



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

**Governance Committee Meeting**

July 25, 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,  
June 27, 2023  
(EXHIBIT G-1)

**IV. REVIEW AND TAKE ACTION**

**A. NEW POLICIES**

1. Clinician Peer Review  
(EXHIBIT G-2)

**B. NO/MINOR CHANGES**

1. Suicide-Homicide Prevention  
(EXHIBIT G-3)
2. Bylaws of The Professional Review Committee  
(EXHIBIT G-4)
3. Pharmaceutical or Patient Assistance Programs (PAP)  
(EXHIBIT G-5)
4. Professional Review Committee  
(EXHIBIT G-6)
5. The Requisitioning and Purchasing of Goods and/or Services  
Dollar Limit Threshold and Requirements.  
(EXHIBIT G-7)
6. Vehicle Operations  
(EXHIBIT G-8)

**C. POLICY UPDATES/SUBSTANTIAL CHANGES**

1. Medication Storage, Preparation and Administration Areas  
(EXHIBIT G-9)
2. Professional Practice Evaluation  
(EXHIBIT G-10)

**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.

• As authorized by § 551.074 of the Texas Government Code, mid-year performance evaluation of CEO and discussion of FY24-27 CEO performance objectives.

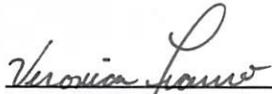
**VI. RECONVENE INTO OPEN SESSION**

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

**VIII. INFORMATION ONLY**

A. Abbreviation List  
(EXHIBIT G-11)

**IX. ADJOURN**



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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, JUNE 27, 2023  
MINUTES**

**CALL TO ORDER**

Mr. Jim Lykes, Chairman called the meeting to order at 8:30 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. G. Santos (Virtual), Mr. S. Zakaria, Mrs. N. Hurtado

Committee Member Absent:

Other Board Member Present: Dr. R. Gearing, Dr. L. Moore, Mrs. B. Hellums

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

Mr. Jim Lykes designated Dr. R. Gearing, Dr. L. Moore and Mrs. B. Hellums as voting members of the committee.

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:30 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, April 25, 2023

**MOTION: HURTADO**

**SECOND: MOORE**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, April 25, 2023 EXHIBIT G-1 has been approved and recommended to the Full Board.

**5. REVIEW AND TAKE ACTION**

**A. NEW POLICIES**

**1. Pregnant Workers and Accommodations**

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

**BE IT RESOLVED**, Pregnant Workers and Accommodations, EXHIBIT G-2 has been approved and recommended to the Full Board.

**B. NO CHANGES**

**1. Drug Free Workplace**

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

**BE IT RESOLVED**, Drug Free Workplace EXHIBIT G-3 has been approved and recommended to the Full Board.

**C. POLICY UPDATES/SUBSTANTIAL CHANGES**

**1. Closed Records Review Committee**

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

**BE IT RESOLVED**, Closed Records Review Committee EXHIBIT G-4 has been approved and recommended to the Full Board.

**2. Development and Management for Mental Health and IDD Service Wait-Interest List**

Per Mr. Lykes, Governance Committee Chair the Development and Management for Mental Health and IDD Services Wait-Interest List policy will be tabled and considered at the July Governance Committee meeting.

3. Employee Referral Bonus Program

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

**BE IT RESOLVED**, Employee Referral Bonus Program EXHIBIT G-6 has been approved and recommended to the Full Board

4. Equal Employment Opportunity

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

**BE IT RESOLVED**, Equal Employment Opportunity EXHIBIT G-7 has been approved and recommended to the Full Board

5. Guidelines for The Use of Purchase Orders for Goods and Non-Community Services

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

**BE IT RESOLVED**, Guidelines for The Use of Purchase Orders for Goods and Non-Community Services EXHIBIT G-8 has been approved and recommended to the Full Board

6. Improvement of Consumer Care Committee

**MOTION TO APPROVE: ZAKARIA      SECOND: HURTADO**

**MOTION TO WITHDRAW APPROVAL OF THE POLICY AND RECONSIDER ONCE MORE INFORMATION IS PROVIDED: ZAKARIA**

**SECOND: WOMACK**

**BE IT RESOLVED**, approval of The Improvement of Consumer Care Committee policy has been withdrawn and the policy will be presented with additional information .

7. Infection Control Plan

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

**BE IT RESOLVED**, Infection Control Plan EXHIBIT G-10 has been approved and recommended to the Full Board

8. Inquires on Employees

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

**BE IT RESOLVED**, Inquires on Employees EXHIBIT G-11 has been approved and recommended to the Full Board

9. Lactation Breaks

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

**BE IT RESOLVED**, Lactation Breaks EXHIBIT G-12 has been approved and recommended to the Full Board

10. Medical Services

**MOTION: GEARING            SECOND: ZAKARIA**

**YES: 7      NO: 1 (Santos)**  
**The Motion passed with majority affirmative votes**

**BE IT RESOLVED**, Medical Services EXHIBIT G-13 has been approved and recommended to the Full Board. Obligations to Identify Individuals or Entities Excluded from Participation in Federal Healthcare Programs

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

**BE IT RESOLVED**, Obligation to Identify Individuals or Entities Excluded from Participation in Federal Healthcare Programs EXHIBIT G-14 has been approved and recommended to the Full Board

11. Organizational Development

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

**BE IT RESOLVED**, Organizational Development EXHIBIT G-15 has been approved and recommended to the Full Board

12. Personal Property

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

**BE IT RESOLVED**, Personal Property EXHIBIT G-16 has been approved and recommended to the Full Board

13. Pharmacy Services and Outpatient Prescription Purchase Plan

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

**BE IT RESOLVED**, Pharmacy Services and Outpatient Prescription Purchase Plan EXHIBIT G-17 has been approved and recommended to the Full Board

14. Shift Differential

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

**BE IT RESOLVED**, Shift Differential EXHIBIT G-18 has been approved and recommended to the Full Board

15. Student Internship Program

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

**BE IT RESOLVED**, Student Internship Program EXHIBIT G-19 has been approved and recommended to the Full Board

16. Termination of General Revenue Contract Providers

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

**BE IT RESOLVED**, Termination of General Revenue Contract Providers EXHIBIT G-20 has been approved and recommended to the Full Board

17. Transfer-Promotions-Demotions

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

**BE IT RESOLVED**, Transfer-Promotions-Demotions EXHIBIT G21- has been approved and recommended to the Full Board

6.      **EXECUTIVE SESSION** –The Executive Session agenda item (“Mid-year performance evaluation of CEO and discussion of FY 24-27 CEO performance objectives”) was tabled. No Executive session was held.

7.      **RECONVENED INTO OPEN SESSION**

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

9.      **ADJOURN**

**MOTION: WOMACK      SECOND: GEARING**  
The meeting was adjourned at 9:11 A.M.

**Respectfully submitted,**

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**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 **13617731**



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

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

## ACC19A Clinician Peer Review

### Clinician Peer Review Policy

#### 1. **PURPOSE:**

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

#### 2. **POLICY:**

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

#### 3. **APPLICABILITY/SCOPE**

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

#### 4. **PROCEDURES**

Clinician Peer Review Procedure

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

MED12A Professional Review Committee Policy

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

## 1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

## 2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

## 3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

## 4. RELATED POLICIES/FORMS:

MED12A Professional Review Committee Policy

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

**Texas State Board of Examiners of Professional Counselors.** <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html>

**Texas State Board of Psychologists.** <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html>

**Texas State Board of Social Worker Examiners.** <https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html>

**Licensed Chemical Dependency Counselor Program.** <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Initial Assignment	Anthony Robinson: VP [CW]	06/2023
Initial Assignment	Lance Britt: Dir	05/2023

# **EXHIBIT G-3**

Status **Pending** PolicyStat ID **13923058**

Origination 11/2002

Last Approved N/A

Effective Upon Approval

Last Revised 07/2023

Next Review 1 year after approval

Owner Keena Pace: Exec

Area Assessment, Care &amp; Continuity

Document Type Agency Policy

## ACC12A - Suicide/Homicide Prevention

### 1. PURPOSE

To ensure that patients engaged in treatment in any of our programs or residential settings who voice thoughts of harm to self or others or engage in high risk behaviors are thoroughly assessed and dispositioned to the most appropriate and safe setting for further evaluation and treatment.

### 2. POLICY

It is the policy of The Harris Center to protect the health, safety and well-being of patients and others by taking timely and prudent action to prevent, assess the risk of, intervene in and respond to patients' threats of harm to self or others or high risk behaviors.

### 3. APPLICABILITY/SCOPE

This policy applies in all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

### 4. PROCEDURES

- A. ~~Suicide Awareness~~
- B. ~~Homicide/Violence Awareness~~
- C. ~~Crisis Assessment and Documentation~~
- D. ~~Training~~

## 5. RELATED POLICIES/FORMS:

[Incident Reporting](#)

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

The Harris Center's Policy and Procedure Handbook

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Legal Review	Kendra Thomas: Counsel	07/2023
Departmental Review	Keena Pace: Exec	07/2023
Initial Assignment	Keena Pace: Exec	07/2023

# **EXHIBIT G-4**

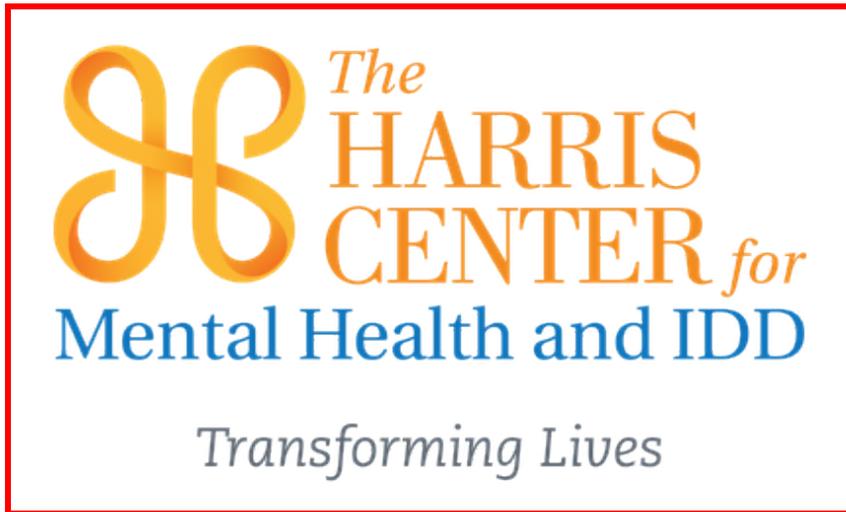
Status **Pending** PolicyStat ID **13574559**



Origination	09/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2023
Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services

## MED12B Bylaws Of The Professional Review Committee Of The Harris Center For Mental Health and IDD with signature







# Article Three

## Composition or the Committee

3.01 **Powers.** The Committee shall act only as a body, and no individual member of the Committee shall have any power to bind the Committee, absent written resolution of consent of more than a quorum of the Committee granting such authority.

3.02 **Qualification of Members.** Members of the Committee shall hold office as members of the Committee until their respective successors are named, or until the death, resignation as an employee or agent of The Harris Center for Mental Health and IDD or as a member of the Committee, or removal of any Committee member.

3.03 **Membership.** The Professional Review Committee of The Harris Center shall be comprised of the following permanent members: The Chief Medical Officer who will serve as the chair, the Chief Nursing Officer, Chief Operating Officer, Legal Counsel, Chief Administrative Officer, the Division Vice Presidents of Medical Services, VP of Clinical Transformation and Quality, Director of Pharmacy, and the Chief Executive Officer. In addition, the appropriate Program Director, and any other staff members having relevant information and expertise may participate, but may not vote, in Committee meetings. The Medical Services Administrator will provide administrative support and coordinating functions but will not be a voting member of the Committee.

3.04 **Vacancies.** Vacancies on the Committee may be filled by the Chief Executive Officer or Chief Medical Officer or designee of The Harris Center for Mental Health and IDD.

3.05 **Removal of Members.** Any member of the Committee may be removed from the Committee with or without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

3.06 **Custodian of Records.** The custodian of the records and documents of the Committee shall be the Chief Medical Officer, Chair of the PRC, who shall be responsible for secure and confidential safekeeping of all patient records and privilege and confidential records of the Committee.

# Article Four

## Peer Review Authority of the Professional Review Committee

4.01 The Professional Review Committee (PRC), acting under the written Bylaws approved by the Board of Trustees of The Harris Center for Mental Health and IDD is authorized and directed to evaluate the quality of medical and health care Services and/or the competence of physicians and other health care providers including the evaluation of the performance of those functions specified by §85.204 of the Health and Safety Code. Likewise, the proceedings, actions, records and decisions of the Professional Review Committee are covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq..

4.02 **Duties of the Committee.** The primary duties of the PRC is to implement a formal peer review

process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against the healthcare providers;
  - To prepare reports, evaluating such incidents, claims, or lawsuits;
  - To assist The Harris Center's Legal Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a health care practitioner and/or The Harris Center; and to recommend disposition of a claim or lawsuit including settlement or defense of a lawsuit;
  - To identify broader risk management, quality care and patient safety issues within The Harris Center departments or divisions that may result in claims, or incidents that may involve potential claims, and to serve as liaison with the designated Director of Risk Management, Vice President of Clinical Transformation & Quality and Safety Officers within their respective departments or divisions to initiate corrective action, if necessary;
  - To appoint subcommittees as necessary to carry out the duties of the Committee, and to review subcommittee investigations, peer review activities and final actions;
  - To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against The Harris Center and its health care practitioners;
  - To discuss policy issues arising from incidents, claims, or lawsuits; and/ or
  - To communicate with the Vice President of Enterprise Risk Management and Compliance, Vice President of Clinical Transformation & Quality and Division heads of clinical departments of The Harris Center as needed to inform them of policies or practices within their departments related to incidents, claims, or lawsuits concerning professional liability.

#### 4.03 Urgent Case Review

**Urgent Case Review Definition:** Cases that have urgency due to the reporting nature of the event

- Potential patient rights violation (suspected patient abuse or neglect)
- Elopement
- Cases requiring urgent review due to legal/risk implications
- Significant concern about patient or staff safety warranting rapid review

**Time line:** The Professional Review Committee shall review urgent cases within 5 business days from receiving notice of the incident to the Chief Medical Officer. Whenever possible, the Professional Review Committee will attempt to conduct the urgent case review within 24 hours of notification.

### Required Attendees:

- **Required:** CMO, CNO, Clinical Leaders
- **Ad-hoc:** Applicable team leaders, Legal Counsel (depending on nature of case being review), VP of Enterprise Risk Management

**Recommendations and Action Steps:** The Professional Review Committee shall consider the following recommendations or actions steps

- Identify improvement opportunities for follow-up & associated owner
- Identify need for referral to Patient Safety, Peer Review (medical, nursing, or pharmacy), or Case Closure
- Communicate meeting minutes and action steps to appropriate parties within 2 business days of completion of urgent case review (anyone not involved in urgent case review that need to know about urgent case review outcomes)

#### 4.04 Sentinel Events Process

- **Sentinel Events Process**

- A. Within 1 working day of knowledge of incident:

- A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s)

- **Procedures:**

1. Area Director or designee(s) contacts the appropriate person to notify of the incident.
2. The appropriate person completes incident report and other forms as needed and notifies the Chief Medical Officer or designee(s).
3. The Chief Medical Officer determines if the incident, as identified in the report, is considered to be a Sentinel Event.
4. Once the incident is determined to be a Sentinel Event, Chief Medical Officer designates an investigating officer to gather information surrounding Sentinel Event.
5. The Investigating Officer presents the findings at Sentinel Event Review, which is conducted by the Professional Review Committee.
  - The Sentinel Review Committee is formed, facilitated by the Chief Medical Officer or designee(s). Examples of Committee members may include: Investigating Officer, Attending Physician, Other Quality Management personnel, Physician external to Center, and other professionals deemed appropriate.
6. B.Sentinel Event Review:
  - The Investigating Officer presents the review findings as required.
  - The Committee identifies the areas of risk for the Center, determines if an action plan is necessary, and assigns responsibility for the implementation of the action plan, if needed.
  - If the Sentinel Event reports the death of a client, the Center adheres to TAC chapter 405, Subchapter K, by completing and faxing the "Report of the Death of a Person Served," as directed by the Professional Review Committee.
  - The person responsible for implementation of the Action Plan reviews and reports the status of the implementation of the Action Plan to the Professional Review Committee.

# Article Five

## Sub-Committees and Standing Agenda Items of Professional Review Committee

5.01 The Professional Review Committee has the following standing Sub-Committees:

- a. Medical Peer Review Committee
- b. Nursing Peer Review Committee
- c. Closed Records Review Committee
- d. Pharmacy and Therapeutics Committee
- e. Patient System Quality, Safety Review and Experience Committee
- f. Pharmacy Peer Review Committee

5.02 Appointments may be made, from time to time, as determined by the Chair of the Professional Review Committee for Ad Hoc Sub-Committees. Each Sub-Committee shall operate in accordance with The Harris Center for Mental Health and IDD policies and procedures and applicable state and federal laws and regulations.

5.03 A standing agenda item of every Professional Review Committee meeting is the explanation and signed acknowledgment of confidentiality and privilege of the Committee, in the form of the advisory statement from The Harris Center for Mental Health and IDD Legal counsel as to privilege nature of the Committee.

# Article Six

## Confidentiality of Records

### 6.01 Confidential and Privileged Communications-

All proceedings and records of the Committee, and all written or oral communications made to the Committee, shall be confidential and privileged records, exempt from disclosure under the Open Records Act, or in response to a subpoena, or other legal process. The PRC shall direct the assembly and preparation of information, records and documents to assist in the discharge of its responsibilities to preserve the privilege of the PRC proceedings. Waiver of any privilege may only be established if it is executed in writing by the Chair of the PRC. Confidential and privileged information, oral or written communications, records, or proceedings includes, but is not limited to:

- A. Minutes of all Committee and sub-Committee meetings;
- B. Correspondence and memoranda between Committee members, staff, consultants, employees, agents, and servants of the Committee, the Center, its subsidiaries, or its contract providers;
- C. All other documents, records, communications, or memoranda involved in the deliberative process of the Committee;
- D. Any preliminary or final Committee report(s), product(s), or recommendation(s); and
- E. Written or oral communications received from another Professional Review Committee or

professional review sub-Committee.

### **6.02 Protection from Disclosure.**

All records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, in conjunction with its responsibility for conducting of an investigation and the making of specific recommendations for the improvement of patient services and the maintenance of the highest standards of patient care, shall be strictly privileged and confidential and protected from disclosure to the maximum extent provided by both federal and state law. All reports, documents, and minutes of the PRC, PRC subcommittees and PRC ad hoc committees shall be clearly identified as confidential information prepared at the request of the PRC. No members of the Committee, or its Sub-Committees, shall be at liberty to disclose or discuss the content of any record or investigation which comes before the Committee. Violation of such shall be grounds for adverse employment action. It shall be the responsibility of The Harris Center for Mental Health and IDD legal counsel to advise Committee members of the privileged and confidential nature of the records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, at the commencement of each Committee meeting.

## **Article Seven**

### **7.01 Amendment of Bylaws.**

Amendments to these By-laws may be proposed by any member of the PRC. Amendments to these bylaws requires the approval of the Board of Trustees of The Harris Center for Mental Health and IDD.

The Board of Trustees of The Harris Center for Mental Health and IDD on the April 25, 2018.

The AMENDED bylaws are hereby ADOPTED by the Board of Trustees of the Harris Center for Mental Health and IDD on this \_\_\_\_th day of \_\_\_\_\_ 2022.

The Harris Center for Mental Health and IDD

Board of Trustees

\_\_\_\_\_

Shaukat Zakaria, Chairman

\_\_\_\_\_

George Santos, Chair of Quality Board Committee

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## **Attachments**

[Bylaws for Professional Review Committee-Amended signature pg.pdf](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Initial Legal Review	Shannon Fleming: Counsel	06/2023
Initial Assignment	Jennifer Evans	05/2023

# **EXHIBIT G-5**

Status **Pending** PolicyStat ID **13736954**



Origination 08/2017  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 06/2023  
 Next Review 1 year after approval

Owner Jennifer Evans  
 Area Medical Services  
 Document Type Agency Policy

## MED9A Pharmaceutical or Patient Assistance Programs (PAP)

### 1. PURPOSE

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

### 2. POLICY

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

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

guidelines, or legal change(s).

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

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES:

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

### 5. RELATED POLICIES/FORMS:

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

### 6. REFERENCES: RULES/REGULATIONS/

# STANDARDS:

- Texas Food, Drug and Cosmetic Act, Drug Donation Program, [6](#) Health and Safety Code, Chapter 431, [Subchapter M](#)
- Charitable Immunity & Liability, [4](#) Texas Civil Practice and Remedies Code, Chapter 84
- Pharmacy and Pharmacists, [Title-3](#) Texas Occ Code, [Subtitle J, Ch. Chapter](#) 551-556, 559
- Texas State Board of Pharmacy, [Title-22](#) Tex. Admin. Code, Part 15, Ch 281-311
- Donation of Unused Drugs, [Title-25](#) Tex. Admin. Code, Chapter 229, [Subchapter B](#)
- CARF Section 2

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
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Initial Legal Review	Shannon Fleming: Counsel	06/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2023
Initial Assignment	Jennifer Evans	06/2023

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **13574524**

Origination	04/2018
Last Approved	N/A
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Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## MED12A - Professional Review Committee

### 1. PURPOSE:

The purpose of this policy is to operationalize a Professional Review Committee (PRC), as a permanent committee and as an integral component of ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the competence of licensed providers. The PRC will act as the authorizing committee of medical peer review, nursing peer review, closed records review, pharmacy peer review, [Professional Practice Evaluation Committee](#), Pharmaceutical and Therapeutics, sentinel events, [Patient System Quality, Safety and Experience Committee](#) and critical incident review. The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or finding when indicated.

### 2. POLICY:

It is the policy of the Harris Center to form the PRC to have oversight of the peer review processes of all clinical services. The PRC shall approve all peer review committees. The Closed Records Committee, Medical Peer Review, [Patient Safety Professional Practice Evaluation Committee](#), [System Quality, Safety and Experience Committee](#), Nursing Peer Review, Pharmaceutical & Therapeutics Committee, Pharmacy Peer Review Committee are subcommittees to the Professional Review Committee.

### 3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff engaged in the delivery of healthcare services to patients. This policy applies to all our consumers, employees, contractors, volunteers and partners who access our services. This policy must be followed in conjunction with professional licensing standards and other Harris Center's policies and operational guidelines governing appropriate workplace conduct

and behavior.

## 4. PROCEDURES:

- [Professional Review Committee Bylaws](#)

## 5. RELATED POLICIES/FORMS:

- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- [Patient System Quality, Safety and Experience](#) Committee
- Pharmaceutical & Therapeutics Committee Policy
- Pharmacy Peer Review Committee Policy

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

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- Texas Health & Safety Code §161.032
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 TAC Chapter 2 17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K
- Texas Pharmacy Peer Review, Texas Occupations Code, Chapter 564

### Attachments

[8.png](#)

### Approval Signatures

Step Description	Approver	Date
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Initial Legal Review	Shannon Fleming: Counsel	06/2023
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# **EXHIBIT G-7**

Status **Pending** PolicyStat ID **13711494**



Origination	N/A	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## FM20A The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

### 1. PURPOSE:

The purpose of this policy is to provide Board approved dollar limit threshold and requirements for The HARRIS CENTER for the Requisitioning and Purchasing of Goods and / or Services.

### 2. POLICY:

It is the policy of The Harris Center to promote effective, professional, and consistent procurement for the Harris Center in compliance with The Harris Centers established Board approved dollar limit threshold and requirements.

### 3. APPLICABILITY/SCOPE:

This Policy applies to all Harris Center employees.

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

FM12A - Purchasing Card Policy

FM19A -The Requisitioning and Purchasing of Goods and/or Services Policy

FM26A - Guidelines for The Use of Purchase Orders for Goods and Non-Community Services Policy

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

Contracts Management for Local Mental Health Authorities, 25 Tex. Admin. Code, Part 1, Chapter 412, Subchapter B

Contracts Management for Local Authorities, 40 Tex. Admin. Code Ch. 2, Subchapter B

Texas Grant Management Standards (TXGMS)

2 C.F.R. Part 200

Texas Government Code: Title 10, Subtitle D, Chapter 2155 - 2158 Purchasing General

Rules and Procedures, Subchapter A, General Provisions

Professional Services Procurement Act, Texas Government Code Chapter 2254

Texas Government Code Chapter 2269

Texas Health & Safety Code, Chapter 250, §§533.007, 533.035, 534.052, 534.055, 534.061, 534.065, and 534.066

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Department Review	Steve Evans: Controller	06/2023
Initial Assignment	Nina Cook: Dir	05/2023

# **EXHIBIT G-8**

Status **Pending** PolicyStat ID **13233624**



Origination	11/2020
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Owner	Todd McCorquodale: Dir
Area	Environmental Management
Document Type	Agency Policy

## GA7A Vehicle Operations

### 1. PURPOSE:

To establish requirements and guidelines for employees who operate motor vehicles while performing their job duties.

### 2. POLICY:

The Harris Center will maintain standards and procedures for the operation of vehicles used for sanctioned business for The Harris Center for Mental Health and IDD ([The Harris Center](#)). To the extent possible, procedures and standards will cover Agency Owned Vehicles (AOVs) and personal vehicles used while conducting business on behalf of The Harris Center.

The Harris Center promotes safety and quality care and employees are encouraged to adopt this spirit by being familiar with all related procedures and be in good standing with all applicable training requirements along with local, state, and federal laws that govern driving activities.

### 3. APPLICABILITY/SCOPE:

This policy applies to employees of The Harris Center that drive a vehicle to conduct Agency business. The scope of this policy includes the use of personal vehicles and/or Agency owned vehicles while in the scope of sanctioned work.

### 4. PROCEDURES

- [STD:8.1 Vehicle Operator Training and Certification](#)

## **5. RELATED POLICIES/FORMS:**

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

- Commission on Accreditation of Rehabilitation Facilities; ~~Texas Transportation Code 521.143 and 521.029~~
- [Texas Transportation Code 521.143 and 521.029](#)

### Approval Signatures

Step Description	Approver	Date
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# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **13660263**

Origination	05/1993
Last Approved	N/A
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Last Revised	06/2023
Next Review	1 year after approval

Owner	Maria Richardson: Dir
Area	Medical Services
Document Type	Agency Policy

## MED6A - Medication Storage, Preparation, and Administration Areas

### 1. PURPOSE:

To establish a uniform policy for the storage, security, preparation, and administration areas for medications.

### 2. POLICY:

It is the policy of The Harris Center for a Pharmacist, or other appropriately trained individuals under the supervision of the Director of Pharmacy (DOP), to ensure that all medications maintained by the Agency are stored safely, securely, and properly following manufacturer/supplier recommendations (e.g. proper sanitation, temperature, light, moisture, ventilation, and segregation conditions) and state laws and rules. The Pharmacy Department will conduct regular inspections of all drug storage areas within the Harris Center Pharmacies and each service site responsible for the containment of drugs.

### 3. APPLICABILITY/SCOPE:

All Harris Center mental health and IDD service sites, clinics, treatment programs, residential care programs and pharmacies.

### 4. PROCEDURES:

#### A. Medication Storage

- ~~The storage of medications at all Harris Center locations shall occur as follows:~~

- All medications shall be properly labeled, e.g., specific directions for use, name and strength of medication, consumer's name, etc.
- Medications shall be stored under lock and key.
- Medications shall be stored separately for each consumer.
- Disinfectants and medications for external use (topical medication) shall be stored separately from internal and injectable medications.
- Storage areas shall be kept clean, well-lit, and free of clutter.
- Drugs requiring special conditions for storage (e.g., refrigeration) to ensure stability shall be stored in a separate compartment or refrigerator that is capable of maintaining the conditions indicated in the storage directions. Medications shall not be stored in refrigerators where blood, urine or food are kept.
- Drugs requiring special conditions for storage (e.g., protect from light) to ensure stability; shall be stored in the appropriate containers and packaging material that can protect the products from light. This might include original packaging, foil or amber colored containers.

#### B. Access to Medication

1. Congregate medication storage areas shall only be accessible to staff authorized to administer medication or supervise self-administration of medication. A list of the authorized personnel shall be posted in the medication storage/administration area.
2. Stock supplies of medications shall be accessible only to pharmacists and licensed nursing and medical staff. In addition, stock supplies of over-the-counter medications shall also be accessible to certified medication aides and/or trained staff who supervise self-administration of medication.
3. Stock supplies of legend medications shall only be dispensed by a pharmacist.

#### C. Inspection of Medication Storage Areas

1. Medications shall be inspected monthly to remove expired, deteriorated, and returned medications.
2. On a monthly basis the pharmacy shall inspect all medication storage areas within the Agency to verify proper storage conditions.
3. A record of such inspections shall be maintained by the Pharmacy Department.
4. A plan of corrective action shall be completed by the site supervisor, or designee, for all noted deficiencies. Documentation of completion of the plan to correct cited deficiencies shall be maintained.

#### D. Medication Disposal

1. All outdated, expired, discontinued, or illegibly labeled medications shall be removed from storage for disposal, and when necessary, replaced.
2. Any medications not delivered to the consumer shall be removed from storage for disposal.

3. ~~Documentation of all medication disposals shall be maintained by the Pharmacist in charge (PIC) of the pharmacy that disposed of that medication.~~
4. ~~All medications removed from storage for disposal shall be sent to the Pharmacist in charge at the Clinic Pharmacies for proper disposition.~~

~~E. Medication Preparation and Administration Areas~~

1. ~~Medication preparation and administration areas shall have available the following:~~
  - ~~An up-to-date list of authorized prescribers (if more than one prescriber at the site).~~
  - ~~An up-to-date list of personnel authorized to administer medication (if more than one person at the site).~~
  - ~~An up-to-date list of personnel authorized to supervise self-administration of medication (if more than one person at the site).~~
  - ~~Proximity to a sink with running water or topical disinfectant which allows sanitary practices.~~
  - ~~Pharmaceutical reference material available, current within the last two years.~~
  - ~~The telephone number of the regional Poison Control Information Center is posted.~~

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

~~Medical Services~~[Medical Services](#) MED1A

~~Medication Storage, Preparation, and Administration Areas~~[Medication Storage, Preparation, and Administration Areas](#) MED6BA

~~Pharmacy and Unit Medication / Drug Inventory~~[Pharmacy and Unit Medication / Drug Inventory](#) MED11A

~~Nursing Unit Inspection Form~~

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

- ~~Pharmacy and Pharmacists, Title 3~~ [Texas Occupations Code, Title 3, Subtitle J, Pharmacy and Pharmacists](#), Chapters 551 and 552.
- ~~All Classes of Pharmacies, Title 22~~ [Texas Administrative Code, Title 22, Subchapter A](#), Chapter 291. ~~Subchapter A. All Classes of Pharmacies.~~
- ~~Storage of Drugs, Title 22~~ [Texas Administrative Code, Title 22, Subchapter A](#), Chapter 291.15 ~~Subchapter A. Storage of Drugs~~

- [Prescribing of Psychoactive Medication, Title 25 Texas Administrative Code Chapter 415, Subchapter A. Title 25. Chapter 415. Subchapter A. Prescribing of Psychoactive Medication](#)
- ~~Texas Administrative Code. Title 40. Chapter 2. Health, Safety and Rights.~~ [Title 40 Texas Administrative Code Rule 2.313\(c\) and \(d\)](#)
- National Institute of Standards and Technology Reports (NISTIR) 7656 and 7753
- CARF. Accreditation Standards. Section 2. E. Medication Use
- CDC Storage and Handling Tool Kit

## Approval Signatures

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# **EXHIBIT G-10**

Status **Pending** PolicyStat ID **13811296**



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Next Review	1 year after approval

Owner	Jennifer Evans
Area	Medical Services
Document Type	Agency Policy

## Professional Practice Evaluation Policy

### 1. PURPOSE:

To establish a systematic process to evaluate and confirm the current competency of practitioners' performance of privileges and professionalism at The Harris Center for Mental Health and IDD.

### 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. Professional practice evaluation will be the process for ensuring credentialing and performance standards.

Professional Practice Evaluation is conducted monthly during a providers first three (3) months of employment. Focused Professional Practice Evaluation ( FPPE) will transition to Ongoing Professional Practice Evaluation (OPPE) after a minimum of three (3) months of FPPE. The reviews are performed by members of the Professional Practice Evaluation Committee. Each service evaluates and recommends their service-specific performance targets and thresholds.

~~It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable~~The Chief Medical Officer or designee also evaluates and recommends service-based OPPE indicators. Focused Professional Practice Evaluation (FPPE) may be triggered through concerning practice trends, events, or incidents identified through FPPE, OPPE, and medical peer review activities. FPPE will be implemented when there are concerns regarding the provision of safe, high quality patient care by a current medical staff member or issues of professionalism.~~Ongoing Professional Practice Evaluation (OPPE) is conducted monthly during a providers first 3 months of employment, with additional OPPE being conducted as needed until the~~

~~provider falls into the every quarter rotation. The review is performed by the Service Chief or designee. Each service evaluates and recommends their service-specific performance targets and thresholds. The Service Chief or designee also evaluates and recommends service-based OPPE indicators.~~

### 3. APPLICABILITY/SCOPE:

The policy applies to all licensed or non-licensed providers providing services to clients at the Harris Center.

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

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

<del>TITLE 1</del>	<del>ADMINISTRATION</del>
<del>PART 15</del>	<del>TEXAS HEALTH AND HUMAN SERVICES COMMISSION</del>
<del>CHAPTER 353</del>	<del>MEDICAID MANAGED CARE</del>
<del>SUBCHAPTER P</del>	<del>MENTAL HEALTH TARGETED CASE MANAGEMENT AND MENTAL HEALTH REHABILITATION</del>
<del>RULE §353.1413</del>	<del>Staff Member Competency</del>

[Staff Member Competency. 1 Tex. Admin. Code §353.1413](#)

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Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2023
Initial Assignment	Jennifer Evans	06/2023

# **EXHIBIT G-11**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

**G**

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

**H**

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

**I**

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

**J**

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

**K****L**

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

**M**

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

**N****N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

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

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

**W**

**X**

**Y**