensure consistency; compliance with applicable laws, licensure rules and contract requirements. Necessary edits are then made to the documents.

REQUIREMENTS FOR REGIONAL COLLABORATIVE MEETINGS

The Council on Recovery for the OSAR contract (The Council) is required to maintain documentation of agendas, meeting minutes and sign-in-sheets to support regional collaborative meetings that meet the following:

- Regional substance use disorder treatment system issue resolution
- Strengthening collaboration between HHS-funded providers
- Maintaining referral processes with DFPS, probation and parole
- Identifying additional entities that can support clients through the recovery continuum to be involved in the quarterly regional meetings

- Reviewing changes to local area resources such as changes in service areas or services offered.

The Council will ensure the following required stakeholders are invited to the meeting.

- All HHS-funded substance use disorder treatment, intervention and prevention providers within the Program Service Area
- All HHS-funded LMHA's within the Program Service Area
- All Regional Public Health Centers, FQHC's, and other medical or health providers serving low-income populations within the Program Service Area
- Regional/local Veteran's Administration staff
- Regional DFPS staff
- Probation, parole, drug court departments
- Housing resource staff
- Community-and faith-based recovery organizations within Program Service Area
- Community-and faith based social service organizations within Program Service Area
- Local University and college student support groups
- Representatives of Local Police Departments
- Local Hospitals
- United Way representatives
- Local Chamber of Commerce,
- HHS program staff.

DISASTER PLAN

Disaster Services Plan

In the event of a local, state or federal emergency, including natural, man-made, criminal, terrorist, and/or bioterrorism events, declared as a state disaster by the Governor, or a federal disaster by the appropriate federal official, The Council on Recovery for the OSAR contract (The Council) will assist the Texas Department of Health and Human Services (HHS) in providing services, as appropriate in the following areas: community evacuation, health and medical assistance, assessment of health and medical needs; health surveillance; medical care personnel; health and medical equipment and supplies; patient evacuations; in-hospital care and hospital facility status; food, drug and medical device safety; worker health and safety; mental health and substance abuse; public health information; vector control and veterinary services; and victim identification and mortuary services.

The Council will also assist:

- In mitigating the psychological trauma experienced by victims, survivors, and responders to such an emergency;
- The individual or family in returning to a normal (pre-disaster) level of functioning and assist in decreasing the psychological and physical effects of acute and/or prolonged stress; and
- Clients already receiving substance abuse or other mental health services in conjunction with

the individual's current support system.

Disaster services will be carried out in the manner that is most responsive to the needs of the emergency is cost effective and least intrusive on The Council's primary services.

POLICIES AND PROCEDURES

1. The Council will make appropriate staff available to the Texas Department of Health and Human Services (HHS) to assist with disaster mental health services.
 - A. The Council will provide HHS (in the form required by HHS) with the names and 24-hour contact information of the staff person acting in the capacity of a Risk Manager or Safety Manager and at least two professional staff members trained in mental health, substance abuse or crisis counseling to act as disaster contacts. The list will be updated and submitted as directed by HHS.
 - B. The Council will provide HHS with one additional contact for each 250,000 persons in the Region 6 service area. This equals approximately 22 staff members. Identified staff members will be, at a minimum, licensed chemical dependency counselors with training in substance abuse, mental health or crisis counseling. The list will be updated and submitted as directed by HHS.
2. The Council will collaborate with HHS staff to coordinate disaster/incident response.
 - A. Completion and submission of status reports.
 - i. Council staff will be provided with HHS forms to track/document contacts and expenses. The number and type of contacts with responders, survivors, local government and assistive organizations will be tracked from the very beginning of the disaster. Justification for disaster funding support is driven by the number of people seen as well as the anticipated number of survivors that may require crisis counseling services.
 - ii. Responding staff will be trained in the use of HHS forms to track contacts and expenses.
 - iii. Service staff will document what they are encountering in the community (i.e. availability of resources, most heavily impacted populations, transportation issues, etc.). HHS may utilize this information as additional narrative justification for services.
 - iv. The Council's administrative contact will ensure coordination of administrative support functions, especially personnel, accounting and purchasing, so that the program is set up rapidly and expenses are accurately tracked with supporting documentation.
 - B. Provision of screening, assessment, outreach, referral, crisis counseling, stress management and other appropriate services.
 - i. Disaster contact or designee will identify staff roles and responsibilities and develop a schedule for those working the disaster.
 - ii. The Council will mobilize and send staff, if requested, into the community immediately after safety has been established. Staff providing direct

- services will meet daily to share information and debrief.
- iii. As on-site provider, The Council will provide information to DSHS on a daily basis regarding damage and both its general and perceived emotional impact on the community. This information will help determine whether or not to pursue a FEMA Immediate Services Program (ISP) Crisis Counseling grant. If the decision is made to apply for the grant and The Council agrees to host a crisis counseling team, then the hiring process will begin immediately.
 - iv. Disaster contacts need to have easy access to these policies and procedures and copies of the agency's emergency procedures for rapidly posting positions and hiring crisis counseling staff.
3. Assignment of employees to assist HHS to meet staffing needs for morgues, schools, hospitals, disaster recovery centers, and other necessary services during local, state or federal emergencies.
 - A. When a disaster occurs, staff should be prepared to have both their schedules disrupted for a brief period and to work non-traditional hours (up to 12-hour days) in non-traditional locations with little notice.
 - B. When contacted by the State about a critical incident, the disaster contact will need to advise HHS of any Council actions being taken in response to the event. Additionally, HHS will need information on the impact the event has had on consumers, employees and The Council.
 - C. The Council will provide materials, transportation, etc. to assist the response personnel and to track the costs of resources.
 - D. The Council will make contact with local emergency management to inform them of availability (including service limits), actions being taken, and points and means of contact. Whenever possible a Council representative will be at an emergency operations center or incident command post to gather and provide information about the event and to be available for informal stress management.
 - E. Designated Council staff members may be required to assist HHS in staffing the State Operations Center (SOC), Disaster Recovery Centers (DRCs) and the Federal/State Joint Field Office (JFO).
 4. Contract with the State to provide FEMA-funded Crisis Counseling Program (CCP) after federal declarations as appropriate.
 - A. Temporary hires under the Crisis Counseling Program will not necessarily be Qualified Credentialed Counselors (QCCs). They will generally be a mix of experienced/knowledgeable substance abuse and/or mental health workers and indigenous, otherwise qualified staff. Such qualifications include, but are not limited to, fluency in a needed foreign language and excellent speaking abilities.
 - B. Services will include housing, hiring and co-managing CCP Teams as appropriate.
 5. Participate in disaster mental health, substance abuse education and public health training programs as necessary.
 - A. The Council will hold periodic exercises which test the agency's disaster plan and

alert process.

- B. Council personnel will participate in disaster exercises with local emergency management, both live and table-top, as requested.
- C. Several staff members will be trained in Critical Incident Stress Management (CISM), a very brief modality that provides stress management immediately after a psychologically traumatic event.
- D. Several staff members will receive training in the American Red Cross Disaster Mental Health Program, a service provision model specific to disaster populations and Red Cross outreach policy.

I. PRE-DISASTER PLANNING

A. Notification/What staff should do:

- Council staff members designated as disaster contacts will be directed by Council leadership to report any emerging critical incident (i.e. school shooting, bomb threat, chemical spills, large fire, etc.) or natural disaster to The Council's leadership.
- When a disaster occurs, staff should be prepared to have both their schedules disrupted for a brief period and to work non-traditional hours (up to 12-hour days) in non-traditional locations with little notice.

B. Resources:

- Have a master copy of the "Recovering from the Emotional Aftermath of a Disaster" brochure which provides information about typical emotional responses and coping techniques for a disaster along with Council contact phone numbers. A limited supply of copies should be available for immediate use.
- Prepare a basic office supply box with pens, paper clips, tape, note pads, plain paper and crayons (for children) for staff members to take to work sites.
- Coordinate with local public health officials to have a method for staff to quickly receive vaccinations, if necessary.
- Make available a copy of the sections of these policies and procedures describing expected services.
- Provide staff with HHS forms to track/document contacts and expenses. These forms are available by contacting HHS.
- Provide copies of local resource directories for staff to have in the field.
- A working alliance with local emergency management is strongly encouraged. This allows The Council to integrate substance abuse services into the local/county emergency management plan.

C. What Actions to Take in the First Hours/Days:

- When contacted by the State about a critical incident, the disaster contact will need to advise HHS of any Council actions being taken in response to the event. Additionally, HHS will need information on the impact the event has had on consumers, employees and the agency.

- The Council needs to provide materials, transportation, etc. to assist the response personnel and to track the costs of these resources.
- Whenever possible the State will seek reimbursement for travel and employee costs. However, this occurs infrequently unless the event is declared a federal disaster.

II. Pre-Declaration of Federal Disaster

A. What Actions to Take in the First Hours/Days:

- As the disaster or incident is occurring, the disaster contact and center management need to begin planning how The Council will respond. HHS will work with the disaster contact or designee to coordinate services and information.
- Outreach: When it is safe to go into the affected areas, previously designated staff need to be sent in to physically assess damages, provide support (i.e. handouts, active listening and referrals) to survivors in the area and report this information back to the designated contact. The Council should also be assessing any damage to property and determining the status of consumers and employees.
- Contact the Red Cross, Salvation Army or other agencies providing assistance to establish a cooperative working relationship and to prevent duplication of effort. Staff need to be prepared to go into affected areas to meet with distressed survivors or responders. During this period the expected need will be to assist those whose coping skills have been overwhelmed.
- HHS, through the State or FEMA, will publish center crisis hotline numbers. Notify counseling staff that there will be calls from disaster survivors and others needing crisis counseling services or referrals. Develop a plan to address or refer these calls internally to designated staff.
- Make contact with local emergency management to inform them of availability (including service limits), actions being taken and points and means of contact. Whenever possible a Council representative should be at an emergency operations center or incident command post to gather and provide information about the event and to be available for informal stress management.

B. Getting a Crisis Counseling Program Operational:

- The disaster contact or designee will need to identify staff roles and responsibilities and develop a schedule for those working the disaster.
- The Council will need to mobilize and send staff into the community immediately after safety has been established, if requested. Staff providing direct services should meet daily to share information and debrief. Responding staff need to know how to use HHS forms to track contacts and expenses.
- As on-site provider, The Council will need to provide information to HHS on a daily basis regarding damage and both its general and perceived emotional impact on the community. This information will help determine whether or not to pursue a FEMA Immediate Services Program (ISP) Crisis Counseling grant. If the decision is made to apply for the grant and The Council agrees to host a crisis counseling team, then the hiring process should begin immediately.

- Disaster contacts need to have this manual and copies of The Council's emergency procedures for rapidly posting positions and hiring crisis counseling staff.
- The Council's administrative contact needs to ensure coordination of administrative support functions, especially personnel, accounting and purchasing, so that the program is set up rapidly and expenses are accurately tracked with supporting documentation.

III. Disaster Response

A. Types of Services:

- As the crisis counseling program is primarily outreach, staff may be going door-to-door in affected areas to locate survivors and provide emotional support and referrals, if necessary.
- Crisis counseling involves active listening as survivors are given the opportunity to ventilate and tell their story. Staff should reassure the individual that they are experiencing normal reactions and emotions and suggest coping skills and strategies to minimize stress. While listening, staff are assessing whether or not the person's response indicates a need for formal mental health intervention or a follow-up contact.
- In order to assist individuals with their physical and financial needs, referrals to other disaster services should be made as deemed appropriate and necessary.
- When providing stress management for emergency responders, staff should be available as requested. A good process to follow is to **ASK** what is happening with the individual and what is the worst part of his or her experience; **LISTEN** and provide reassurance that such feelings are normal in that type of situation and **INFORM** the individual that the point of talking is to help them return to their normal pre-disaster level of functioning.
- Ask the individual if they are feeling stressed and, if so, what they are doing to decrease stress. Staff should suggest common stress management methods of self-care, including deep breathing exercises, taking short walks, maintaining a "normal" schedule, and taking time to relax.
- The Local Mental Health Authority (LMHA), city or county organizations may ask you to provide assistance to their personnel, especially if a particularly traumatic incident has occurred. If necessary the LMHA can request outside Critical Incident Stress Management (CISM) resources through the Texas Crisis Consortium or through contact with HHS.

B. Duration:

- While it is difficult to estimate the time and resources required to provide adequate disaster substance abuse/mental health services, there will inevitably be a disruption to regular Council services.
- While it is understood that The Council is mandated to serve its priority population, it is also required to support HHS by providing disaster substance abuse/mental health services during times of emergency.

C. Locations:

- In a disaster, services will be provided as needed in the impacted areas, at assistive agency service sites and other related areas such as morgues, hospitals, and schools.

- In a federally-declared disaster, services will be provided at the same locations as described above. In addition, centers will be required to staff Disaster Recovery Centers (DRCs) until CCP teams are hired/established.

D. Reimbursement for Costs:

- The Council must track all direct service costs associated with disaster assistance (i.e. travel, salary, copy costs, cell phone use, etc.).
- After a federal declaration, HHS will seek reimbursement for the above costs through the crisis counseling grant. Extensive documentation (i.e. time sheets, travel logs, cell phone bills, etc.) will be required when The Council invoices HHS.
- Depending on the length of The Council's intervention and redirected resources, a modification to The Council's quarterly performance targets may also be possible.

IV. Federal Disaster Response

A. How to help HHS with the FEMA Grant Process:

- Track the number and type of contacts with responders, survivors, local government and assistive organizations from the very beginning. Justification for the grant is driven by the number of people seen as well as the anticipated number of survivors that may require crisis counseling services.
- Service staff should document what they are encountering in the community (i.e. availability of resources, most heavily impacted populations, transportation issues, etc.). HHS will utilize this information as additional narrative justification for services.

B. Types of Services in the Crisis Counseling Program:

- Door-to-door outreach, in affected areas, to locate those affected by the disaster and provide emotional support and crisis counseling services. This includes both personal residences and businesses.
- Crisis counseling services include, but are not limited to, outreach, screening and assessment, counseling, information and referral, public education and stress management services.

C. Service Locations:

- Council staff may be required to work in the impacted areas, temporary morgues, temporary housing sites, at the DRC's and/or other sites as needed. Staff may also be asked to attend community and governmental meetings, both as presenters and to provide mental health support.

D. Duration:

- HHS, in consultation with the impacted organizations(s), must apply for the Crisis Counseling Immediate Services Program (ISP) grant within fourteen days of the federal declaration of a disaster. The ISP is a sixty-day grant, beginning on the date of declaration, that allows HHS to provide crisis counseling services while also providing sufficient time to determine whether or not there is a need for a Regular Services Program (RSP) grant.
- If HHS concludes that an RSP grant is needed, HHS will request continuation of the ISP until a decision is reached regarding the RSP application. Such a decision can take anywhere from 60

- to 120 days, effectively making the ISP a four to six-month grant.
- Following approval, the RSP can potentially last up to nine months.
- The Crisis Counseling Program, both ISP and RSP, will often be in operation for up to one year, following the date of the disaster's declaration.

V. Anniversaries

- The one-year anniversary of a disaster often arouses emotions and reactions, similar to those experienced during the actual disaster.
 - If both ISP and RSP grants are awarded, it is expected that on the first anniversary of the disaster, program staff will still be present to assist the community as needed.
 - The Council may also choose to collaborate with the community in the development of a commemorative event. For many people, part of the healing process involves simply acknowledging the impact the event had on his or herself as well as reflecting on his or her recovery over the last year.
 - It is important to remember that impacted communities will recover at different rates. Where one community may be ready for an anniversary event, celebrating their survival and recovery, another community may choose not to acknowledge this passing of time.
- ** In the event of emergency closure of Harris Center clinics, OSAR Coordinator of outpatient services will be notified by the Harris Center Director of Mental Health Projects.

ATTACHMENTS

Attachment A: The OSAR Resource Directory

Attachment B: Readiness Rulers (Pre and Post)

Attachment C: CMBHS Screening Tool

- A. Screening Intake
- B. Substance Use Assessment
- C. Financial Eligibility

Attachment D: Texas Family Code 32.004 - Consent to Counseling

Attachment E: Incident Reports

- A. The Harris Center's Incident Reporting Policy EM4 RE: Contractors
 - Aligns with The Council on Recovery procedures.
- B. The Council on Recovery - Facility /Program Incident Report

Attachment F: Suicide Screener

Attachment G: Risk Assessment

Attachment H: No Harm Contract

Attachment I: Suicide/Homicide Prevention - The Harris Center's Policy ACC12A

Attachment J: The Council on Recovery OSAR Program Staff Handbook - Section 520 - Communicable Diseases

- Section 520 contains policies and procedures that are not The Harris Center's. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.

Attachment K: The Council on Recovery OSAR Program Staff Handbook - Section 110 - Employee Background Checks

- Section 110 contains policies and procedures that are not The Harris Center's. However, the identified policies and procedures represent The Harris Center's approach to monitoring the delivery of OSAR services and program management.

Attachment L: The Council on Recovery - Students Volunteers and Subcontractors

- A. Texas Administrative Code 448.602 (**See Attachment W**)
- B. The Council on Recovery - Students Volunteers and Subcontractors Procedure
 - This procedure is not The Harris Center's. However, the identified procedure represents The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.
- C. The Council on Recovery Training Institute Non-clinical Volunteer/Student Intern Orientation Packet
 - This packet is not The Harris Center's policy or procedure. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.

Attachment M: The Council on Recovery OSAR Program Staff Handbook

- This handbook is not The Harris Center's policy or procedure. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services and management.

Attachment N: The Harris Center's Policy RR3A - Assurance of Individual Rights

- The Clients Bill of Rights aligns with the Harris Center's Policy of Assurance of Individual rights

Attachment O: The Harris Center's Incident Response and Reporting Policy HIM5A

Attachment P: The Council on Recovery OSAR Quality Management Plan

Attachment Q: The Harris Center Performance Improvement Plan

Attachment R: The Harris Center Workforce Member Network and Internet Use Policy HIM3A

Attachment S: The OSAR Satisfaction Survey

Attachment T: OSAR Chart Audit Form

Attachment U: The Harris Center's Policy RR1B Reporting Allegations of Abuse, Neglect and Exploitation of Elderly Persons with Disabilities

Attachments

[A -OSAR Resource Directory.pdf](#)

[B - Readiness Rulers Pre and Post.pdf](#)

[C - CMBHS Screening Tool.pdf](#)

[D - Texas Family Code 32.004 - Consent to Counseling.pdf](#)

[E - Incident Reports.pdf](#)

[E - The Council on Recovery - Facility Program Incident Report.pdf](#)

[E - The Harris Centers Policy EM4A Incident Reporting.pdf](#)

[F - Suicide Screener.pdf](#)

[G - Risk Assessment.pdf](#)

[H - No Harm Contract.pdf](#)

[I - The Harris Centers Policy ACC12A Suicide Homicide Prevention .pdf](#)

[J - Section 520 - The Council on Recovery OSAR Program Staff Handbook.pdf](#)

[K - Section 110 - The Council on Recovery OSAR Program Staff Handbook.pdf](#)

[L - The Council on Recovery - Students Volunteers and Subcontractors Policies Procedures Orientation Packet.pdf](#)

[M - The Council on Recovery OSAR Program Staff Handbook.pdf](#)

[N - The Harris Centers Policy RR3A Assurance of Individual Rights.pdf](#)

[O - The Harris Centers Policy HIM5A Incident Response Policy.pdf](#)

[P - The Council on Recovery Quality Management Plan.pdf](#)

[Q - The Harris Center Performance Improvement Plan.pdf](#)

[R - The Harris Centers Policy HIM3A Workforce Member Network Internet Use Policy.pdf](#)

[S - The OSAR Satisfaction Survey.pdf](#)

[T - OSAR Chart Audit Form.pdf](#)

[U - The Harris Centers Policy RR1B Reporting Allegations of Abuse, Neglect and Exploitation of Elderly Persons with Disabilities.pdf](#)

[V - Clients Rights.pdf](#)

[W - Referenced Texas Administrative Codes.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	02/2023
Compliance Review	Anthony Robinson: VP	02/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Sandra Brock: Dir	02/2023

EXHIBIT G-4

Status **Pending** PolicyStat ID **12936500**



Origination	N/A	Owner	Joseph Gorczyca
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

HR34A Religious Accommodations

1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities to all The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) employees.

2. POLICY:

The Harris Center has a strong commitment to equal employment opportunities to all individuals, regardless of their religious beliefs and practices or lack thereof. Consistent with this commitment, The Harris Center will provide a reasonable accommodation of an applicant's or employee's sincerely held religious belief if the accommodation would resolve a conflict between the individual's religious beliefs or practices and a work requirement, unless doing so would create an undue hardship for The Harris Center.

Any person who believes they need an accommodation because of their religious beliefs, practices, or lack thereof, may request an accommodation because of their religious beliefs, practices, or lack thereof, from the Human Resource Department.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

Religious Accommodations

5. RELATED POLICIES/FORMS:

[HR11A Equal Employment Opportunity Policy](#)

[HR9A Employment Policy](#)

Request for Reasonable Accommodation form

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Policy and Procedure Handbook

Title VII of the Civil Rights Act of 1964, 42 U.S.C 2000-a (1) (2)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	03/2023
Department Review	Joseph Gorczyca	02/2023
Initial Assignment	Joseph Gorczyca	02/2023

EXHIBIT G-5

Status **Pending** PolicyStat ID **13141066**



Origination	03/1976
Last Approved	N/A
Effective	Upon Approval
Last Revised	07/2021
Next Review	1 year after approval

Owner	Christopher Webb: Audit
Area	ByLaws

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

1. Name

The name of the organization (hereinafter referred to as the "Board") is **BOARD OF TRUSTEES FOR THE HARRIS CENTER FOR MENTAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES** (hereinafter the "Agency").

2. Office

The Principal office of the Board shall be located at 9401 Southwest Freeway, Houston, Texas. The location of such principal office may be changed from time to time by the Board.

3. Activities

The Board shall govern the operation of the Agency as a community mental health and intellectual disability center that provides mental health and intellectual disability services to persons in Harris County, Texas, in accordance with chapter 534 of the Texas Health and Safety Code, rules and regulations promulgated by the Texas Department of Health Services thereunder, and applicable federal laws. In that connection, the Board shall also ensure that the Agency acts in partnership with the Harris County Commissioner's Court, Harris Health, and other local agencies in Harris County, for the purpose of providing mental health and intellectual disability services to the people of Harris County, Texas, in the most productive and efficient manner possible.

4. Trustees

The members of the Board shall consist of nine (9) trustees who are residents of and qualified voters in Harris County, Texas. Such trustees shall be appointed by the Harris County Commissioners Court for terms of two years from the date of their appointment or until their successors are appointed. The Harris County Commissioners Court shall appoint trustees so that at least three vacancies on the Board should occur each year.

The Harris County Commissioners Court shall appoint a local county sheriff to serve as an ex officio nonvoting member of the Board for the duration of the sheriff's term in office. An ex-officio nonvoting member shall have all rights and privileges of being board a member except voting.

A trustee may resign from the Board at any time, submitting his resignation in writing to the Commissioners Court with notification to the Chairman or Secretary of the Board. If a vacancy shall occur on the Board by reason of death, resignation, or otherwise, the Board shall request the Harris County Commissioners Court to appoint a successor or successors for the unexpired term or terms. A trustee may be re-appointed to the Board by the Harris County Commissioners Court at the expiration of his/her term of office.

5. Meetings of the Board

1. Procedure

Robert's Rules of Order shall govern the procedure at meetings unless notified by standing or special rules of the Board or by a majority vote of a quorum present at a particular meeting.

2. Quorum

A majority of the existing membership of the Board at any meeting shall constitute a quorum for the transaction of business and each member present at any meeting shall be entitled to one vote on any matter brought before said meeting and there shall be no absentee voting by any member of the Board under any conditions; provided, however, that a member may participate in and vote at a meeting by video conference call, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec.551.127. The nonvoting ex-officio board member shall not be included in the count for the purpose of establishing a quorum.

3. Election of Officers

The Board shall annually elect officers at its regularly scheduled meeting each January, or as necessary to fill vacancies in officer positions.

4. Regular Meetings

Regular meetings of the Board shall be held monthly in Harris County, Texas at a place and time designated by the Board. Board meetings are open to the public and recorded to the extent required and in accordance with the Open Meetings Law.

5. Special Meetings

Special meetings of the Board may be called by the Chairperson, the Vice-Chairperson (when performing the duties of the Chairperson), or by vote of the Board.

6. Emergency Meetings and Subject Added to Agenda

Emergency meetings of the Board may be held, and an emergency item added to an already posted agenda, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec.

551.045.

7. **Notice of Meetings**

Written notice of the time, place, and agenda of each regular or special meeting must be posted in a place readily accessible to the general public at all times, no later than seventy-two (72) hours before the scheduled time of the meeting, as required under the Texas Open Meetings Act, Tex. Gov't Code, chapter 551, subchapter C.

It shall be the duty of the Chairperson, the Secretary of the Board, or an approved designee to timely notify the members of the Board of all meetings and any supplemental subject being added to an agenda.

Pursuant to the Texas Open Meetings Act, Tex. Gov't Code Sec. 551.045, notice of an emergency meeting or the supplemental notice of an emergency item added to an agenda shall be posted for at least two (2) hours before the meeting is convened. Notice of an emergency meeting or an emergency item must clearly identify the emergency or urgent public necessity for call the meeting or for adding the item to the agenda of a previously scheduled meeting.

8. **Order of Business**

Generally, the order of business will be as follows:

1. Declaration of a quorum
2. Public Comments
3. Approval of Minutes
4. Chief Executive Officer's report
5. Consent Agenda, including consideration and action on recommendations of Board Committees
6. Items for separate Board consideration and action, as required
7. Review and Comment
8. Board Chair's Report
9. Executive Session
10. Reconvene into Open Session
11. Consider and Take Action on Executive Session items
12. Information
13. Adjournment

9. **Public Comments**

Every citizens shall be permitted two (2) minutes for public comments at each Board meeting. Time for public comment may be extended by motion. Citizens wishing to appear before the Board during the comment section shall complete a form provided by the Agency for that purpose.

10. **Board Committees**

The Board shall convene committees as it deems appropriate. The Board shall convene

committees as it deems appropriate. The Board shall maintain as standing committees a Program, Resource, Quality, Governance, and Audit Committee.

a. The role of each of the committees shall be as follows:

1. Program Committee – oversees all Agency patient/consumer services and programs and related matters.
2. Resource Committee – oversees all matters pertaining and/or related to financial resources, personnel, facilities, and capital assets of the Agency.
3. Quality Committee – oversees all Agency quality, effectiveness and outcome related matters.
4. Governance Committee – reviews and recommends all Board policies and procedures, Board operations, Nominations for officers, and the Board development plan.
5. Audit Committee – adheres to the investment policy and oversees all Agency audit and compliance activities, both financial and programmatic, from internal or external sources.

b. **Resource, Program, Quality and Governance Committee Appointments**

Membership on the Board Program, Resource, Quality and Governance Committees, including the Chair of each such committee, shall be by appointment of the Board Chair. Each committee shall be composed of no less than three (3) Board members and no more than five (5). Each member of the Board shall be assigned to one or more committees. The Chair of the Board shall be an ex-officio member of each of these committees. As a general rule, each committee shall meet at a regular time and day per month, although the exact day and time may be varied from time to time to accommodate Board member schedules and Agency business considerations. Each committee member shall notify the committee chair, or his/her designee, at least 24 hours in advance if he/she is unable to attend a specific meeting due to schedule conflicts or other reason.

To ensure a quorum and facilitate the business of the Board committees:

1. The Board Chair shall appoint at least one Board member to serve as an alternate member of each committee on an on-going basis. The alternate member will have voting status on the committee for which he/she has been appointed as an alternate in the event a quorum of the standing members is not available for a given meeting. The alternates are encouraged to attend and participate in their committee's discussion on a regular basis. The Board Chair shall also have the authority to appoint additional alternate members with voting status for any committee on an ad hoc basis, if the same is necessary to achieve a quorum at any given meeting.
2. Alternatively, the Chairs of the Program, Resource, Quality and Governance Committees may designate Board members present at any given Committee meeting as voting members of the Committee. Members of the Audit Committee may serve on the Audit Committee only in accordance with subsection (c).

3. In addition, the Board Chair shall serve as an ex-officio member of the Program, Resource, Quality, Governance and Audit Committees and shall be included for purposes of determining the existence of a quorum. The Board Chair may also vote on any matter before the committee for which a vote is taken.

c. **Audit Committee Appointments**

The Audit Committee may be comprised of up to seven (7) members, including a minimum of four (4) Board members, approved by the Board of Trustees at the next regular meeting of the Board following Board Officer elections. The Audit Committee may also include outside members, approved in the same manner. The members of the Audit

Committee shall meet the independence and experience requirements as established by the Board of Trustees with at least two members having basic knowledge about financial statements (i.e., "financial literacy").

The Officers of the Board will collaborate with the Chief Executive Officer in recommending Board members for Board consideration and approval. Members shall be recommended based on:

1. Interest and willingness to serve
2. Expertise as it pertains to the Committee carrying out its charge
3. Diversity of the Committee

The chair of the Audit Committee shall be selected by the Board Chair from amongst those Board members on the committee. The various members shall serve for two-year terms, staggered to assure continuity. An individual may serve additional terms on the Committee should the member and the Board so desire. Additional members or replacement members to fill vacancies shall be recommended under the same policy and approved at the next regular Board meeting following their recommendation.

6. Powers and Duties of the Board

The Board shall have such powers and authority and perform such duties as shall be conferred upon it by state law, including Tex. Health & Safety Code, Chapter 534, as it may be amended, consistent with the creation of The Harris Center for Mental Health & IDD (formerly known as the Mental Health and Mental Retardation Authority of Harris County) by the Harris County Commissioners Court.

1. **Attendance**

If a Trustee intends to be absent from a Board Meeting, Board Committee Meeting or a Special Call Meeting, he/she shall provide notice of his/her absence by submitting written notice to the Secretary of the Board, the Chair of the Board or the Chief Executive Officer (CEO) prior to the meeting being convened.

2. **Attendance Records**

Attendance records of all members of the Board of Trustees for all regular Board meetings, Board Committee meetings and Special Call meetings shall be maintained in the office of the

CEO. Complete and cumulative attendance records of all members of the Board for all regular Board meetings, Board committee meetings and Special Call Meeting for each six month attendance period (January through June and July through December) shall be forwarded by the office of the CEO to the Commissioner's Court within fifteen (15) days of the end of each attendance period.

7. Officers of the Board

The officers of the Board shall consist of a Chair, one or more Vice Chairs, and a Secretary, who shall be elected annually by the Board and shall hold office until their successors have been elected and qualified. In the event of the absence or disability of any officer of the Board, the Board may delegate such officer's powers and duties, for the time being, to any other officer or member of the Board.

1. Duties of the Chair

The Chair shall preside at all meetings of the Board. He/she shall be the chief executive of the Board and shall perform all duties commonly incident to his/her office and such other duties as the Board shall designate from time to time.

2. Duties of the Vice Chair

The Vice Chair shall be vested with all the powers and shall perform all of the duties of the Chair, in case of the absence or disability of the Chair and, in addition, shall have such powers and perform such duties as the Board may from time to time determine.

3. Duties of the Secretary

The Secretary shall ensure that accurate minutes are kept of all meetings of the Board, shall perform all of the duties commonly incident to his/her office, and shall perform such other duties and have such other powers as the Board shall designate from time to time.

8. Communicating with the Board

1. The Board shall have the right and duty to be fully informed on all matters which influence its obligations as trustees. Nothing herein shall be construed to prevent the Board from informing itself as it deems proper. The Board shall at all times be free to seek and receive information to ensure its policies and directives are effectuated.

Individual Board members may also seek and receive information from the Chief Executive Officer ("CEO") and with the express prior consent of the CEO, seek and receive the information from specified staff members. In no event, however, may individual Board members direct staff in the performance of their duties.

2. The channel of staff communication to and from the Board shall be through the CEO, except that the Internal Auditor, Chief Financial Officer or Chief Compliance Officer may communicate directly with the Board as their fiduciary obligations may require. The Board and its committees may also communicate directly with staff at called meetings.

3. All proposals for consideration by the Board shall be presented by staff to the CEO in sufficient time for review and inclusion in the published agenda materials. The CEO shall consider such proposals and make recommendation thereon in the agenda prepared for a Board committee or monthly Board meeting. Except in the case of an emergency, proposals not received by the CEO within the time prescribed shall be automatically deferred until the next meeting of the Board. The final Board agenda must be approved by the CEO and the Chair.

4. All Board members shall have Harris Center email accounts. Members of the Board shall use The Harris Center email accounts for all Board-related electronic communications. All electronic communications regarding public business shall be limited to emails only.

9. Board Training Requirements: The Responsibility of Governance

1. New Board Member Training

Before a member of a Board of Trustees commence service on the Board, the member shall attend at least one training session administered by The Harris Center's professional staff to receive information as required by Ch. 534 of the Tex. Health & Safety Code relating to:

- a. The enabling legislation that created the community center;
- b. The programs the community center operates;
- c. The results of the most recent formal audit of the community center;
- d. The requirements of the Texas Open Meetings Act, Tex. Gov't Code, Ch. 551, and Texas Public Information Act, Tex. Gov't Code, Ch. 552;
- e. The requirements of conflict of interest laws and other laws relating to public officials; and,
- f. Any ethics policies adopted by the community center.

2. Annual Board Training

Each Board member shall participate in an annual training program administered by the professional staff of The Harris Center, including The Harris Center's legal counsel which shall cover subjects as provided for in statute and regulation.

3. Training Development

The Board of Trustees shall establish an advisory committee to identify subjects for training. The advisory committee shall include representatives of advocates for persons with mental illness or an intellectual disability and representatives of the Board's Governance Committee.

10. Amendments

These Bylaws and these Policies may be amended at any meeting of the Board by two-thirds (2/3) vote of the trustees present, provided that notice of the proposed amendment or amendments shall have been given in the notice of such meeting. Notice of proposed amendments shall be given to the trustees at least seven (7) days prior to the meeting.

11. Statutory Requirements

The foregoing provisions of these Bylaws notwithstanding, neither the Board nor any committee shall be formed, convened, or appointed, exercise any power, authority, prerogative, or assume any duty or responsibility which is contrary to the Texas Health and Safety Code, Chapter 534, or any other provision of the laws and Constitution of the State of Texas.

12. Effective Administration of the Agency

1. The Board of Trustees, as a body, is responsible for governance of the Agency through the adoption and enforcement of Agency policy, and the performance of duties and obligations as required by law. Individual Board members have no authority except when acting as part of the Board in a duly called meeting or as a Board officer, performing the specific duties of the position to which he or she has been elected.
2. The CEO is responsible for the day to day operation of the Agency, including the employment, training, evaluation, and supervision of all personnel necessary to administer the Agency's programs and services.

13. Trustee

A Trustee may be censured by the Board and/or his or her removal recommended to the Harris County Commissioners Court for conduct which is contrary to the policies of the Agency or is against the best interests of the Agency. Actions considered not to be in the best interest of the Agency include, but are not limited to the following:

1. Failure to abide by the laws of the United States, the State of Texas, county and municipal authorities; and
2. Serious violations of the Agency's bylaws, policies, or employee guidelines.

14. Chief Executive Officer (CEO)

The Board of Trustees shall conduct an annual written performance evaluation of the CEO. The Board of Trustees shall consider the CEO job description, annual goals and objectives and any other relevant factors identified and approved by the Board. The CEO performance evaluation period shall begin in September and conclude in November each year. The steps for the Chief Executive Officer performance appraisal process is as follows:

- a. In September, the Board of Trustees shall review the Performance Appraisal Process by disseminating the appraisal tool to all Trustees and the self-evaluation tool to the Chief Executive Officer.
- b. In October, the Board of Trustees shall convene an Executive session to discuss the appraisal and review the CEO written self-evaluation.
- c. In November, the Board of Trustees shall convene an Executive session and finalize the results and recommendations for the CEO performance appraisal. The Board of Trustees shall meet with the CEO to discuss the results of the appraisal process and the resulting Board decisions and recommendations.

Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023
Initial Assignment	Christopher Webb: Audit	02/2023

EXHIBIT G-6

Status **Pending** PolicyStat ID **13233622**



Origination 03/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2023
 Next Review 1 year after approval

Owner Anthony Robinson: VP
 Area Leadership
 Document Type Agency Policy

LD11A Corporate Compliance

1. PURPOSE:

To ensure The Harris Center complies with all federal, state, and local laws and regulations.

2. POLICY:

It is the policy of The Harris Center to provide services pursuant to the highest ethical, business and legal standards. The Harris Center through its Compliance Plan will perpetuate a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal, state, and local laws.

3. APPLICABILITY/SCOPE:

All Harris Center employees, volunteers, interns and contractors.

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

The Harris Center Compliance Plan

[LD15A Whistleblower](#)

5. PROCEDURES:

[LD15B Whistleblower](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF1.A.6.a.,b.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Initial Assignment	Anthony Robinson: VP	03/2023

EXHIBIT G-7

Status **Pending** PolicyStat ID **13029812**



Origination	09/2003	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2022		
Next Review	1 year after approval		

HR13A Family and Medical Leave Act (FMLA)

1. PURPOSE

The purpose of this policy is to give covered employees the right to take unpaid leave for qualified medical and family reasons under the Family and Medical Leave Act (FMLA) of 1993, as amended.

2. POLICY

The Harris Center adheres to the provisions of the Family and Medical Leave Act (FMLA) of 1993, as amended. The FMLA provides eligible employees with up to:

- a. 12 work weeks of leave in a 12-month period for:
 - i. the birth of a child and to care for the newborn child within one year of birth;
 - ii. the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - iii. to care for the employee's spouse, child, or parent who has a serious health condition;
 - iv. a serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - v. any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- b. Military Caregiver Leave- 26 work weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness suffered in the line of duty while on active military duty, if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (nearest blood relative).

Eligibility

To qualify for FMLA leave, you must: (1) have worked for the Harris Center for at least (12) months, although it need not be consecutive; (2) worked at least 1,250 hours in the last (12) months; and (3) be employed at a work site that has 50 or more employees within 75 miles.

Leave is Unpaid

FMLA leave is without pay (except for employees who are receiving workers' compensation wage benefits). If an employee has accrued available paid leave time to use, The Harris Center requires that accrued paid time off leave be used concurrently with FMLA leave. The substitution of paid leave time for unpaid FMLA leave time does not extend the 12 or 26 weeks (whichever is applicable) of the FMLA leave period. In no case can the substitution of paid leave time for unpaid leave time result in your receipt of more than 100% of your salary.

3. APPLICABILITY/SCOPE

All The Harris Center employees and staff.

4. Related Policies/Forms:

- The Harris Center Employee Handbook

5. References: Rules/Regulations/Standards

- Family Medical leave Act, 29 CFR § 825.100-825.800

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	03/2023
Department Review	Joseph Gorczyca	02/2023
Initial Assignment	Joseph Gorczyca	02/2023

EXHIBIT G-8

Status **Pending** PolicyStat ID **13103453**

Origination 07/2018

Last Approved N/A

Effective Upon Approval

Last Revised 03/2023

Next Review 1 year after approval

Owner Shiela Oquin:
ExecAsstArea Assessment,
Care & Continuity

Document Type Agency Policy

ACC7A Linguistic Competence Services

1. PURPOSE

To provide meaningful access to the consumer's services for consumers with limited English proficiency, deaf, hard of hearing or blind

2. POLICY

It is the Policy of the Harris Center for Mental Health and IDD to ensure effective communication with the individual and Legally Authorized Representative (LAR), (if applicable), in an understandable format as appropriate to meet the needs of individuals. This may require using: Interpretative services; Translated materials; or a staff member who can effectively respond to the cultural (e.g., customs, beliefs, action, and values) and language needs of the individual and LAR (if applicable).

3. APPLICABILITY/SCOPE

All Harris Center Staff, Contractors, [Interns](#), and Volunteers.

4. PROCEDURES

- Interpreter Resource Coordination
 - Internal Interpreters/Certified Language Staff
 - Outside Language Interpreter Services
- Interpreter Services For The Deaf And Hard Of Hearing
- Interpreter Services For Those Whose Primary Language Is Other Than English Scheduled

Services

- Crisis Services

5. RELATED POLICIES/FORMS:

[Assurance of Individual Rights](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Texas Human Resources Code Chapter 81, Services for the Deaf
- Title 26 Texas Administrative Code §301.327

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	03/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Shiela Oquin: ExecAsst	02/2023

EXHIBIT G-9

Status **Pending** PolicyStat ID **12961080**



Origination	11/2012	Owner	Ashley Hummel
Last Approved	N/A	Area	Rights & Responsibilities
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	03/2023		
Next Review	1 year after approval		

RR1A Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities

1. PURPOSE

The purpose of this policy is to express the uniform approach for immediate reporting of allegations or incidents of abuse, neglect, and exploitation of persons served by The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY

All persons served at The Harris Center have a right to be free from abuse, neglect, exploitation, and humiliation. It is the policy and responsibility of all employees, agents, interns, volunteers or contract affiliates of The Harris Center who have knowledge of or reason to believe that a child, elderly person, or person with a disability is the victim of abuse, neglect, or exploitation shall immediately report such to the proper authorities, including Texas Department of Family and Protective Services (DFPS).

3. APPLICABILITY/SCOPE

All employees, volunteers, interns, individuals/family/LAR, contractors and subcontractors of The Harris Center shall adhere to the standards set forth in this policy.

4. RELATED POLICIES/FORMS:

Assurance of Insurance Rights Policy

Incident Reporting Policy

5. RELATED PROCEDURES:

[RR1B Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Family Code, Chapter 261 Investigation of Report of Child Abuse or Neglect

Texas Human Resources Code, Chapter 48 Investigations and Protective Services for Elderly and Disabled Persons

Title 25 Texas Admin. Code, Ch. 414, Subchapter L Abuse, Neglect, and Exploitation in Local Authorities and Community Centers

Title 40 Texas Administrative Code, Chapter 4, Subchapter L-Abuse, Neglect & Exploitation in Local Authorities and Community Centers

Title 40 Texas Admin. Code, Chapter 705 Adult Protective Services

CARF: Section 1. Subsection K., Rights of Persons Served

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Department Review	Anthony Robinson: VP	02/2023
Initial Assignment	Michael Dangerfield: Dir [DM]	02/2023

EXHIBIT G-10

Status **Pending** PolicyStat ID **13029811**



Origination 06/2008

Last Approved N/A

Effective Upon Approval

Last Revised 02/2022

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

HR1A Section 504 of the Rehabilitation Act ("The Act") and, the American with Disabilities Act ("ADA") (Consumers)

1. PURPOSE:

The purpose of this policy is to establish guidelines to ensure that qualified individuals with disabilities at The Harris Center are protected from discrimination as set forth in Federal and State laws and regulations.

2. POLICY

It is the policy of The Harris Center to provide reasonable accommodation(s) to qualified individuals with disabilities. No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of The Harris Center, or be subjected to discriminatory action by the Center or its agents.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center services and programs.

4. RELATED POLICIES/FORMS:

- [RR3A Assurance of Individual Rights](#)
- Accessibility Plan
- [EM1A The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors](#)

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Consumer Rights Protection Handbook
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794 et. seq.
- The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. 12101, et. seq.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	02/2023
Department Review	Joseph Gorczyca	02/2023
Initial Assignment	Toby Hicks	02/2023

EXHIBIT G-11

Status **Pending** PolicyStat ID **13029809**



Origination	02/2013	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	03/2023		
Next Review	1 year after approval		

LD5A - Solicitation of/and Acceptance of Donations (Money, Goods or Services)

1. PURPOSE:

The purpose of this policy is to establish guidelines governing the acceptance and solicitation of gifts and donations by the Harris Center for the benefit of its operations, programs or services and provide guidance to prospective donors and their advisors when making donations to the Harris Center.

2. POLICY:

It is the policy of The Harris Center that requests for goods or money on behalf of the Harris Center shall be reviewed by the Legal Services Department prior to solicitation.

The Harris Center's Chief Executive Officer, authorized trustees of the Board and designated staff shall have the authority to solicit and accept gifts on behalf of the Harris Center. Donations of money, valuable goods or services may be accepted by the Harris Center if:

1. the donation can be used or expended consistent with the Harris Center's purpose and mission;
2. the donation is in good working order or needs only minor, inexpensive repair as approved by the Chief Financial Officer, or a designee;
3. the donation is not unduly or inappropriately restricted for use; and
4. the donation is not designated for use by an individual staff or Board Trustee.

Specific items may be given to persons served.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, volunteers and Board of Trustees

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

5. RELATED PROCEDURE:

[LD5B. Solicitation and Acceptance of Donations \(Money, Goods, or Services\)](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

[Gifts and Grants.](#) Texas Health and Safety Code §534.018

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	02/2023
Initial Assignment	Kendra Thomas: Counsel	02/2023
Initial Assignment	Shannon Fleming: Counsel	02/2023

EXHIBIT G-12

Status **Pending** PolicyStat ID **13103468**



Origination 07/1984
 Last Approved N/A
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Owner Shiela Oquin:
 ExecAsst
 Area Assessment,
 Care & Continuity
 Document Type Agency Policy

ACC15A - State Service Contract Monitoring and Performance Reporting

1. PURPOSE:

To ensure all duties are being performed in accordance with state service contracts and for [The Harris Center for Mental Health and IDD \(The Harris Center\)](#) staff to be aware of and address any developing problems or issues.

2. POLICY:

It is the policy of The Harris Center ~~for Mental Health and IDD "The Harris Center"~~ to audit the performance of all state service contracts on an annual basis to ensure compliance with policies and procedures, statement of work, proper reporting, and correct billing.

3. APPLICABILITY/SCOPE:

This policy applies to all state service contracts and awards received by The Harris Center, including pass-through awards that are performed by a collaborating agency.

4. PROCEDURES:

[LD6B Performance Reporting and Monitoring of Service Contracts](#)

5. RELATED POLICIES/PLANS:

[Compliance Pan](#)

LD6A Performance Reporting and Monitoring of Service Contracts

6. REFERENCES: /RULES/REGULATIONS/ STANDARDS:

Texas Health and Human Services Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2023
Legal Review	Kendra Thomas: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	02/2023
Departmental Review	Keena Pace: Exec	02/2023
Initial Assignment	Shiela Oquin: ExecAsst	02/2023

EXHIBIT G-13

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Origination 02/1992
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Owner Anthony Robinson: VP
 Area Environmental Management
 Document Type Agency Policy

EM7A Weapons

1. PURPOSE

The purpose of this policy is to establish clear boundaries and expectations relating to weapons.

2. POLICY

It is the policy of The Harris Center for Mental Health and IDD ("The Harris Center") to prohibit all weapons on the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law.

For the purpose of this policy, "weapon(s)" include handguns, firearms, clubs, location-restricted knives, "prohibited weapons" defined in §46.05 of the Texas Penal Code, and all items or objects that have no specific purpose or relationship to the treatment of a patient and (i) may be presented as a weapon; or (ii) may be reasonably foreseen or expected to be used as a weapon.

3. APPLICABILITY/SCOPE

This policy applies to all The Harris Center facilities and ~~other program~~ locations under control of The Harris Center.

4. RELATED POLICIES/FORMS:

▪ Incident Reporting	EM4A
▪ Statement of Weapon Confiscation	INC-5.001

• Online Incident Report	INC: 9.001
• Prevention and Management of Aggressive Behavior	ST/D: 7

[EM4A Incident Reporting](#)

[ACC14A Personal Property](#)

5. PROCEDURES:

[EM12B Security Alert - Armed Intruder](#)

[ACC14B Personal Property](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- Texas Penal Code §§46.01,46.02,46.03,46.05, 46.15; §§30.06, and 30.07
- Texas Government Code Chapter 411, Subchapter H
- Texas Occupations Code Chapters 1701-1702
- Texas Labor Code - Sections 52.061-52.063
- CARF: Section 2. Subsection A., General Program Standards

Approval Signatures

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EXHIBIT G-14

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Owner Jennifer Evans
 Area Medical Services
 Document Type Agency Policy

MED36A Credentialing Policy

1. PURPOSE

The purpose of this policy is to define the terms and standards required for credentialing and re-credentialing for all licensed Providers, peer providers, family partners and every QMHP-CS and CSSP.

2. POLICY

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. All physicians, Licensed Mental Health Professionals (LPHAs), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals, Peer Professionals, Family Partners, Community Services Specialists (CSSP) and Nursing staff, are credentialed before appointment to an assigned position.

All applications for credentialing and re-credentialing will be evaluated based on current licensure, education, training or experience, current competence and ability to perform the clinical duties requested.

3. APPLICABILITY/SCOPE

The policy applies to all licensed or non-licensed providers required by law to be credentialed.

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

[HR9A Employment](#)

[HR10A Employment Eligibility Verification](#)

5. PROCEDURES:

[MED36B Credentialing and Privileging Guideline & Procedure](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- [Competency and Credentialing Title 26 Texas Administrative Code \(TAC\) Chapter 301, Subchapter G](#)

[Mental Health Community Services Standards- General Provisions, Definitions, 26 Tex. Admin. Code 301.303](#)

[Mental Health Community Services Standards- Organizational Standards, Competency and Credentialing, 26 Tex. Admin. Code 301.331](#)

[Behavioral Health Delivery System-Mental Health Rehabilitative Services, Staff Member Competency and Training, 26 Tex. Admin. Code 306.325](#)

[Medicaid Managed Care- Mental Health Targeted Case Management and Mental Health Rehabilitation, Definitions 1 Tex. Admin. Code 353.1403](#)

[Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Competency, 1 Tex. Admin. Code 353.1413](#)

[Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Credentialing, 1 Tex. Admin. Code 353.1415](#)

Approval Signatures

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Initial Legal Review	Shannon Fleming: Counsel	03/2023
Compliance Review	Anthony Robinson: VP	03/2023

Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2023
Initial Assignment	Jennifer Evans	02/2023

EXHIBIT G-15

Status **Pending** PolicyStat ID **13029800**



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Last Revised	03/2023
Next Review	1 year after approval

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

EM4A Incident Reporting

1. PURPOSE

To provide documentation with exact details of all incidents that occur on or off facility grounds at The Harris Center for Mental Health and IDD. This includes incidents that may include, but are not limited to, all employees, interns, contractors, volunteers, and patients. Information obtained may be utilized in the future to address any liabilities presented from the incident.

2. POLICY

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to establish an incident reporting process which includes a mechanism to ensure all reportable incidents are recorded and evaluated, documenting follow-up and corrective actions where necessary. All Harris Center's staff, contractors, volunteers, interns or others in programs operated by The Harris Center, shall document the following incident types including patients identified and defined below after contacting any applicable regulatory agencies as soon as practical. The internal documentation shall occur within 24 hours of the incident. The internal documentation of all incidents shall be considered Confidential and protected from external disclosure to the fullest extent allowable by law.

- Violations of patients' rights, including, but not limited to allegations of abuse, neglect, & exploitation
- Accidents and injuries
- Patient Behavior
- Abuse/Neglect/Rights Violation
- Death

- Homicide, Homicide attempt, threat with plan or threat without plan
- Medical Issues
- Restraint (Personal & Mechanical)
- Safety Issues
- Seclusion
- Suicide & Suicide Attempts by an active patient (on or off the program site)
- Theft/Loss
- Fire
- Bomb Threat
- Improper disclosure of patient health information
- Loss or theft of patient record(s)
- Patient absent without permission from a residential program
- Critical Incidents
- Any other significant disruptions

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

- ~~Incident Reporting Procedures~~
- [Incident Reporting Procedures](#)
 - [RR3B Assurance of Individual Rights](#)
 - [EM11B Critical Incidents](#)
 - [EM12B Security Alert - Armed Intruder](#)
 - [EM13B Facility Alert - Hazardous Spill](#)
 - [EM14B Facility Alert - Utility/Systems Failures](#)
 - [EM15B Medical Alert - Code Blue](#)
 - [EM16B Medical Alert - Crisis Intervention](#)
 - [EM17B Emergency Incidents While Transporting Consumers](#)
 - [EM18B Security Alert - Bomb Threat/Suspicious Package](#)
 - [EM19B Security Alert - Hostage Situation](#)
 - [EM21B Facility Alert - Fire Evacuation Plan](#)
 - [HIM15B Sanctions for Breach of Security and/or Privacy Violations of Health Information](#)
 - [EM17B Emergency Incidents While Transporting Consumers](#)
 - [HIM2B Breach Notification](#)

5. RELATED POLICIES/FORMS:

- ~~Closed Records Review Committee~~ [MED16A Closed Records Review Committee](#)
- [Reporting Allegations of Abuse, Neglect, and Exploitation](#)
- [RR3A Assurance of Individual Rights](#)
- [EM2A Emergency Codes, Alerts, and Response](#)
- [EM5A Reporting of Automobile Accidents](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Family Code, Chapter 261
- Texas Human Resources Code, Chapter 48
- Title 25 Texas Administrative Code, Chapter 414, Subchapter L
- The Harris Center Policy and Procedure Handbook
- CARF: Section 1. Subsection K., Rights of Persons Served

Approval Signatures

Step Description	Approver	Date
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Department Review	Anthony Robinson: VP	03/2023
Initial Assignment	Anthony Robinson: VP	03/2023

EXHIBIT G-16

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

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

D

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

E

ECI	Early Childhood Intervention
EO	Early Onset
EPSDT	Early Periodic Screening Diagnosis and Treatment

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

JDC	Juvenile Detention Center
JJAEP	Juvenile Justice Alternative Education Program
JSS	Job Satisfaction Scale

K**L**

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

M

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

N**N**

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

O

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

P

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

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
TCOOMMI 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