



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

**Governance Committee Meeting**

August 22, 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,  
July 25, 2023  
(EXHIBIT G-1)

**IV. REVIEW AND TAKE ACTION**

**A. NO/MINOR CHANGES**

1. Development and Management for Mental Health and IDD  
Service Wait/ Interest List  
(EXHIBIT G-2)
2. Drug/Alcohol Testing Pre-Employment  
(EXHIBIT G-3)
3. Employee Counseling, Supervision, Progressive Discipline, and  
Termination  
(EXHIBIT G-4)
4. Employment Eligibility Verification for Worker in the United  
States  
(EXHIBIT G-5)
5. Least Restrictive Interventions and Management of Aggressive  
Behavior  
(EXHIBIT G-6)
6. Obligation to Identify Individuals or Entities Excluded from  
Participation in Federal Health Care Programs  
(EXHIBIT G-7)
7. Payment of Accrued Leave Upon Separation  
(EXHIBIT G-8)
8. Performance Improvement Plan  
(EXHIBIT G-9)
9. Professional Behavior and Attire  
(EXHIBIT G-10)
10. Screening and Assessment for Mental Health, Substance Use  
and Intellectual and Development Disabilities (IDD) Services  
(EXHIBIT G-11)
11. Whistleblower  
(EXHIBIT G-12)

**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 §§551.071 and 551.074 of the Texas Government Code, discussion of Personnel Matters related to Board members' fiduciary duties. Shaukat Zakaria, Board Chair and Kendra Thomas, General Counsel

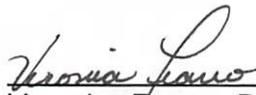
**VI. RECONVENE INTO OPEN SESSION**

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

**VIII. INFORMATION ONLY**

A. Abbreviation List  
(EXHIBIT G-13)

**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, JULY 25, 2023  
MINUTES**

**CALL TO ORDER**

Mr. Jim Lykes, Chairman called the meeting to order at 8:31 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,  
Mr. S. Zakaria

Committee Member Absent: Mrs. N. Hurtado

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

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

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

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:31 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,  
June 27, 2023

**MOTION: SANTOS      SECOND: ZAKARIA**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, June 27, 2023 EXHIBIT G-1 has been approved and recommended to the Full Board.

**5. REVIEW AND TAKE ACTION**

**A. NEW POLICIES**

**1. Clinical Peer Review**

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

**BE IT RESOLVED**, Clinical Peer Review, EXHIBIT G-2 has been approved and recommended to the Full Board.

**B. NO CHANGES**

**1. Suicide-Homicide Prevention**

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

**BE IT RESOLVED**, Suicide-Homicide Prevention EXHIBIT G-3 has been approved and recommended to the Full Board.

**2. Bylaws of The Professional Review Committee**

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

**BE IT RESOLVED**, Bylaws of The Professional Review Committee EXHIBIT G-4 has been approved and recommended to the Full Board.

**3. Pharmaceutical or Patient Assistance Programs (PAP)**

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

**BE IT RESOLVED**, Pharmaceutical or Patient Assistance Programs (PAP) EXHIBIT G-5 has been approved and recommended to the Full Board.

4. Professional Review Committee

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

**BE IT RESOLVED**, Professional Review Committee EXHIBIT G-6 has been approved and recommended to the Full Board

5. The Requisitioning and Purchasing of Goods and/or Services Dollar Limit Threshold and Requirements.

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

**BE IT RESOLVED**, The Requisitioning and Purchasing of Goods and/or Services Dollar Limit Threshold and Requirements EXHIBIT G-7 has been approved and recommended to the Full Board

6. Vehicle Operations

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

**BE IT RESOLVED**, Vehicle Operations EXHIBIT G-8 has been approved and recommended to the Full Board

C. POLICY UPDATES/SUBSTANTIAL CHANGES

1. Medication Storage, Preparation and Administration Areas

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

**BE IT RESOLVED**, Medication Storage, Preparation and Administration Areas EXHIBIT G-9 has been approved and recommended to the Full Board

2. Professional Practice Evaluation

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

**BE IT RESOLVED**, Professional Practice Evaluation EXHIBIT G-10 has been approved and recommended to the Full Board

6. **EXECUTIVE SESSION** –Mr. Lykes announced the Governance Committee will enter into Executive Session at 8:39am as authorized by § 551.074 of the Texas Government Code, mid-year performance evaluation of CEO and discussion of FY24-27 CEO performance objectives.

7. **RECONVENED INTO OPEN SESSION-** Mr. Lykes reconvened the Governance Committee into open session at 9:31am.

8. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**  
No action was taken in Executive Session

9. **ADJOURN**  
**MOTION: WOMACK                      SECOND: GEARING**  
The meeting was adjourned at 9:31 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 **13417980**



Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## ACC4A Development and Management for Mental Health and IDD Service Wait/ Interest List

### 1. PURPOSE:

To define the policy, the development, and maintenance of waiting/Interest lists, when The Harris Center for Mental Health and IDD (The Harris Center) has reached or exceeded its capacity to provide services. This is in accordance with the Texas Health and Human Services Commission (HHSC) performance contracts and Texas Administrative Codes (TAC).

### 2. POLICY:

It is the policy of The Harris Center that the Executive Management Team review the capacity of The Harris Center's services and will approve the establishment of waiting/ Interest lists for Center services. These determinations will be consistent with HHSC requirements. The Board of Trustees will be informed at the first regular board meeting following the establishment of the waiting list.

### 3. APPLICABILITY/SCOPE:

The Harris Center programs.

### 4. PROCEDURES:

#### Mental Health

- Routine care services

- ~~Texas Resilience and Recovery (TRR) Waiting List Development~~
- ~~TRR Waiting List Maintenance~~

## ~~Intellectual or Developmental Disability (IDD)~~

- ~~Services and Supports~~
- ~~Home and Community Based Services (HCS) and Texas Home Living (TxHmL) interest lists Maintenance of the HCS and TxHmL interest lists~~
- ~~Requesting DADS to Change HCS or TxHmL Interest Lists Information~~

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

ACC4B: Development and Management for Mental Health and IDD Service Wait/ Interest List

## 6. PROCEDURE:

[ACC4B Development and Management for Mental Health and IDD Services Wait/Interest list](#)

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

- Information Item R Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual
- Mental Health Community Standards, 36 Tex. Admin. Code Chapter 301, Subchapter G
- Local Authority Responsibilities, 40 Tex. Admin. Code Ch. 2, Subchapter G
- HCS and TxHmL Interest List Manual effective January 1, 2015 HCS and TxHmL Interest List Maintenance Attachment J

### 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-3**

Status **Pending** PolicyStat ID **13958986**



Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## HR4A Drug/Alcohol Testing Pre-Employment

### 1. PURPOSE:

The purpose of the drug and alcohol pre-employment testing policy is for The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) is to promote a drug-free, safe work environment for Harris Center staff and the community we serve.

### 2. POLICY:

The Harris Center requires all prospective new hires to submit to pre-employment testing for illegal drug and alcohol usage only after a conditional job offer is made.

All offers of employment with The Harris Center are conditioned upon the prospective new hire submitting to and receiving a negative drug and alcohol test in accordance with the Harris Center testing procedures. Should the result of a urine test show diluted, the prospective new hire will be asked to retest. A diluted sample is not a negative test result.

If the individual has a positive test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, the conditional job offer will be withdrawn, and the individual will not be considered for further employment.

Any prospective new hire, who refuses to take the test, refuses to sign the consent form, fails to appear for testing, or tampers with the testing process or sample will be deemed to have withdrawn themselves from the application process and will be ineligible for hire. All records relating to the individual's drug and alcohol test results shall be kept confidential and maintained separately from their personnel file.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

- ~~HR4B Drug/Alcohol Testing: Pre-Employment~~

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

- Drug Testing Authorization and Chain of Custody Form
- The Harris Center Employee Handbook

### 6. PROCEDURE:

[HR4B Drug/Alcohol Testing Pre-Employment](#)

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

- Americans with Disabilities Act, 42 U.S.C. Ch. 126 §§12101-12134, and §12210
- Texas Commission on Human Rights Act, Tex. Labor Code Ch. 21
- Authority to Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use, Tex. Occupation Code §§169.001-169.005

### 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
Initial Assignment	Anthony Robinson: VP [CW]	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-4**

Status **Pending** PolicyStat ID **13233625**



Origination	11/2020	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## HR6A Employee Counseling, Supervision, Progressive Discipline, and Termination

### 1. PURPOSE:

This policy provides a mechanism to inform employees of the expected standards of conduct or performance and the consequences when these expectations are not met. This policy enables Center transparency so that employees understand what is expected of them, provides supervisors with guidelines to follow when taking corrective action, provides appropriate documentation of the corrective action in the employee's Human Resource record and establishes a fair, consistent, and collaborative approach to policy administration.

### 2. POLICY:

It is the policy of The Harris Center to provide satisfying employment for every employee, however The Harris Center recognizes that conditions may develop which preclude continued employment. The Harris Center is equally committed to enforcing Center policies and procedures through a collaborative approach to discipline that treats people as valued partners, promotes mutual respect and problem solving, and reinforces accountability while maintaining efficient and effective operations. Any employee who engages in conduct detrimental to the expressed purpose of The Harris Center or violates its established and approved policies and procedures is subject to disciplinary action up to and including termination.

While The Harris Center wishes to help employees experiencing performance problems. The Harris Center reserves the right to terminate employees at its discretion. In general, The Harris Center follows a progressive disciplinary procedure beginning with a verbal warning; however, discipline may begin at any

step in the process up to and including immediate termination depending upon the seriousness of the infraction.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations and shall never be discriminatory or retaliatory.

### 3. APPLICABILITY/SCOPE:

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

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

- Notice of Disciplinary Action

### 5. PROCEDURE:

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

- The Harris Center's Employee 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
Department Review	Joseph Gorczyca	07/2023

Initial Assignment

Toby Hicks

07/2023

# **EXHIBIT G-5**

Status **Pending** PolicyStat ID **13233628**



Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

# HR10A Employment Eligibility Verification for Worker in the United States

## 1. PURPOSE:

The purpose of this policy is to ensure compliance with the provisions for employment eligibility verification in accordance with the Immigration Reform and Control Act (IRCA).

## 2. POLICY:

All employees and contract consultants of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) will be required to furnish to the Department of Human Resource Services copies of documentation indicating their legal authorization to work in the United States. Failure to produce such documents will prevent the person from working with The Harris Center. The Harris Center will follow all requirements established in the Immigration Reform and Control Act of 1986.

## 3. APPLICABILITY/SCOPE:

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

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

• Employment Eligibility Verification (Form 1-9)	Attachment A
• List of Acceptable Documents which Establish Identity and Employment Eligibility	Attachment B

[HR9A - Employment](#)

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

- Immigration Reform and Control Act of 1986
- The Harris Center's Employee 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
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **13931993**



Origination	04/2016	Owner	Kia Walker: Chief Nursing Officer
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2022		
Next Review	1 year after approval		

# MED3A - Least Restrictive Interventions and Management of Aggressive Behavior

## 1. PURPOSE:

To prevent incidents and manage aggressive behavior at the Harris Center for IDD and Mental Health facilities.

## 2. POLICY:

It is the policy of The Harris Center to minimize the number of incidents of aggressive behavior through staff training in the use of least restrictive interventions to manage behavioral emergencies. Further, it is the policy of the Harris Center to reduce the use of restraint and seclusion as much as possible and to ensure, (a) that the least restrictive methods of interventions are used and that, wherever possible, alternatives are first attempted and determined ineffective to protect patients, staff members or others from harm; and (b) the rights and well-being of individuals are protected during the use of restraint or seclusion.

It is the policy of The Harris Center to support each patient’s right to be free from restraint or seclusion and therefore limit the use of these interventions to emergencies in which there is an imminent risk of a patient physically harming him/herself or others. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm. The patient has a right to be free from restraint/seclusion imposed as a means of coercion, punishment, discipline, or retaliation by staff. Restraint/seclusion will not be based on history of past use or dangerous behavior, as a convenience for staff, or a substitute for adequate staffing.

The patient’s rights, dignity, privacy, safety, and well-being will be supported and maintained. Restraint or

seclusion will be discontinued as soon as possible. Patients in restraints/seclusion will be closely monitored and evaluated and immediately assisted if a potentially dangerous situation exists, i.e. choking, seizure, etc. PRN orders may not be used to authorize the use of restraint or seclusion.

The Harris Center is committed to preventing, reducing, and striving to eliminate the use of restraints and seclusion, as well as preventing emergencies that have the potential to lead to the use of these interventions. The Harris Center leadership supports these efforts through ongoing staff training and performance improvement activities.

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

All staff employed by The Harris Center for Mental Health and IDD, including contracted employees.

### **4. PROCEDURES**

Jail - Monitoring Assaultive Inmates/Patients

MH - Managing Disruptive Behaviors

DDRP:

- POC-06 Psychiatric Emergency Care
- POC-07 Use of Force
- POC-09 Behavioral Emergency
- POC-SR-01 Restraint and Seclusion
- POC-11 Special Precautions

CPEP

- PES Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- CSU Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- Elopement of Consumer
- Emergency overhead paging
- Levels of Monitoring and Precautionary Measures
- Observation of Minors in PES
- Visual Skin Inspection and Contraband Search
- Milieu Management Procedure

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

- Seclusion and Restraints Physician Order Form
- Registered Nurse Seclusion/Restraint Progress Note
- Registered Nurse/License Vocational Nurse Emergency Injection Note
- Seclusion/Restraint Monitoring Form

- Consultation Request Form
- Debriefing Form

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

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 576, Subchapter B
- Rights of Persons Receiving Mental Health Services, 25 Tex. Admin. Code Chapter 404, Subchapter E
- Development, Implementation & Monitoring of Effectiveness of Behavior Therapy Programs, 40 Tex. Admin. Code §5.406
- Use of Restraint, 40 Tex. Admin. Code §5.408
- Interventions in Mental Health Services, 25 Tex. Admin. Code Chapter 415, Subchapter F
- CARF Section 2.F: Promoting Nonviolent Practices
- TXMHMR MH Community Standards Section 7

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2023
Final Legal Review	Kendra Thomas: Counsel	07/2023
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2023
Initial Assignment	Kia Walker: Chief Nursing Officer	07/2023

# **EXHIBIT G-7**

Status **Pending** PolicyStat ID **13233620**



Origination	01/2012	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## HR16A Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs

### 1. PURPOSE

The purpose of this policy is to establish guidelines, which inhibit The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from Federally-funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department - Office of Inspector General (HHSC-OIG)

### 2. POLICY

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center" or "Agency") to comply with federal rules - Social Security Act, 42 U.S.C. 1320a-7, Section 1128

The Agency shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

### 3. APPLICABILITY/SCOPE

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

## ~~4. References: Rules/Regulations/Standards~~

## 5. RELATED POLICIES/FORMS:

## 6. PROCEDURE:

[HR16B Obligation to Identify Individuals or Entities from Participation in Federal Health Care Programs](#)

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

Social Security Act 42 U.S.C.A. 1320a-7

### 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
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-8**

Status **Pending** PolicyStat ID **13233627**



Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## HR19A Payment of Accrued Leave Upon Separation

### 1. PURPOSE:

The purpose of this policy is to define employee payment of accrued leave upon separation from The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

### 2. POLICY:

It is the policy of The Harris Center to pay employees for accrued time upon separation, in accordance with applicable laws and the Harris Center's Paid Time Off Plan Summary, and to maintain the required supporting documents and records. Payment of accrued paid time off may be withheld if the employee fails to return The Harris Center property (e.g. electronic devices) upon voluntary separation. Involuntary terminations will result in no payout of accrued paid time off. However, an involuntary termination due to reduction in force (RIF) or layoff is paid out subject to the Paid Time Off Plan Summary and return of The Harris Center property.

### 3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center.

### ~~4. Related policies/Forms:~~

### 5. RELATED POLICIES/FORMS:

- [Recording Employee Time Worked and Maintaining PER:8](#)
- Paid Time Off Plan Summary

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

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

The Harris Center's Employee 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
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **13656070**



Origination	N/A	Owner	Luc Josaphat: Director of Quality Assurance
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

## ACCP1 Performance Improvement Plan

### The Harris Center Performance Improvement Plan

(System Quality, Safety and Experience)

## FY 2023

### Introduction

The 2023 Quality, Safety, and Experience Plan (previously named The Harris Center's Annual PI Plan) is established in accordance with The Harris Center's mission to transform the lives of people with behavioral health and IDD needs. The center's vision is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated, and comprehensive recovery-oriented system of care. Our values as a center include collaboration, compassion, excellence, integrity, leadership, quality, responsiveness, and safety. The Quality, Safety and Experience Plan has been established to embrace the principles of transparency of measures and outcomes, accurate measurement and data reporting, and personal and collective accountability for excellent outcomes.

### Vision

Our vision is to create a learning health system focused on a culture of continuous quality improvement and safety at The Harris Center to help people live their healthiest lives possible, and to become a national leader in quality and safety in the behavioral healthcare space as it influences dissemination of evidence-based practices.

# Mission

We aim to improve quality, efficiency, and access to care and associated behavioral health and IDD services by delivering education, providing technical support, generating, and disseminating evidence, and conducting evaluation of outcomes in support of operational and service excellence and process management across The Harris Center and with external partners.

## FY 2023 Goals

1. Build a learning health system that focuses on continuous quality improvement, patient safety, improving processes and outcomes.
    - Partner with Organizational Development to enhance educational offerings focused on quality and safety education with all new employee orientation (High Reliability, Just Culture, Advanced Quality Improvement methodology, etc.)
    - Hardwire a process for continuous readiness activities that complies with all legislative regulations and accrediting agencies standards (e.g., CARF, CCBHC).
  2. Use transparent, simplified meaningful measures to champion the delivery of high-quality evidence-based care and service to our patients and their families and assure that it is safe, effective, timely, efficient, equitable, and patient centered care
    - Define and implement a data management governance strategy to support a transparent environment to provide accessible, accurate, and credible data about the quality and equity of care delivered.
    - Create a transparent and accurate process for public reporting (e.g., MIPS)
  3. Develop, integrate, and align quality initiatives and cross-functional approaches throughout The Harris Center organization, including all entities.
    - Enhance current committee structure to cover broad quality and safety work through the System Quality, Safety and Experience Committee (formerly the Patient Safety Committee)
    - Develop a decentralized Quality Forum that reaches frontline performance improvement (PI) and Health Analytics/Data staff to provide education and tools to lead PI initiatives at their local sites.
    - Develop and strengthen two internal learning collaboratives in alignment with the Harris Center strategic plan for care pathways.
- Zero Suicide Implementation Team
  - Substance Use Disorders Utilize internal learning collaboratives to synthesize evidence-based practices as applicable to The Harris Center practice setting and to build clinical care pathways to hardwire these practices, targeting implementation and dissemination two care pathways by end of fiscal year 2023

### 3-Year Long Term Goals (FY 2025)

- Zero preventable serious safety events

- Top quartiles for staff and provider engagement
- Top quartiles for patient satisfaction
- Increased access (numbers served)
- Improved outcomes
- Equitable care delivery
- Exemplar in Quality and Safety for Behavioral Health with national recognition

## **Governance Structure**

### **Governing Body**

The Harris Center for Mental Health and IDD Board of Trustees is responsible for ensuring a planned, system-wide approach to designing quality goals and measures; collecting, aggregating, analyzing data; and improving quality and safety. The Board of Trustees shall have the final authority and responsibility to allocate adequate resources for assessing and improving the organization's clinical performance. The Board shall receive, consider, and act upon recommendations emanating from the quality improvement activities described in this Plan. The Board has established a standing committee, Quality Committee of the Board of Trustees, to assess and promote patient safety and quality healthcare. The Committee provides oversight of all areas of clinical risk and clinical improvement to patients, employees, and medical staff.

### **Leadership**

The Harris Center leadership is delegated the authority, via the Board of Trustees, and accountability for executing and managing the organization's quality improvement initiatives. Quality leadership provides the framework for planning, directing, coordinating, and delivering the improvement of healthcare services that are responsive to both community and patient needs that improve healthcare outcomes. The Harris Center leaders encourage involvement and participation from staff at all levels within all entities in quality initiatives and provide the stimulus, vision, and resources necessary to execute quality initiatives.

### **Executive Session**

The Executive Session of the Quality Committee of the Board is the forum for presenting closed record case reviews, pharmacy dashboard report including medication errors, and the Professional Review Committee report.

## **System Quality, Safety and Experience Committee**

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for

implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental health and IDD services, and thus are privileged and confidential. All performance improvement projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

The System Quality, Safety and Experience Committee has oversight of the following committees and/or processes: (Appendix A)

## Oversight:

- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Development of Care Pathways
- Patient Experience / Satisfaction

### Membership:

- Chief Executive Officer (Ex-Officio)
- VP, Clinical Transformation and Quality (Co-Chair)
- Chief Nursing Officer (Co-Chair)
- Chief Medical Officer
- Chief Operating Officer
- Legal Counsel
- Division Medical VPs and Medical Directors
- Chief Administrative Officer
- Director Risk Management / Audit
- Director of Compliance
- Chief Financial Officer
- Director Health Analytics
- Director, Clinical Transformation, and Innovation
- Director of Quality Assurance
- Director of Pharmacy Programs
- Director of Integrated Care

- Nursing Directors
- Infection Control Director

## Organization of Quality Improvement: Priority Setting

The criteria listed below provide a framework for the identification of improvements that affect health outcomes, patient safety, and quality of care, which move the organization to our mission of providing the finest possible patient care. The criteria drive strategic planning and the establishment of short and long-term goals for quality initiatives and are utilized to prioritize quality improvement and safety initiatives.

- High-risk, high-volume, or problem-prone practices, processes, or procedures
- Identified risk to patient safety and medical/healthcare errors
- Identified in The Harris Center Strategic Plan
- Identified as Evidenced Based or "Best Practice"
- Required by regulatory agency or contract requirements

## Methodologies

- The Model for Improvement (Appendix B) and other quality frameworks (e.g., Lean, Six Sigma) are used to guide quality improvement efforts and projects
- A Root Cause Analysis (RCA) is conducted in response to serious or sentinel events
- Failure Mode and Effects Analysis (FMEA) is a proactive tool performed for analysis of a high-risk process/procedure performed on an as needed basis (at least annually)

### **Data Management Approach and Analysis**

Data is used to guide quality improvement initiatives throughout the organization to improve, safety, treatment, and services for our patients. The initial phase of a project focuses on obtaining baseline data to develop the aim and scope of the project. Evidence-based measures are developed as a part of the quality improvement initiative when the evidence exists. Data is collected as frequently as necessary for various reasons, such as monitoring the process, tracking balancing measures, observing interventions, and evaluating the project. Data sources vary according to the aim of the quality improvement project, examples include the medical record, patient satisfaction surveys, patient safety data, financial data. Benchmarking data supports the internal review and analysis to identify variation and improve performance. Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

### **Reporting**

Quality, Safety and Experience metrics are routinely reported to the Quality, Safety and Experience Committee. Quality, Safety and Experience Committee is notified if an issue is identified. Roll up reporting to the Quality Board of Trustees on a quarterly basis and more frequently as indicated.

### **Evaluation and Review**

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall effectiveness of the Quality, Safety and Experience Plan and program. Components of the plan that need to be expanded, revised, or deleted shall be identified to ensure that the objectives are met, and this document is maintained to reflect an accurate description of the Quality, Safety and Experience program.

(Appendix A)

Committee Oversight

New: System Quality, Safety and Experience (prior Safety Committee) has oversight and reporting of the following committees or functions:

- Pharmacy and Therapeutics
- Accreditation
- Learning Collaboratives

(Appendix B)

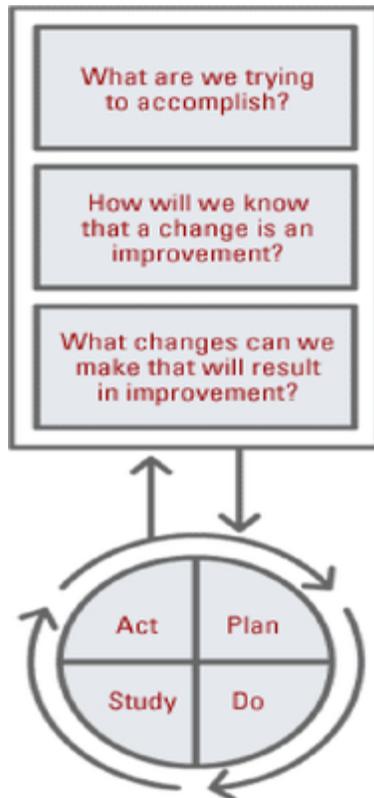
The Model for Improvement

## Forming the Team

Including the right people on a process improvement team is critical to a successful improvement effort. Teams vary in size and composition. Each organization builds teams to suit its own needs.

<p><b>Setting Aims</b> Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.</p>
<p><b>Establishing Measures</b> Teams use quantitative measures to determine if a specific change actually leads to an improvement.</p>
<p><b>Selecting Changes</b> All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.</p>
<p><b>Testing Changes</b> The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting – by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.</p>
<p><b>Implementing Changes</b> After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.</p>

**Spreading Changes** After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.



Sources:

Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.](#)

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. [The New Economics for Industry, Government, and Education.](#) Cambridge, MA: The MIT Press; 2000.]

(Appendix C)

### **Root Cause Analysis (RCA):**

The key to solving a problem is to first truly understand it. Often, our focus shifts too quickly from the problem to the solution, and we try to solve a problem before comprehending its root cause. What we think is the cause, however, is sometimes just another symptom.

One way to identify the root cause of a problem is to ask "Why?" five times. When a problem presents itself, ask "Why did this happen?" Then, don't stop at the answer to this first question. Ask "Why?" again and again until you reach the root cause.

### **Failure Modes and Effects Analysis (FMEA):**

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures – especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

- Steps in the process
- Failure modes (What could go wrong?)
- Failure causes (Why would the failure happen?)
- Failure effects (What would be the consequences of each failure?)

Teams use FMEA to evaluate processes for possible failures and to prevent them by correcting the processes proactively rather than reacting to adverse events after failures have occurred. This emphasis on prevention may reduce risk of harm to both patients and staff. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

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## Attachments

[image1.png](#)

## 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
Departmental Review	Keena Pace: Exec	06/2023
Initial Assignment	Luc Josaphat: Director of Quality Assurance	06/2023

# **EXHIBIT G-10**

Status **Pending** PolicyStat ID **13233630**

Origination	10/2006
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources
Document Type	Agency Policy

## HR20A Professional Behavior and Attire

### 1. PURPOSE:

The purpose of The Harris Center for Mental Health and IDD (The Harris Center) professional behavior and attire policy is to create and maintain a collaborative professional environment that upholds our values and Standards of Behaviors as we strive to become the organization of choice for both persons served and employees; establishing clear guidelines for how we interact with the people we serve and our fellow team members

### 2. POLICY:

It is the policy of The Harris Center that staff conduct and present themselves in a professional and polished manner and it is important their attire reflect the same standard; consequently improving the way we reflect and carry The Harris Center's mission of transforming the lives of people with behavioral health and IDD needs. Employees shall maintain a clean and neat appearance in the workplace and dress according to the requirements of their position, which may include considering concerns about safe interactions with persons served and professionally representing the Harris Center's image to the public.

### 3. APPLICABILITY/SCOPE:

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

## ~~4. Related Policies and Forms~~

## 5. RELATED POLICIES/FORMS:

- The Harris Center Employee Handbook
- The Harris Center Code of Conduct

### 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
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-11**

Status **Pending** PolicyStat ID **13923059**



Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

## ACC5A Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services

### 1. PURPOSE:

The purpose of the admission policy is to have a uniform method and efficient procedure for admitting clients into services and to identify individual needs to plan the most appropriate intervention.

### 2. POLICY:

It is the policy all individuals seeking The Harris Center For Mental Health and IDD (The Harris Center) services will be evaluated by credentialed and knowledgeable staff able to assess the specific needs of the persons served, trained in the use of applicable tools, tests or instruments prior to administration and be able to communicate with clients. THE HARRIS CENTER strictly prohibits and does not discriminate against individuals accessing or receiving treatment services at THE HARRIS CENTER because of race, color, religion, creed, national origin, ethnicity, sex (including gender, pregnancy, sexual orientation, and gender identity), age, disability, citizenship, genetic information or any other characteristic protected under applicable federal, state, or local law. Individuals will be evaluated through a screening and assessment process designed to maximize opportunities for the client to gain access to The Harris Center programs and services. If the client's needs are beyond the scope of services offered by The Harris Center, the client will be referred to an agency that which can address the individual need. Services will not be denied to individuals based on ability to pay. The Harris Center encourages involvement and participation of family, significant others, and caregivers in the recovery process. Services are subject to all state standards for the provision of both voluntary and court-ordered services.

### 3. APPLICABILITY/SCOPE:

This applies to all The Harris Center Programs/Units providing services.

### 4. PROCEDURES:

[ACC5B Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities \(IDD\) Services](#)

### 5. RELATED POLICIES/FORMS:

- Demographic Form
- Intake Questionnaire Form
- Intake Assessment Form
- Risk Assessment Form
- Fee Assessment Form
- Consumer Benefits Screening Form
- Uniform Assessment/Diagnostic Interview/Diagnostic Form
- Informed Consent, Notification of Client Rights, Notification of Right to Appeal a Decision Form
- Deny or Involuntarily Terminate Services, Authorization for Release of Information (if needed), Telemedicine Consent, client orientation Form
- Voter Registration Application Form
- Additional SUD Forms:
  - Screening Form/ SUD Screening Form
  - SUD Consent and Orientation Form
  - Initial Discharge Form
- Additional IDD Forms:
  - ICAP
  - Explanation of MR Services and Supports
  - Initial Identification of Preferences
  - HCS Interest List
  - Service Coordination Assessment
  - IDD Supplemental Diagnosis

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

- Mental Health Community Services Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306

- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Standards of Care, 25 Tex. Admin. Code Ch. 448

## 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-12**

Status **Pending** PolicyStat ID **13958981**



Origination	06/2022	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval		
Last Revised	08/2023		
Next Review	1 year after approval		

## LD15A Whistleblower

### 1. PURPOSE:

The Harris Center for Mental Health and IDD ("The Harris Center") requires its directors, officers, employees, and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of The Harris Center, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

### 2. POLICY:

The purpose of this whistleblower policy (the "Policy") is to:

- (a) Encourage and enable employees and representatives to raise concerns regarding suspected illegal or unethical conduct or practices or violations of The Harris Center's policies on a confidential and, if desired, anonymous basis.
- (b) Protect employees and representatives from retaliation for raising such concerns.
- (c) Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.

Each employee and representative has the responsibility to report in good faith any concerns about actual or suspected violations of The Harris Center's policies or any federal, state, or municipal law or regulations governing The Harris Center's operations (each, a "Concern") to The Harris Center's Enterprise Risk Management Department or to an appropriate law enforcement authority. Appropriate subjects to report under this Policy include, but are not limited to, financial improprieties, accounting or

audit matters, ethical violations, or other similar illegal or improper practices, such as:

- (a) False Claims
- (b) Fraud
- (c) Theft
- (d) Embezzlement
- (e) Bribery or kickbacks
- (f) Misuse of The Harris Center's assets
- (g) Undisclosed conflicts of interest
- (h) Danger to public health or safety

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation of law and/or ethical standards. Any unfounded allegation that proves to have been made maliciously, recklessly, or knowingly to be false will be viewed as a serious offense and result in disciplinary action, up to and including termination of employment or volunteer status.

Employees shall use The Harris Center's existing complaint procedures and mechanisms to report other issues, unless those channels are themselves implicated in wrongdoing. This Policy is not intended to provide a means of appealing the outcomes resulting from those other mechanisms.

No employee who in good faith reports a Concern or participates in a review or investigation of a Concern shall be subject to harassment, retaliation, or, in the case of an employee, adverse employment consequences because of such report or participation. This protection extends to employees who report in good faith, even if the allegations are, after an investigation, not substantiated.

Any employee who retaliates against someone who in good faith has reported or participated in a review or investigation of a Concern will be subject to discipline, up to and including, termination of employment or volunteer status.

#### **i. The Harris Center**

1. Call: 1-800-737-6789
2. Report Online: [www.safetyalerthotline.com](http://www.safetyalerthotline.com)

#### **ii. US Office of Inspector General**

1. **Call:** 1-800-323-8603 toll free
2. **TTY:** 1-844-889-4357 toll free

#### **3. U.S. Mail:**

DHS Office of Inspector General/MAIL STOP 0305  
Attn: Office of Investigations - Hotline

245 Murray Lane SW  
Washington, DC 20528-0305

5. <https://hotline.oig.dhs.gov/#step-1>

**iii. Texas State Auditor's Office (SAO)**

- 1. (800) TX-AUDIT (892-8348)
- 2. <https://sao.fraud.texas.gov/>

**iv. Texas Attorney General's Office**

- 1. <https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-fraud-and-abuse>

### 3. APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

### 4. DEFINITIONS:

N/A

### 5. PROCEDURE:

[LD15B Whistleblower Procedure](#)

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

**Whistleblower Procedures**

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

Texas Whistleblower Act, Texas Government Code §§554.001 et seq.

Texas Medicaid Fraud Act, Texas Human Resources Code §§36.001 et. seq.

### 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
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Initial Assignment	Kendra Thomas: Counsel	07/2023

# **EXHIBIT G-13**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

**G**

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

**H**

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

**I**

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

**J**

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

**K****L**

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

**M**

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

**N****N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

**TAC** Texas Administrative code  
**TANF** Temporary Assistance for Needy Families  
**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**