



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

REVISED

Full Board Meeting
September 26, 2023
9:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, August 22, 2023
(*EXHIBIT F-1*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Resource Committee Report and/or Action
(*G. Womack, Chair*)
 - B. Quality Committee Report and/or Action
(*G. Santos, Chair*)
 - C. Program Committee Report and/or Action
(*B. Hellums, Chair*)
 - D. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - E. Foundation Report and/or Action
(*J. Lykes, Chair*)
- VI. CONSENT AGENDA**
 - A. FY'22 Year-to-Date Budget Report-August
(*EXHIBIT F-2*)
 - B. September 2023 Contract Amendments Over 250K
(*EXHIBIT F-3*)
 - C. September 2023 Interlocal Agreements
(*EXHIBIT F-4*)
 - D. Behavioral Crisis and Intervention Policy
(*EXHIBIT F-5*)
 - E. Code of Ethics Policy
(*EXHIBIT F-6*)
 - F. Confidentiality and Disclosure of Patient/Individual Health Information Policy
(*EXHIBIT F-7*)
 - G. Correcting Documentation and Coding Errors Policy
(*EXHIBIT F-8*)
 - H. Cultural Competency and Diversity Plan Policy
(*EXHIBIT F-9*)

- I. Employee Counseling, Supervision, Progressive Discipline and Termination Policy
(EXHIBIT F-10)
- J. Incident Response Policy
(EXHIBIT F-11)
- K. Information Security Policy
(EXHIBIT F-12)
- L. Off-Premises Equipment Usage Policy
(EXHIBIT F-13)
- M. Patient Records Administration Policy
(EXHIBIT F-14)
- N. Sanctions for Breach of Security and/or Privacy Violations of Health Information Policy
(EXHIBIT F-15)
- O. Sexual Harassment Policy
(EXHIBIT F-16)
- P. System Quality, Safety and Experience Committee Policy
(EXHIBIT F-17)
- Q. Temporary Personnel Services
(EXHIBIT F-18)
- R. The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors Policy
(EXHIBIT F-19)
- S. Volunteer Program
(EXHIBIT F-20)
- T. Workforce Member Network Internet Use
(EXHIBIT F-21)

VII. CONSIDER AND TAKE ACTION

- A. Update and Consideration of FQHC Look-Alike
(EXHIBIT F-22 Wayne Young)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

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

• In accordance with §551.071 of the Texas Government Code, consultation with attorney on a matter related to the financing of capital improvement projects and lines of credit or bond sales in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct to the State Bar of Texas clearly conflicts with the Open Meetings Act. Vanessa McKeown, Chief Financial Officer and Kendra Thomas, General Counsel

• As authorized by §§551.071 and 551.074 of the Texas Government Code, consultation with attorney to seek legal advice about an employee relations matter. Kendra Thomas, General Counsel

X. RECONVENE INTO OPEN SESSION

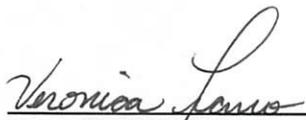
XI. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

XII. INFORMATION ONLY

A. HHSC Response to Board Letter
(EXHIBIT F-23)

B. Abbreviations List
(EXHIBIT F-24)

XIII. ADJOURN



Veronica Franco, Board Liaison
Shaukat Zakaria, Chair, Board of Trustees
The Harris Center for Mental Health and IDD



EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: August 22, 2023

TRUSTEES IN ATTENDANCE: Mr. Chaikat Akaria, Chair
Dr. J. Moore, Vice Chairperson
Dr. Robinearing PhD, Vice Chairperson
Dr. George Santos, Secretary
Mr. Gerald Womack
Mr. Jim Cykes
Mrs. J. Hellms
Mrs. Natali Hurtado

TRUSTEES ABSENT: Dr. Ma Miller, Sheriff Donaldale

I. Declaration of Quorum

Mr. J. Akaria, Chair, called the meeting to order at 9:30 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments

There were no public comments.

III. Approval of Minutes

MOTION BY: MOORE SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, August 22, 2023 as presented under exhibit are approved.

IV. Chief Executive Officer’s Report was provided by CEO Wayne Young

Mr. Young provided a Chief Executive Officer report to the Board.

V. Committee Reports and Action were presented by the respective chairs:

- A. Resource Committee Report and/or Action. Womack Chair
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on August 15, 2023.
- B. Quality Committee Report and/or Action. Santos Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on August 15, 2023.
- C. Program Committee Report and/or Action. Santos Secretary
Dr. Santos provided an overview of the topics discussed and the decisions made at the Program Committee meeting on August 15, 2023.
- D. Audit Committee Report and/or Action. Gearing Chair
Mr. Sykes provided an overview of the topics discussed and the decisions made at the Governance Committee meeting on August 15, 2023.
- E. Foundation Report and/or Action. Sykes Chair
Mr. Sykes provided the Board of Trustees with an update about the Foundation.

VI. Consent Agenda

- A. Approve FY'22 Year-to-Date Budget Report. Sykes Chair
- B. August 2023 New Contracts Over 100k
- C. August 2023 Contract Renewals Over 100k
- D. August 2023 Contract Amendments Over 100k

MOTION: Dr. Santos moved to approve Consent Agenda item A-D

SECOND: Dr. Moore seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items A-D are approved.

- B. August 2023 Interlocal Agreements

Dr. Santos and Dr. Gearing recused themselves from the discussion and vote on the August 2023 Interlocal Agreements.

MOTION: Mr. Womack moved to approve Consent Agenda item E

SECOND: Dr. Moore seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda item E is approved.

- C. 2023 Commercial Insurance Program

- . Learning Management System Software ROP
- H. Life Safety Systems/Inspection Services ROP
- I. □□□□ Coop East Apartments COP
 - Capital 2024 Budget
 - Performance Improvement Plan 2024
 - Development and Management for Mental Health and IDD Service Wait/Interest List
- M. Drug/Alcohol Testing Preemployment
- N. Employee Counseling Supervision Progressive Discipline and Termination
- O. Employment Eligibility Verification for Worker in the United States
- P. Least Restrictive Interventions and Management of Aggressive Behavior
 - . Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs
- R. Payment of Accrued Leave Upon Separation
 - Performance Improvement Plan **Tabled by the Governance Committee**
- T. Professional Behavior and Attire **Tables by the Governance Committee**
- U. Screening and Assessment for Mental Health Substance Use and Intellectual and Development Disabilities IDD Services
 - . Whistleblower

MOTION: Dr. Santos moved to approve Consent Agenda item F-R, U-V

SECOND: Dr. Moore seconded the motion

BE IT RESOLVED, with unanimous affirmative vote, Consent Agenda items F-R, U-V are approved. Consent Agenda items S- Performance Improvement Plan Ex. F-20 and T- Professional Behavior and Attire Ex. F-21 were tabled

VII. Review and Take Action

A. Fiscal Year 2024 Budget

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the fiscal year 2024 budget as presented are approved.

B. August 2023 Amendment Over 100K-Translation and Interpretation Master Pool Contract

MOTION BY: WOMACK SECOND: HURTADO

With unanimous affirmative votes

BE IT RESOLVED the August 2023 Amendment over 100K Translation and Interpretation Master Pool Contract as presented under Exhibit 24 are approved.

VIII. Executive Session-Mr. Shakaria announced the board would convene into Executive Session at 10:25 am for the following purpose:

- Pursuant to §§51.071 and 551.074 of the Texas Government Code consultation with attorney and deliberation regarding Security Audit. Brenda Thomas General Counsel and Mustafa Cochinwala Chief Information Officer
- In accordance with §51.071 of the Texas Government Code consultation with attorney on a matter related to the financing of capital improvement projects and lines of credit or bond sales in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct to the State Bar of Texas clearly conflicts with the Open Meetings Act. Vanessa McEown Chief Financial Officer and Brenda Thomas General Counsel
- As authorized by §§51.071 and 551.074 of the Texas Government Code consultation with attorney about the CEO’s Signature Authorization and Delegation Authority in which the duty of the attorney to the governmental body under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act. Shaikat Shakaria Board Chair and Brenda Thomas General Counsel
- As authorized by §§51.071 and 551.074 of the Texas Government Code discussion of Personnel Matters related to Board members’ fiduciary duties. Shaukat Zakaria, Board Chair and Brenda Thomas General Counsel

IX. Reconvene into Open Session – The board reconvened into Open Session at 11:43 am.

Signature Authorization Delegation Authority to the CEO for Certain Contracts

MOTION: Dr. Santos moved that the Harris Center Board of Trustees authorize and empower the Chief Executive Officer to execute and deliver without prior approval of the Board of Trustees in the name and on behalf of the Harris Center a governmental entity any and all contracts and other documents that do not exceed a value of \$250,000 except with respect to Interlocal Agreements. The CEO shall continue to prepare a monthly report of all contracts and other documents executed in accordance with his or her authority and submit the report to the Harris Center Board of Trustees Resource Committee and the full board.

SECOND: MOORE

ABSTAIN: MR. WOMACK

BE IT RESOLVED, with majority affirmative vote, the motion is approved.

Tax Exempt Financing for Multi-Year Capital Projects

MOTION: LYKES

If the Harris Center Board authorizes the use of tax-exempt financing through bond sales, Mr. Lykes moved the Board of Trustees include the expenses associated with the renovation and construction of the following multi-year Capital Projects:

- Coffeehouse
- 9401 Lobby Improvement & Signage
- 9401 Foundation Repair
- Neuro-psychiatric Center (NPC) Project Description/Renovations
- Northeast Clinic: Project Description – Clinic Design and Construction
- Bristol Location: Project Description/Renovations
- Northwest Clinic: Project Description/Clinic Design and Construction
- Southeast Clinic: Project Description/Clinic Design and Construction

This includes the reimbursement of expenses for these Projects paid prior to the issuance of the bonds and any interim borrowing to be incurred by the Harris Center with proceeds of such debt.

SECOND: SANTOS

BE IT RESOLVED, with unanimous affirmative vote, the motion is approved.

X. ADJOURN

MOTION: GEARING

SECOND: HELLUMS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:45 A.M.

Respectfully submitted

Veronica Franco, Board Liaison
Shaukat Zakaria, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Budget
As of August 30, 2023
PERIOD 12
Fiscal year 2023**

The Harris Center for Mental Health and IDD

Resource Committee
Board of Trustees
The Harris Center for Mental Health and IDD (The Center)

The Results of Financial Operations and Comparison to Budget submitted herewith was prepared by The Center's Accounting Department.

Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting Department. We believe the data, as presented, is materially accurate and is presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis. Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable. The financial report submitted herewith has not been audited by an independent auditor.



Vanessa McKeown
Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
As of August 30, 2023
unaudited/budget-basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 26,119,256	\$ 30,355,739	\$ 4,236,483
Expenditures	27,151,470	33,024,140	(5,872,670)
Change in net assets	\$ (1,032,214)	\$ (2,668,401)	\$ (1,636,187)
Use of prior year balances	\$ 483,963	\$ 483,963	\$
Capital, net		(12,545)	(12,545)
Other sources		121,519	121,519
	<u>\$ (548,251)</u>	<u>\$ (2,075,464)</u>	<u>\$ (1,527,213)</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 317,740,441	\$ 331,215,020	\$ 13,474,579
Expenditures	323,540,441	335,407,538	(11,867,097)
Change in net assets, operations	\$ (5,800,000)	\$ (4,192,518)	\$ 1,607,482
Prior period correction	\$	\$ (1,129,990)	\$ (1,129,990)
Use of prior year balances	\$ 5,800,000	\$ 5,800,000	\$
Capital, net		(231,177)	(231,177)
Other sources		249,016	249,016
	<u>\$ (0)</u>	<u>\$ 495,331</u>	<u>\$ 495,331</u>

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
As of August 30, 2023

unaudited/budget-basis reporting

	For the Month				Fiscal Year to Date			
	ORGBUD	Actual	Variance \$	%	orgbud	Actual	Variance \$	%
Operating Revenue								
State General Revenue	\$ 9,507,109	\$ 10,686,787	\$ 1,179,678	12%	\$ 114,084,392	\$ 114,835,738	\$ 751,346	1%
Harris County and Local	5,008,835	4,256,725	(752,110)	-15%	60,140,905	62,031,782	1,890,877	3% A
Federal Contracts and Grants	3,117,551	5,128,515	2,010,963	65%	40,771,437	44,089,110	3,317,673	8% B
State Contract and Grants	1,260,636	910,795	(349,841)	-28%	15,127,136	13,274,650	(1,852,486)	-12% C
Third Party Billing	2,510,955	3,129,071	618,116	25%	29,846,621	29,133,293	(713,328)	-2%
Charity Care Pool	3,366,382	4,158,427	792,045	24%	40,396,584	45,148,863	4,752,279	12% E
Directed Payment Programs	817,841	817,835	(6)	0%	9,814,081	9,814,077	(4)	0%
PAP	400,000	902,196	502,196	126%	6,000,000	9,945,947	3,945,947	66% F
Interest Income	129,947	365,388	235,441	181%	1,559,285	2,941,559	1,382,274	89% G
Operating Revenue, total	\$ 26,119,256	\$ 30,355,739	\$ 4,236,483	16%	\$ 317,740,441	\$ 331,215,020	\$ 13,474,579	4%
Operating expenditures								
Salaries and Fringe Benefits	\$ 18,881,130	\$ 24,258,824	\$ (5,377,694)	-28%	\$ 229,250,089	\$ 241,466,326	\$ (12,216,238)	-5% H
Contracts and Consultants	2,040,697	2,346,929	(306,232)	-15%	24,331,478	23,359,501	971,977	4% I
HPCPC Contract	2,322,742	2,329,483	(6,741)	0%	27,872,816	27,903,063	(30,247)	0%
Supplies and Drugs	1,101,644	1,989,290	(887,646)	-81%	13,049,117	17,213,725	(4,164,608)	-32% J
Purchases, Repairs and Maintenance of:								
Equipment	839,976	421,125	418,851	50%	6,587,708	5,582,005	1,005,703	15% K
Building	497,107	285,485	211,622	43%	5,942,435	3,817,220	2,125,215	36% L
Vehicle	88,497	99,990	(11,493)	-13%	1,028,799	1,107,944	(79,145)	-8%
Telephone and Utilities	287,237	337,720	(50,483)	-18%	3,446,123	3,786,939	(340,816)	-10%
Insurance, Legal and Audit	194,388	159,377	35,011	18%	2,127,363	2,052,744	74,618	4%
Travel	184,884	207,651	(22,767)	-12%	1,851,129	2,035,282	(184,153)	-10%
Other	713,168	588,266	124,902	18%	8,053,381	8,212,778	(159,397)	-2%
Operating Expenditures, total	\$ 27,151,470	\$ 33,024,140	\$ (5,872,670)	-22%	\$ 323,540,441	\$ 336,537,528	\$ (12,997,091)	-4%
Change in Net Assets, before Other Sources	\$ (1,032,214)	\$ (2,668,401)	\$ (1,636,187)	159%	\$ (5,800,000)	\$ (5,322,508)	\$ 477,492	-8%
Other Sources								
Use of Net Assets, capital	\$	\$ 963,273	\$ 963,273		\$	\$ 5,481,041	5,481,041	
Capital Outlay		975,818	(975,818)			5,712,218	(5,712,218)	
Capital Expenditures, net		(12,545)	(12,545)			(231,177)	(231,177)	
DSRIP	483,963	483,963		0%	5,800,000	5,800,000		0%
Covid reserve						-		
Use of prior year balances	483,963	483,963	-		5,800,000	5,800,000		
Insurance proceeds		18,160	18,160			112,731	112,731	
Proceeds from Sale of Assets		103,359	103,359			136,286	136,286	
Change in Net Assets, all Sources	\$ (548,251)	\$ (2,075,464)	\$ (1,527,213)		\$ (0)	\$ 495,331	\$ 495,331	

The Harris Center for Mental Health and IDD
Balance Sheet
As of August 30, 2023
unaudited/budget-basis reporting

	July-23	August-23	Change
ASSETS			
Current Assets			
Cash and Petty Cash	\$ 35,620,463	\$ 10,485,753	\$ (25,134,710) AA
Investments	68,645,185	64,953,497	(3,691,688) AA
Inventory and Prepaid	6,050,211	5,069,274	(980,937) BB
Accounts Receivable			
Other	23,873,204	26,357,145	2,483,941 CC
Patient, net of allowance	8,338,071	5,919,600	(2,418,471)
Current Assets, Total	\$ 142,527,132	\$ 112,785,268	\$ (29,741,864)
Capital Assets			
Land	\$ 12,693,783	\$ 12,693,783	\$ -
Building and Building Improvements	46,595,256	46,595,256	-
Furniture, Equipment and Vehicles	10,076,111	9,912,523	(163,588)
Construction in Progress	24,174,821	26,090,643	1,915,822 DD
Capital Assets, Total	\$ 93,539,971	\$ 95,292,205	\$ 1,752,234
Total Assets	\$ 236,067,103	\$ 208,077,473	\$ (27,989,630)
LIABILITIES AND NET ASSETS			
Unearned Income	\$ 35,727,869	\$ 2,724,850	\$ (33,003,019) EE
Accounts Payable and Accrued Liabilities	17,713,128	22,815,441	5,102,314 FF
Long term Liabilities	911,096	910,315	(782)
Liabilities, Total	\$ 54,352,093	\$ 26,450,606	\$ (27,901,487)
NET POSITION			
Inventory and Capital Assets	93,931,668	95,669,052	1,737,384
Assigned (see notes for designated balances)	88,309,742	85,462,484	(2,847,257)
Change in net assets, <i>budgetary basis</i>	(526,400)	495,331	1,021,731
Net Assets, Total	\$ 181,715,010	\$ 181,626,867	\$ 2,759,115

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

The primary drivers of the net favorable variance in Harris County and Local Revenue is the receipt of unbudgeted Value Based Care revenue (\$1.3M).

B Federal Contract and grants

The primary driver of the net favorable variance in Federal Contract and grants is related to billings for Outpatient Capacity Expansion (\$3.2M).

C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to funding not utilized for 6168 apartment construction.

E Charity care pool

Charity care revenue continues to exceed budget as the amount received came in \$4.8M over the original budget.

F PAP

PAP revenue continues to exceed projected budget due to the fluctuations in activity after the original budget was set.

G Interest

Interest revenue continues to exceed budget estimates.

H Salaries/Wages and Fringe Benefits

The variance presented is a net variance of favorable for benefit costs and unfavorable for compensation. The estimated variance factor was higher than actual amounts and other compensation exceeds budget. In addition, amounts presented have \$1.1M in correction of prior period retirement amounts that were not expensed.

I **Contracts and consultants**

The variance in contracts and consultants is primarily attributed to the timing of payments for private beds.

J **Supplies**

The primary driver of the net unfavorable variance in supplies is the increase in PAP drugs that must be expensed to offset the gift in kind revenue of \$9.9N, compared to a budget of \$6M.

	Original Budget	Actual	Variance
Drug purchases	4,103,845	4,433,634	(329,789)
PAP drug program	6,000,000	9,945,947	(3,945,947)
All other supplies	2,945,272	2,834,144	111,128
	<u>13,049,117</u>	<u>17,213,725</u>	<u>(4,164,608)</u>

K **Equipment**

Equipment costs have a favorable variances due to lower than anticipated software maintenance agreements.

L **Building**

Building costs continue to have favorable variances due to the pending start up of the 6168 Apartment cost.

Balance sheet

AA **Cash and Investments**

Cash and investment balances decreased in August approximately \$28M as August is the last month of the quarter. We anticipate levels increasing once our State revenue for the first quarter of 2024 arrives in September.

BB **Inventory and Prepaid**

Inventory and Prepaid balances decreased in June primarily due to decline in DPP IGT balances.

CC Accounts receivable, other

Accounts receivable, other, balances fluctuated due to timing of receipt of payments.

DD Construction in Progress

The correction needed for Construction in Progress is still pending.

EE Unearned income

Unearned income decreased in August due to the recognition of deferred general revenue.

FF Accounts Payable and Accrued Liabilities

The primary driver in the increase in accounts payable and accrued liabilities is due to the fluctuation in salary accruals.

The Harris Center for Mental Health and IDD
Investment Portfolio
As of August 30, 2023

Local Government Investment Pools (LGIPs)

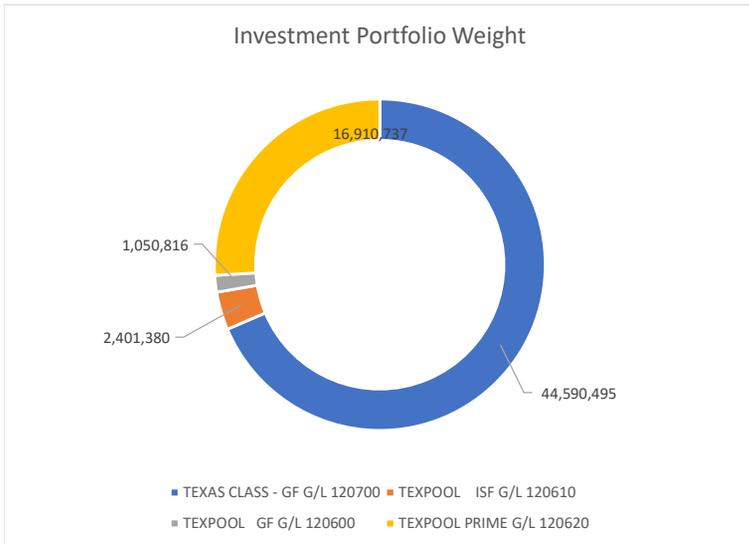
	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Yield
Texas CLASS							
Texas CLASS General Fund	\$ 40,684,201	\$ 3,700,000	\$ -	\$ 206,294	\$ 44,590,495	68.6%	5.563%
TexPool							
TexPool Prime	30,853,739	-	(14,060,000)	116,998	16,910,737	26.0%	4.801%
TexPool General Fund	1,046,102	-	-	4,713	1,050,816	1.6%	4.611%
TexPool Internal Service Fun	2,390,679	-	-	10,701	2,401,380	3.7%	4.611%
TexPool Sub-Total	34,290,520	-	(14,060,000)	132,412	20,362,932	31.4%	4.768%
Total Investments	\$ 74,974,721	\$ 3,700,000	\$ (14,060,000)	\$ 338,706	\$ 64,953,427	100%	5.314%

Additional Interest-Checking Accounts

704,024

Total Interest Earned

1,042,729



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield of The Harris Center Investment Portfolio	5.489%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.210%
Interest Rate - Chase Hybrid Checking	3.15%
ECR - Chase	3.25%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD As of August 30, 2023 is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:


Hayden Hernandez, Accounting and Treasury Manager

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
As of August 30, 2023

Vendor	Description	Monthly Not-To-Exceed*	August	YTD Total Through August
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,844,324	\$22,048,195
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$4,952,431	\$29,379,275
UNUM	Life Insurance	\$300,000	\$0	\$2,242,871

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

Notes:

Non-employee portion of August payments of Liabilities for Employee Benefits = 15.4% of Expenditures.

BCBS total paid this month exceeded board resolution limit. Second payment remitted signed by authorized board member to exceed monthly not to exceed limit.

EXHIBIT F-3

SEPTEMBER 2023 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor *

Ultra Medical Cleaning and Environmental Services, Inc.

Contract ID # *

2022-0559

Presented To *

- Resource Committee
- Full Board

Date Presented *

9/18/2023

Parties * (?)

Ultra Medical Cleaning and Environmental Services, Inc. and The Harris Center for MH & IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

11/1/2022

Contract Term End Date * (?)

8/31/2023

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

No

Current Contract Amount *

\$ 781,080.44

Increase Not to Exceed *

\$ 15,000.00

Revised Total Not to Exceed (NTE) *

\$ 796,080.44

Fiscal Year* (?)

Amount* (?)

2023

\$ 796,080.44

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Amend Contract to pay remaining FY2023 Invoices.

Contract Owner*

Todd McCorquodale

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

2010 to present

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

Yes No Unknown

Please provide the HUB status*

MWBE - Minority or Women owned business enterprise.

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Victor Gonzalez

Address*

Street Address

10501 Corporate Drive

Address Line 2

City

Stafford

Postal / Zip Code

77477-4003

State / Province / Region

TX

Country

United States

Phone Number*

2813250666

Email*

vgonzalez@ultrabuildingsvc.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1899	\$ 15,000.00	569002
Budget Manager	Secondary Budget Manager	
Brown, Erica	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

No Change

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Cantu-Espinoza, Lisa

Submission Date

8/14/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/14/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Todd McCorquodale

Approval Date

8/16/2023

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

8/16/2023

EXHIBIT F-4

SEPTEMBER 2023
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

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

Contract ID #*

2023-0739

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/15/2023

Parties* (?)

Harris Health System and The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s) *

Check all that Apply

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

Funding Information *

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2024

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 1,008,684.81

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This contract will be combining the current contract with Harris Health System for Security, Janitorial and Nutrition services at the NeuroPsychiatric Center.

Security: \$329,100.61

Janitorial: \$331,869.45

Nutrition: \$347,714.75

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Monica Carbajal

Address*

Street Address

4800 Fournace Place

Address Line 2

City

Bellaire

Postal / Zip Code

77401-2324

State / Province / Region

TX

Country

US

Phone Number*

346.426.1519

Email*

Monica.Carbajal@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 263,280.48	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 265,495.56	569002

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9206	\$ 278,171.80	543013

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 46,074.09	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 46,461.72	569002

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9209	\$ 69,542.95	543013

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 19,746.04	583001

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9211	\$ 19,912.17	569002

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

8/4/2023

Budget Manager Approval(s) 

Approved by

Jodel Oshman

Approval Date

8/4/2023

Procurement Approval 

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval 

Approved by

KIM KORNMEYER

Approval Date

8/10/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/11/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Current Fiscal Year

2024

Contract ID#*

7085

Contractor Name*

City of El Lago

Service Provided* (?)

Space Room Rental for the Coffee House Autism program to meet one day a week.

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 9,600.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

0000

G/L Code(s)*

126006

Current Fiscal Year Purchase Order Number*

CT142286

Contract Requestor*

Margo Childs

Contract Owner*

Dr. Evanthe Collins

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract?*

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3636	\$ 9,600.00	126006

Budget Manager*	Secondary Budget Manager*
Adams-Austin, Mamie	Kerlegon, Charles

Provide Rate and Rate Descriptions if applicable* (?)

Space Room Rental for the Coffee House Autism program to meet one day a week.

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)	Amount* (?)
2024	\$ 9,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

N/A

Contract Funding Source*

State

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Dr. Evanthe Collins

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Contract Owner Approval



Approved by

[Handwritten Signature]

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/22/2023



Executive Contract Summary

Contract Section



Contractor*

The University of Texas at El Paso

Contract ID #*

2023-0754

Presented To*

- Resource Committee
- Full Board

Date Presented*

8/23/2023

Parties* (?)

The Harris Center for Mental Health and IDD and The University of Texas at El Paso College of Nursing

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2023

Contract Term End Date* (?)

8/31/2028

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

Fiscal Year* (?)

2023

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University of Texas at El Paso College of Nursing to complete clinical field placements as part of their nursing degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

The University of Texas at El Paso College of Nursing

Supporting Documentation Upload (?)

Traditional-BSN-Information-Packet-Spring-2023.cleaned (1).pdf 6.23MB

Vendor/Contractor Contact Person

Name*

Dr. Sondra Skory

Address*

Street Address
500 W. University Ave.

Address Line 2

City
El Paso

Postal / Zip Code
79968

State / Province / Region
TX

Country
US

Phone Number*

915-747-6608

Email*

ssavila@utep.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

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

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

Requester Name	Submission Date
Daswani, Bianca	8/23/2023

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

8/23/2023

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

8/24/2023

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/29/2023



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2023

Contract ID#*

6139

Contractor Name*

Harris County Community Supervision and Corrections Department

Service Provided* (?)

Dual Diagnosis Residential Program for treatment (138 Beds) at 2312 Atascocita Road, Humble, Texas for CSCD. (PJ144171)

Renewal Term Start Date*

9/1/2023

Renewal Term End Date*

8/31/2024

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$100,000.00)
- Board Approval (Total NTE Amount is \$100,000.00+)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 5,153,107.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Monalisa Jiles

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6401	\$ 5,951,331.00	na
Budget Manager*	Secondary Budget Manager*	
Williams-Wesley, Sheenia	Jiles, Monalisa	

Provide Rate and Rate Descriptions if applicable* (?)
n/a

Project WBS (Work Breakdown Structure)* (?)
n/a

Fiscal Year* (?)	Amount* (?)
2024	\$ 5,951,331.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*
County

Contract Content Changes

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

Will the scope of the Services change?*
 Yes No

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

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

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

File Upload (?)

Contract Owner

Contract Owner* (?)
Please Select Contract Owner
Monalisa Jiles

Budget Manager Approval(s)

Approved by

Shernia Williams-Wesley

Contract Owner Approval



Approved by

Monalisa Files

Contracts Approval

Approve*

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

Approved by*

Belinda Scudo

Approval Date*

8/31/2023

EXHIBIT F-5

Status **Pending** PolicyStat ID **14205172**



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

Owner	Sylvia Muzquiz-Drummond: VP
Area	Medical Services
Document Type	Agency Policy

Behavioral Crisis Safety and Intervention

1. PURPOSE:

To ensure the safety of consumers and employees to the fullest extent possible by providing timely, prudent and the least restrictive action when a person poses a threat of harm to self or others.

2. POLICY:

It is the policy of The Harris Center to protect the health, safety, and well-being of its consumers and employees by taking timely, prudent and the least restrictive action to prevent, assess the risk of, intervene in and respond to threats of harm to self (suicide), others (violence) and or behavioral health crisis.

3. APPLICABILITY/SCOPE:

All Harris Center programs and locations.

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

- The Harris Center's Policy and Procedure Handbook ([hyperlink](#))
- Event Report (RLS)
- The Harris Center Suicide Prevention CARE PATHWAY ([include hyperlink here](#))
- HPD CIRCULAR (review if it needs to be in a procedure) ([include hyperlink here](#))

~~5. PROCEDURE:~~

6. PROCEDURES:

N/A

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- TAC Title 37 Part 11 Chapter 380 Subchapter C. Division 4. Health Care Services. Rule 380.9187. Suicide Alert Definitions
- American Association of Suicidology. <https://suicidology.org/resources/warning-signs/>
- Mental Health Community Services Standards. General Provisions. Texas Administrative Code. Title 26 Part 1. Chapter 301. Subchapter G. Division 1. Rule 301.303. Definitions.
- Texas Mental Health Code Chapter 571. General Provisions: Sec 571.002
- Provider Clinical Responsibilities Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415
- Prescribing of Psychoactive Medications, 25 Tex. Admin. Code, Part 1, Chapter 415, Subchapter A
- Interventions in Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415, Subchapter F
- Determination of Manifest Dangerousness, 25 Tex. Admin. Code, Part 1, Chapter 415, Subchapter G
- Emergency Detention, Health and Safety Code, Title 7 Mental Health and Intellectual Disability, Subtitle C Texas Mental Health Code, Chapter 573

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	09/2023
Legal	Kendra Thomas: Counsel	09/2023
Department Review I	Luming Li: Chief Medical Ofcr (1101 1817)	08/2023
Initial	Sylvia Muzquiz-Drummond: VP	08/2023

EXHIBIT F-6

Status **Pending** PolicyStat ID **14121260**

Origination	09/2021	Owner	Wayne Young: Exec
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

LD12A - Code of Ethics Policy

1. PURPOSE:

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

All Harris Center Board of Trustees, employees, interns, volunteers, and contractors.

2. POLICY:

The purpose of the Code of Ethics policy (the "Policy") is to increase awareness of potential conflicts of interest and to ensure that all Board of Trustees and personnel always demonstrate and adhere to the highest standards of ethical and professional conduct. The Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families ~~and/or representative, and/or representatives,~~ working with other providers, and interacting in the community we serve.

A. Conflicts of Interest

Trustee:

No trustee shall participate in a vote or decision on a matter involving a business entity or contract in which the Trustee or any related person in the first degree by consanguinity or affinity has a substantial interest or take any steps, directly or indirectly, to influence or persuade other Trustees or any employee in connection with such matter, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business

entity. A person has a substantial interest in a business entity if:

- a. The person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
- b. Funds received by the person from the business entity exceeds 10% of the person's gross income for the previous year.

A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.

If a Trustee or any related person has a substantial interest in a business entity or in real property, the Trustee, before a vote or decision on any matter involving the business entity or the real property, where it is reasonably foreseeable that any action on the matter will have a special economic effect on the business entity or on the value of the property distinguishable from its effect on the public, shall file an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter. Such affidavit shall be filed with the secretary of the Board of Trustees and shall be maintained in the records of the Center.

A Trustee shall not hold another office or position where one office is accountable or subordinate to the other, or where there is an overlap of powers and duties such that the Trustee could not independently serve in both positions.

Employee:

Except in the circumstances and on the conditions provided below, no employee shall participate in any decision or take any action in his or her capacity as an employee of the Center on a matter involving a business entity or real property in which the employee or any related person has an interest where it is reasonably foreseeable that a decision or action on the matter would confer an economic benefit on the business entity, the employee or related person.

Any employee engaged in providing clinical/rehabilitative services and/or support outside of Center employment must obtain prior written approval from their department head, appropriate Vice President and the Chief Executive Officer Providing such services and/or support may be allowed if it does not interfere with or violate the efficient operation of The HARRIS CENTER or Board of Trustees approved Code of Ethics. Employees may not use Agency facilities or Agency property to assist them in providing such outside services and/or support; nor can employees use the Center's resources, personnel, facilities, or equipment for purposes other than for Center business.

Trustee and/or Employee:

No Trustee, nor any employee, shall accept any employment, office, or other position which might be expected to impair the independence or the judgment of such person in the performance of his or her duties with the Center.

Examples of Conflict of Interest:

1. Being employed (you or a close family member) by, or acting as a consultant to, a

competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with The Harris Center.

2. Hiring or supervising family members or closely related persons.
3. Owning or having a substantial interest in a supplier or contractor of The Harris Center.
4. Having a personal interest, financial interest or potential gain in any Harris Center transaction.
5. Placing company business with a firm owned or controlled by a Harris Center employee or his or her family.
6. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to Harris Center employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

B. Nepotism

1. A Trustee or Chief Executive Officer may not hire as a paid officer or employee of the community center a person who is related to a member of the board of trustees by affinity within the second degree or by consanguinity within the third degree.
2. An officer or employee who is related to a member of the board of trustees in a prohibited manner may continue to be employed if the person began the employment not later than the 31st day before the date on which the member was appointed.
3. The officer or employee or the member of the board of trustees shall resign if the officer or employee began the employment later than the 31st day before the date on which the member was appointed.
4. If an officer or employee is permitted to remain in employment under subsection (2), the related member of the Board of Trustees may not participate in the deliberation of or voting on an issue on an issue that is specifically applicable to the officer or employee unless the issue affects the entire class or category of employees.

The term "relative" as used in this section means any person related to the Trustee or employee (not closer than Aunt, Uncle, or Cousin).

C. Commencement of Service

Upon appointment as a Trustee and upon the employment of any employee, each Trustee and each employee shall execute an acknowledgement that he or she has read this Code of Ethics, any and all changes, revisions, or additions as amended; agrees to abide by its terms and conditions; and represents to the Center that, to the best of his or her knowledge and belief, he or she is not aware of any prior or existing violations of such Code of Ethics.

D. Exchange of Gifts, Money and Gratuities

The Harris Center is committed to competing solely on the merit of our services. We should avoid any actions that create a perception that favorable treatment of outside entities by The Harris Center was sought, received, or given in exchange for personal business courtesies.

Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom The Harris Center does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law regulation or policies of The Harris Center or customers or would cause embarrassment or reflect negatively on The Harris Center's reputation.

Employees should always ask themselves whether it is appropriate to accept something from a person who wants, or may want, or may be seen to want, an official favor within their authority. It is unethical to accept or give a gift that is meant to sway a decision in favor of the gift-giver.

No Trustee or employee shall ask for, accept or agree to accept money, loans or anything of value as consideration for a decision or other exercise of discretion by a Trustee or employee.

A Trustee or employee shall reject any benefit for his or her past official actions in favor of another person.

No Trustee or employee shall exercise his or her official position without authority, fail to perform a required duty, or take or use any property of the Agency with the intent to obtain a personal benefit.

A Trustee or employee shall not misuse information that he or she receives, in advance other public entities, because of the Trustee's or employee's official capacity. A Trustee or employee shall not engage in any business activity that might lead to the disclosure of confidential information of the Agency or any of its consumers.

A Trustee or employee shall reject any job, favor, or other benefit that might tend, or is intended, to impair or influence his or her official conduct or independence.

Trustees and employees owe a duty of loyalty to the Agency and may not engage in any action on their own personal behalf, or that of another, which conflicts with the interests of the Agency.

No Trustee or employee shall engage in any related business activity or use a previous position of the Trustee or employee to gain any personal benefit for a period of one year following his or her separation as a Trustee or employee of the Agency.

No employee shall receive or accept compensation from any source other than the Agency, for the same services to the same consumer for which they receive compensation from the Agency.

E. Personal Fundraising

It is the policy of The Harris Center to minimize disruptions in the workplace cause by the

unauthorized sale of items, solicitations of contributions, or the distribution of advertising materials. Furthermore, it is counterproductive for employees to feel pressured to contribute financially to any enterprise whether it is a for-profit or non-profit.

1. Fundraising and/or solicitation by or of employees during work hours and/or on Harris Center property without authorization from their immediate supervisor or designee is strictly prohibited.
2. Solicitation means any verbal or written communication ~~that~~~~which~~ encourages, demands, or requests a contribution of money, time, effort, or personal involvement for any enterprise. This includes, but is not limited to, charitable or personal profit activities such as, selling products of any ~~kind~~~~kinds~~, raffle tickets, admissions to events, and donations to assist persons experiencing a personal crisis.
3. Employees who wish to solicit on behalf of their children's schools, scouting programs, or other not-for-profit purposes, including for the benefit of a person or co-worker involved in a personal tragedy, must submit a written request to their immediate supervisor.
4. Employees may not initiate any fundraising and/or solicitation activities until written authorization has been obtained from their immediate supervisor.
5. The Harris Center's interoffice and email systems may not be used to communicate information about non-Harris Center sponsored fundraising activities.

F. Service Delivery

1. The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective, and the least restrictive treatment alternative.
2. Ensure that consumer information is kept confidential according to applicable federal, state, and local laws.
3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
4. The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
5. The Harris Center recognizes the right of consumers to make choices about their own treatment, including the right to refuse treatment.

G. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.

No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a

consumer or whose family is a consumer of The HARRIS CENTER.

All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence, and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

1. Place the needs of their consumers on their caseload at the center of any treatment-related decisions that you make about them and their lives.
2. Shall not disclose personal or financial information with consumers.
3. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
4. Refrain from connecting with their consumers on social media.
5. Maintain a courteous and respectful attitude with all consumers equally.
6. Do not give or accept gifts, loans, money, or other valuables to or from the consumer.
7. Always clarify your professional role with the consumer.

H. Witnessing of legal documents

1. Harris Center employees shall not agree to be a witness or sign as a witness on any legal documents (e.g., Declaration for Mental Health Treatment, durable power of attorney, medical power of attorney, wills) a consumer presents.
2. Employees shall inform the consumer they will need to obtain their witnesses not employed or contracted by the Harris Center for legal documents.
3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

3. APPLICABILITY/SCOPE:

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

~~4. PROCEDURES:~~

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

Agency Compliance Plan

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Community Centers, Tex. Health & Safety Code Ch. 534
- Regulation of Conflicts of Interest of Officers of Municipalities, Counties and Certain Other Local Governments, Tex. Local Government Code Chapter 171

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Initial Legal Review	Shannon Fleming: Counsel	08/2023
Initial Assignment	Wayne Young: Exec	08/2023

EXHIBIT F-7

Status **Pending** PolicyStat ID **13958978**

Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM6A Confidentiality and Disclosure of Patient/ Individual Health Information

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

This policy applies to all departments, divisions, facilities and/or programs within The Harris Center, including contractors, volunteers, interns and Business Associates.

4. PROCEDURES:

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

5. RELATED POLICIES/FORMS:

Policy and Procedures	Reference
<ul style="list-style-type: none"> • Content of Patient/ Individual Records Content of Patient/ Individual Records 	HIM8
<ul style="list-style-type: none"> • Faxing & Emailing Patient Identifying Information Faxing and Emailing Patient/Individual identifying Information 	HIM10
<ul style="list-style-type: none"> • Patient/ Individual Access to Medical Records Patient/ Individual Access to Medical Records 	HIM12
<ul style="list-style-type: none"> • Patient/Individual Records Administration Patient/Individual Records Administration 	HIM13
<ul style="list-style-type: none"> • Sanctions for Breach of Security and/or Privacy Violations Sanctions for Breach of Security and/or Privacy Violations 	HIM15
<ul style="list-style-type: none"> • Business Associate Business Associate 	LD1
Forms	
<ul style="list-style-type: none"> • Authorization Request Cover Letter 	
<ul style="list-style-type: none"> • Emergency Verification for Disclosure of Protected Health Information 	
<ul style="list-style-type: none"> • Media Consent Form 	
<ul style="list-style-type: none"> • Authorization to Disclose Patient/Individual Health Information 	
<ul style="list-style-type: none"> • Revocation for Disclosure of Health Information 	
Attachments	
<ul style="list-style-type: none"> • Release of Information Log 	
<ul style="list-style-type: none"> • Release of Information Grid 	
<ul style="list-style-type: none"> • Verification Checklist for Processing Authorizations 	
<ul style="list-style-type: none"> • Release of Information Cover Letter 	

• Confidentiality Statement	
• Release of Information Processing Fee	
• Release of Information Invoice	
• Subpoena Information Sheet	
• Employee Statement of Information Security and Confidentiality	
• Emergency Verification for Disclosure of Protected Health Information	
• Confidentiality Awareness Guidelines	
• Guidelines for Releases	
• Business Records Affidavit	
• No Records Affidavit	

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Texas Administrative Code: Protected Health Information, Chapter 414, Subchapter A
- Texas Human Resources Codes, Chapter 48
- Texas Health and Safety Codes, Chapter 611
- Texas Family Code, Chapter 32
- Texas Family Code Sec 58.0052
- Texas Occupations Code, Chapter 159
- Texas Rules of Civil Evidence, Rule 509
- Texas Rules of Criminal Evidence, Rule 510
- Title 42 Code of Federal Regulation Part 2
- Health Insurance Portability and Accountability Act 1996, Part 160 and 164
- The Privacy Act of 1974
- Code of Federal Regulations 483.10(e)
- Texas Health & Safety Code Chapter 181

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	07/2023
Initial Assignment	Rita Alford: Dir	07/2023

EXHIBIT F-8

Status **Pending** PolicyStat ID **14121264**



Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM9A Correcting Documentation and Coding Errors

1. PURPOSE:

Data entry corrections may need to be made as a result of data errors such as miscoding, omission of direct service data entries/medical record documentation, or discrepancies between medical record and computer information related to date, time, location, provider name and unit number entries identified by internal or external chart reviews.

2. POLICY:

It is the policy of The Harris Center that patient/individual records will be free from errors and discrepancies.

~~3. PROCEDURES:~~

~~[Correcting Documentation and Coding Errors](#)~~

4. APPLICABILITY/SCOPE:

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

~~5. PROCEDURES:~~

~~[HIM9B Correcting Documentation and Code Errors](#)~~

6. RELATED POLICIES/FORMS (for reference)

only):

Policy & Procedures	References
Patient/individual Records Administration Patient/individual Records Administration	HIM13A

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Health Insurance Portability and Accountability Act, 45 CFR Part 164

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

Physician-Patient Communication, Tex. Occupation Code Ch. 159

Medical Records Privacy, Tex. Health and Safety Code Ch. 181

Mental Health Records, Tex. Health and Safety Code Ch. 611

DEFINITIONS:

~~**Miscoding** – The use of a direct service procedure code for service activities which are not adequately supported in the content of the progress notes, or the use of the wrong procedure code but adequate documentation exist in the progress notes to support coding for another service.~~

~~**Direct Service Log Data Entry Omission** – Omission of direct service data such as a service code, date, start time, end time, or provider name/number, etc. entry in the computer when a direct service was provided and documented in the progress notes.~~

~~**Medical Record Documentation Omission** – The omission of documentation in the medical record when a direct service was provided, and the direct service data was entered into the computer.~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2023
Legal Review	Kendra Thomas: Counsel	09/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Rita Alford: Dir	08/2023

EXHIBIT F-9

Status **Pending** PolicyStat ID **13761657**



Origination	N/A	Owner	Ninfa Escobar: Dir
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

Cultural Competency and Diversity Plan (CCDP) Aug-2024

Cultural Competency and Diversity Plan (CCDP) FY2023 – FY2024

Cultural Competency and Diversity Plan

Culture is an integrated pattern of human behavior, which includes but is not limited to thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social, or political group, all dimensions of diversity. Cultural Competence is a key principle that is integrated within all aspects of The Harris Center's service delivery process. The agency will respond effectively to the needs of all persons served, families, employees, community, from culturally and linguistically diverse groups.

The Harris Center is committed to facilitate better outcomes for people with diverse cultural, religious, and linguistic needs. Our Cultural Competency and Diversity Plan (CCDP) addresses how we will respond to the diversity of our community as well as how our knowledge, skills, and behaviors will enable personnel to work effectively cross culturally by understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures.

The Harris Center for Mental Health and IDD (The Harris Center) believes cultural competence is the ability to interact effectively with people of different cultures and includes the ongoing practice of gathering and utilizing knowledge, information, and data from and about individuals and their families, communities, and groups. This plan is a framework to embed cultural diversity in all the department's services, programs, and policies. It builds on our wide-ranging efforts to improve services for culturally and linguistically diverse communities.

Competency reflects an acknowledgment that recovery is individual and unique. It includes the adaptation of approaches and interventions based on and targeted to the individual(s) being served. However, as opposed to memorizing information about groups and making assumptions, culturally competent staff maintain an "asking stance", remaining curious, and in partnership, asking consumers about who they are and seeking what approach works best for them. Cultural competence is staying open-minded, as well as applying methods and initiating services that are culturally congruent. The goal is to assist consumers in their acceptance and understanding of the benefits of mental health services and treatment.

The Harris Center is committed to the training and education in diversity and cultural competency for all staff initiated during the New Employee Orientation process and on an annual basis thereafter. The Harris Center will collaborate with external community resources to provide our personnel a well-rounded approach to diversity education. We will educate our personnel in terms of culture, age, gender, sexual orientation, spiritual beliefs, and socioeconomic status, with inclusion of an address on language. Training will focus on the cultures and spiritual beliefs of our region, and the views of health, wellness, disability and its causes, and the influence of culture on the choice of service outcomes and methods. Training will also emphasize the importance of valuing diversity and promoting a culture of inclusion.

Components of the Harris Center Cultural Competence and Diversity Plan

Goals:

- Improve communication to and from stakeholders, employees, community, persons served, served for whom cultural/linguistic issues are present.
- Improve employees' understanding and sensitivity to cultural diversity within the agency and with persons served.
- Improve services and outcomes for persons served.

The Harris Center Employee Demographic Data

The Harris Center collects basic demographic information to assess and determine such information as:

- Ethnicity
- Gender
- Age
- Composition of the service area by key demographics (Harris County Area needs assessment completed every 3 years)

Policies, Procedures and Governance

The Harris Center has a Board of Trustees that represents diverse community populations and promotes the importance of cultural competence to achieve quality outcomes. The Agency also participates in active collaborative committees with community partners (IDD PAC).

Services/Programs

The Harris Center has a culturally competent agency which offers services that are culturally competent and in a language that ensures client/consumer comprehension. Interpreter services are provided to the people served at The Harris Center including Crisis Services.

Care Management

The Harris Center ensures:

- Client services are monitored for clinical and cultural appropriateness
- Supervision of clinicians includes addressing cultural aspects of care
- Referrals consider the cultural appropriateness of the referred agency

Continuity of Care:

The Harris Center continuum of care includes services that are culturally appropriate and compatible across all levels of the agency.

Education and Development

The Harris Center implements staff training and development in cultural competence at all levels and across all disciplines including leadership. New employee orientation includes training on cultural diversity and there is an annual training required for all employees. If an issue arises, special cultural diversity training will be scheduled for that group/issue.

The Harris Center's Inclusion Hub is a volunteer, employee-driven group that was organized to further the mission of The Harris Center and its employees. The Hub was formed to enhance the following:

- Attracting, recruiting, and retaining diverse employees.
- Promoting diversity, culture awareness, and an inclusive work environment.
- Increasing employee job satisfaction, morale, and productivity.
- Fostering professional development and learning through mentoring, networking, open dialogue, and the exchange of ideas.
- Supporting The Harris Center's business by reinforcing The Harris Center's diversity initiatives in the workplace and the community at large.

Quality Monitoring and Performance Improvement

The Harris Center has a quality monitoring and improvement program that:

- Evaluates services in terms of access, retention and engagement and service quality by key client demographics
- Utilizes these data for service planning and improvement purposes

APPLICABILITY/SCOPE

This Plan applies to all The Harris Center staff and services

Cultural competence is essential to the provision of effective services and treatment for diverse populations. On the part of The Harris Center employee's cultural competence includes incorporating **language, knowledge, skills, and attitudes** within systems of care that are informed by the specific reality of a client/consumer's cultural circumstances **to include areas of sexual orientation, spiritual beliefs, and socioeconomic status**. Truly competent service acknowledges and incorporates cultural variables into the assessment and treatment process. That information is integrated and transformed into specific clinical practices, standards and skills, service approaches, techniques and marketing strategies, and evidence-based initiatives that match the service population and serves to increase the quality and appropriateness of mental health care (Davis, 1997). "Competency" refers to the ability of staff to acknowledge and understand the influence of cultural histories (including oppressive histories), life experiences, language differences, beliefs, values, formal and informal help-seeking pathways, and traditional healing practices on an individual's recovery.

CULTURAL COMPETENCE is

1. A defined set of values and principles which are reflected within the behaviors, attitudes, policies and structures of The Harris Center's organization, staff, and community stakeholders to result in appropriate and effective services for all.
2. The capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served.
3. Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of consumers and families as appropriate, key stakeholders, and communities.

LINGUISTIC COMPETENCE is the capacity of The Harris Center and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. Linguistic competence involves the development of inter agency and internal capacity to respond effectively to the mental health, literacy and communication needs of the populations served, and to possess the policy, structures, practices, procedures, and dedicated resources to support this capacity.

CULTURAL refers to integrated patterns of human customs, beliefs, and values of racial, ethnic, religious, or social groups.

COMPETENCE implies having the capacity to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by adults, children, youth and families and their communities.

CULTURAL BROKERS are individuals who help to communicate differences and similarities across cultures to eliminate the cultural gap between them. They may also mediate and negotiate more complex processes within organizations, government, communities, and between interest groups or countries. Cultural brokers are knowledgeable about the beliefs, values and norms of their cultural group,

and the system they have helped to navigate successfully for their families. They can serve as cultural liaisons, cultural guides, and mediators of distrust between cultures, models, mentors, and catalysts for change.

Cultural Competence and Diversity (CCDP) Action Plan

GOAL #1: Continue to diversify The Harris Center staff composition to increase the match between client and staff demographics					
Objectives	Action Steps	Person(s) Responsible	Time Frame	Expected Outcome	Measures
1. Monitor and maintain the cultural diversity of staff.	1. Bi-annually compare staff and consumer demographics to assess how closely the staff is consistent with the community we serve	Talent Acquisition Director, HR Recruiter and Sr. Leadership	FY2023- FY2024	Increase match between cultural diversity of The Harris Center staff and those we serve.	Consumer demographics vs. staff demographics
	2. Develop and periodically update list of stakeholders and organizations in the community to notify when openings become available.				
	3. Market employment incentives & benefits of working at of The Harris Center via culturally connected outlets				
	4. Focus on attracting and hiring more multi-lingual staff				
GOAL #2: Ensure that all staff receive ongoing cultural sensitivity training.					
Objectives	Action Steps	Person(s) Responsible	Time Frame	Expected Outcome	Measures
1. Ensure compliance	1. Continuously improve training	Management Team and Training	FY2023-FY2024	Optimum cultural diversity	Training compliance reports

with required annual training on diversity and cultural sensitivity	materials and update as necessary 2. Audit training transcripts for compliance. 3. Notify management when staff are identified as out of compliance on diversity training			training conducted at least annually and for all new employees	
2. Establish cultural competency training in relationship to the military culture	1. Work with Veteran Community partners on development of training materials and increase access to training	Management Team and Training, The Harris Center, Veteran Services, Work Group	FY2023-FY2024	Cultural diversity training conducted at least annually and for all new employees	Training compliance reports

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Ninfa Escobar: Dir	06/2023

EXHIBIT F-10

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 **satisfyingengaging** 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	09/2023
Legal Review	Kendra Thomas: Counsel	09/2023
Department Review	Joseph Gorczyca	08/2023

Initial Assignment

Toby Hicks

08/2023

EXHIBIT F-11

Status **Pending** PolicyStat ID **14121248**



Origination 03/2005
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2023
 Next Review 1 year after approval

Owner Mustafa Cochinwala: Dir
 Area Information Management
 Document Type Agency Policy

HIM5A Incident Response Policy

1. PURPOSE

This policy establishes that The Harris Center for Mental Health and IDD will maintain incident response capabilities and procedures.

2. POLICY

The Harris Center for Mental Health and IDD will ensure that information security incidents are reported, investigated, and responded to according to regulatory requirements and to limit damages.

3. APPLICABILITY/SCOPE

All Harris Center staff, volunteers, contractors, programs, and services.

4. RELATED POLICIES/FORMS:

[HIM2A Breach Notification](#)

5. PROCEDURES

[HIM5B Incident Response Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- NIST SP 800-53 Rev. 4 CP-2, IR-8
- HIPAA Security Rule 45 C.F.R. §§ 164.308(a)(6), 164.308(a)(7), 164.310(a)(2)(i), 164.312(a)(2)(ii)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Mustafa Cochinwala: Dir	08/2023

EXHIBIT F-12

Status **Pending** PolicyStat ID **14121254**

Origination	08/2014
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2023
Next Review	1 year after approval

Owner	Mustafa Cochinwala: Dir
Area	Information Management
Document Type	Agency Policy

HIM4A Information Security Policy

1. PURPOSE:

The purpose of this policy is to promote effective information security practices at The Harris Center for Mental Health by defining and implementing information security standards.

2. POLICY:

It is The Harris Center's policy to identify and evaluate the likelihood and consequences of threats to the security of confidential ~~information~~information and implement reasonable and appropriate measures to safeguard the Confidentiality, Availability, and Integrity of that information. The Center's information policy and procedures are based on NIST SP 800-53 and the HIPAA Security Rule.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center Employees/Staff. All independent contractors who provide services that require access to the Computer Network will be required to adhere to this policy, as well to any procedures established to support this policy.

4. PROCEDURES:

[HIM4B Information Security ~~Procedures~~procedures](#)

5. RELATED POLICIES/FORMS:

[HIM2A - Breach Notification](#)

[HIM3A Workforce Member Network Internet Use Policy](#)

[HIM11A - Off-Premises Equipment Usage](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- HIPAA Security & Privacy-Security Standards for Protection of Electronic Protected Health Information, 45 CFR Part 164, Subpart C
- NIST SP 800-53 Rev. 4 PM-1, PS-7
- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Mustafa Cochinwala: Dir	08/2023

EXHIBIT F-13

Status **Pending** PolicyStat ID **14251353**

Origination	11/2012	Owner	Mustafa Cochinwala: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM11A - Off-Premises Equipment Usage

1. PURPOSE

This purpose of this policy is to ensure proper assignment and return of all property and equipment owned, leased, or in possession of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employee for both temporary and permanent use.

2. POLICY

All property and equipment owned, leased or in the possession of The Harris Center are assigned to a unit, a location and an employee. Most property will not leave the assigned unit. In the event that it is essential for property or equipment to be used off premises, written approval must be obtained from the Unit Director. Property and/or Equipment may either be signed out to an employee on a temporary basis to complete a specific assignment or on a longer-term basis if the location of the property or equipment is essential for day to day performance of the job. Property and/or equipment signed out to an employee becomes the financial responsibility of that employee. All property and equipment shall be returned to the Harris Center upon termination of employment or completion of a special assignment, internship or volunteer experience. [Workforce members must report all instances of equipment damage, loss, or theft via the Harris Center incident reporting system.](#)

3. APPLICABILITY/SCOPE

This policy applies to all interns, volunteers, and staff employed by The Harris Center including, both direct and contracted employees. Property and equipment covered by this policy includes 1) all property and equipment with The Harris Center numbered inventory tags on it, including laptop computers, and 2) leased equipment or other equipment which represent a financial obligation of The Harris Center.

4. PROCEDURES

~~FM3B Property Inventory~~ [FM3B Property Inventory](#)

- ~~A. TEMPORARY OFF-PREMISES USE OF EQUIPMENT~~
- ~~B. PERMANENT ASSIGNMENT OF EQUIPMENT FOR OFF-PREMISES USE~~

5. RELATED POLICIES/FORMS:

HIM4A Information Security Policy
Request to Transfer Property Form

6. REFERENCES: RULES/REGULATIONS/ STANDARDS

- A. CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2023
Legal Review	Kendra Thomas: Counsel	09/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Mustafa Cochinwala: Dir	08/2023

EXHIBIT F-14

Status **Pending** PolicyStat ID **14121251**

Origination	05/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM13A Patient Records Administration

1. PURPOSE:

An adequate and accurate medical record must be maintained for each patient/individual receiving service from The Harris Center. Throughout each Division, patient/individual records (electronic or paper-based) must be uniformly organized so that information can be located quickly and easily.

2. POLICY:

It is the policy of The Harris Center that the medical record, as a legal document, must also be completely accurate and true, containing all information pertinent to the services received by the patient/individual. All direct care staff will be responsible for documenting and authenticating the care rendered to patients/Individuals in accordance with professional standards of documentation and specifically mandated regulatory, legal and/or accrediting standards.

3. APPLICABILITY/SCOPE:

This policy will be used by all employees, contractors, interns, and volunteers within the Harris Center.

4. PROCEDURES:

[HIM13B](#)

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

Policies and Procedures	Reference
Agency Abbreviation List	HIM1A
Confidentiality and Disclosure of Patient Identifying Information	HIM6A
Retention of Patient/Individual Records	HIM14A
Content of Patient Records	HIM8A
Correcting Documentation and Coding Errors	HIM9A
Information Security Policy	HIM4

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Medical Records System, 26 Tex. Admin. Code §301.329

Medical Records, 22 Tex. Admin. Code Ch.165

Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2023
Legal Review	Kendra Thomas: Counsel	09/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Rita Alford: Dir	08/2023

EXHIBIT F-15

Status **Pending** PolicyStat ID **13958974**



Origination	11/2002	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM15A Sanctions for Breach of Security and/or Privacy Violations of Health Information

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) and its staff are entrusted with personal and clinical information regarding the **patients/patient/** Individuals we serve. The Harris Center, as an employee health plan sponsor, is also entrusted with employee health information. We recognize that these pieces of information are highly confidential and must be treated with great respect and care by all staff with access to the information.

2. POLICY:

It is the policy of The Harris Center that any breach in confidentiality or security by a staff person shall be subject to formal disciplinary action as set forth in this policy and procedure. Confidentiality breaches are also subject to federal investigations and possible fines and imprisonment as set forth in the Health Insurance Portability and Accountability Act, Privacy Rule.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[SanctionsHIM15BSanctions for Breach of Security and/or Privacy Violations of Health Information](#)

5. RELATED POLICIES/FORMS:

Policy and Procedures	Reference
Confidentiality and Disclosure of Patient/ Individual Health Information	HIM6
Security of Patient/ Individual Identifying Information	HIM16
Incident Reporting	EM4

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

American Health Information Management Association Practice Brief: Retention of Health Information
 Health insurance Portability and Accountability Act, 45CFR Part 160, Subpart D
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part2, Subpart A
 Physician-Patient Communication, Tex. Occupation Code Ch. 159
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181
 Mental Health Record, Tex. Health and Safety Code Ch. 611

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	07/2023
Initial Assignment	Rita Alford: Dir	07/2023

EXHIBIT F-16

Status **Pending** PolicyStat ID **13958983**

Origination	08/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2023
Next Review	1 year after approval

Owner	Toby Hicks
Area	Human Resources

HR30A Sexual Harassment Policy

1. PURPOSE:

To ensure all staff, contractors, volunteers, and interns of The Harris Center for Mental Health and IDD respond immediately and take immediate and appropriate corrective action in response to sexual harassment in the workplace.

2. POLICY:

The Harris Center is committed to providing a work environment that is free from sexual harassment. In pursuit of this goal, the Harris Center adheres to all relevant federal, state, and local laws and regulations regarding sexual harassment. The Harris Center strictly prohibits and does not tolerate any form of sexual harassment and any other conduct that creates an intimidating, hostile, or offensive work environment based on sex. In addition, the Harris Center prohibits harassing conduct against anyone for involvement in reporting or investigation of sexual harassment claims.

~~3. PROCEDURES:~~

[Sexual Harassment Procedure](#)

4. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and ~~interns~~.[intern](#)

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

~~The Harris Center Compliance Plan~~ [The Harris Center Compliance Plan](#) [LD11A Corporate Compliance](#)

~~LD11A Corporate Compliance~~

6. PROCEDURE:

[HR30B Sexual Harassment Procedure](#)

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Title VII of the Civil Rights Act of 1964 (Title VII), 42 U.S.C. §§2000e-2000e-17
- Unlawful Employment Practices, Texas Labor Code Chapter 21, Subchapter B
- Guidelines on Discrimination Because of Sex, 29 CFR Part 1604.011-

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

EXHIBIT F-17

Status **Pending** PolicyStat ID **11936825**

Origination	07/2021
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2023
Next Review	1 year after approval

Owner	Gertrude Leidich: Vice President Clinical Transformation and Quality
Area	Medical Services
Document Type	Agency Policy

MED8A - System Quality, Safety and Experience Committee

1. PURPOSE:

The purpose of this policy is to promote best practices, improve quality and safety of patient care, and reduce risk to patients through an environment that encourages internal reporting and ongoing evaluation and analysis of processes and occurrences. The [Patient System Quality, Safety and Experience](#) Committee was operationalized by the Professional Review Committee (PRC) and is a sub committee of the PRC.

2. POLICY:

It is the policy of the [Patient System Quality, Safety and Experience](#) Committee to continually enhance the quality and safety of patient care at The Harris Center through a systematic and collaborative approach that supports the ongoing evaluation of The Harris Center's patient care processes and services.

3. APPLICABILITY/SCOPE:

This policy applies to all staff and contractors of The Harris Center for Mental Health and IDD and the services provided.

4. PROCEDURES:

- [Pharmacy and Therapeutics Committee](#)
- [Infection Prevention](#)
- [System Accreditation](#)
- [All PI Councils and internal learning collaboratives \(e.g., Zero Suicide, Substance Use](#)

Disorders)

- : [Approval of Care Pathways](#)
- : [Patient Experience / Satisfaction](#)

5. REGULATORY/REFERENCES:

- : [Texas Medical Practices Act, 3 Tex. Occ. Code §151](#)
- : [Requirements Relating to Medical Peer Review, 3 Tex. Occ. Code §160](#)
- : [Nursing Peer Review, 3 Tex. Occ. Code §303](#)
- : [Incident-based Nursing Peer Review & Whistleblower Protections, 22 Tex. Admin. Code §217.19](#)
- : [Rights and Protections of Persons Receiving Mental Health Services, 25 Tex. Admin. Code §414](#)

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

- ~~Texas Medical Practices Act, Texas Occupations Code Chapters 151,160~~
- ~~Nursing Peer Review, Texas Occupations Code Chapter 303~~
- ~~Incident-based Nursing Peer Review & Whistleblower Protections, Title 22 Tex. Admin. Code §217.19~~
- ~~Rights and Protections of Persons Receiving Mental Health Services, Title 25 Tex. Admin. Code Chapter 414~~

~~7. PROCEDURES:~~

- ~~Committee Composition~~
- ~~Committee Process~~
- ~~Confidentiality~~
- ~~Peer Review Referral~~
- ~~Committee Function~~
- ~~Conflicts of Interest~~
- ~~Staff Supervisor Responsibilities~~

~~System Quality, Safety and Experience Committee Procedure~~

~~8. REFERENCES: RULES/REGULATIONS/STANDARDS:~~

- Reporting Allegations of Abuse, Neglect and Exploitation
- Confidentiality Guidelines for Participants in ~~Patient~~[System Quality, Safety and Experience](#)

Committee Process

- Incident Review Form - Patient Safety Committee
- Incident Referral Form - Patient Safety Committee

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Final Legal Review	Kendra Thomas: Counsel	08/2023
Initial Legal Review	Shannon Fleming: Counsel	07/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2023
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	07/2023

EXHIBIT F-18

Status **Pending** PolicyStat ID **13233634**

Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2023
Next Review	1 year after approval

Owner	Ninfa Escobar: Dir
Area	Human Resources
Document Type	Agency Policy

HR25A Temporary Personnel Services

1. PURPOSE:

This policy sets out procedures and protocols for the use of temporary personnel at The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

2. POLICY:

Temporary personnel services will be utilized to meet critical staffing needs. In order to contract with The Harris Center, temporary personnel services must meet the Agency's bid specifications and be approved by The Harris Center's Board of Trustees. Each unit is required to submit a written request to the [Human Resources](#) Department ~~of Human Resource Service~~ before a temporary personnel services employee is assigned. The Department of Human Resources will be responsible for the coordination of the job request and the administration of the program as well as manage any staffing protocol.

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)~~:

- [PER:21 Temporary Personnel Services](#)
- [Reporting Allegations of Abuse, Neglect and Exploitation](#)

• [Employment Policy](#)

[Employment](#)

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

5. PROCEDURE:

[Temporary Personnel Services](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Rules/Regulations/Standards

The Harris Center's Policy and Procedure Handbook

[Temporary Personnel Services](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

EXHIBIT F-19

Status **Pending** PolicyStat ID **13958985**



Origination	02/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2023
Next Review	1 year after approval

Owner	Todd McCorquodale: Dir
Area	Environmental Management
Document Type	Agency Policy

EM1A The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors

1. PURPOSE:

The purpose of this policy is to provide guidance concerning the rights of individuals with disabilities to utilize service or assistance animals in agency facilities, as defined under the Americans with Disabilities Act and state law.

2. POLICY:

It is the policy of The Harris Center that individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of The Harris Center's facilities where members of the public, participants in services, programs or activities, or invitees, where applicable, are allowed to go. Therapy Animals, emotional support or comfort animals, and companion animals are not considered service animals and are therefore not permitted in agency facilities. The Harris Center does not "certify" animals as Service Animals.

3. APPLICABILITY/SCOPE:

All of The Harris Center facilities.

4. RELATED POLICIES/FORMS:

None

5. PROCEDURE:

EM1B The Use of Service and Assistance Animals in the Harris Center Facilities

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- City of Houston Ordinance Sec 6-86
- Texas Human Resources Code, Title 8, Chapter 121
- Title II Americans with Disabilities Act, 42 U.S.C. 12.101, et. seq.; 28 CFR Part 36.101, et. seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794

~~7. PROCEDURES:~~

~~The Use of Service and Assistance Animals in the Harris Center Facilities~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Initial Assignment	Todd McCorquodale: Dir	07/2023

EXHIBIT F-20

Status **Pending** PolicyStat ID **13233632**



Origination 05/1992

Last Approved N/A

Effective Upon Approval

Last Revised 09/2023

Next Review 1 year after approval

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

HR27A Volunteer Program

1. PURPOSE

To establish guidelines for recruitment selection, assignment, evaluation and separation of The Harris Center for Mental Health and IDD's volunteers. The Harris Center volunteers are individuals offering their time to assist in the provision of behavioral health and IDD services and do not receive compensation.

2. POLICY

It is the policy of The Harris Center for Mental Health and IDD to establish a comprehensive volunteer program to provide individuals who have expressed an interest in associating with The Harris Center as a volunteer the opportunity to assist in the provision of services without pay. These opportunities should be beneficial to the volunteers, people we serve, and the Harris Center. Volunteers will be selected without regard to race, color, age, sex, disability, religion, or national origin.

3. APPLICABILITY/SCOPE

All programs within The Harris Center for Mental Health and IDD.

4. RELATED POLICIES/FORMS:

N/A

5. PROCEDURE:

[HR27B Volunteer Program](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Volunteers, Tex. Government Code Ch. 2109
- Tex. Civ. Prac. & Rem. Code Ann. 84.003
- 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	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Joseph Gorczyca	08/2023
Initial Assignment	Toby Hicks	08/2023

EXHIBIT F-21

Status **Pending** PolicyStat ID **14121257**



Origination	03/2005	Owner	Mustafa Cochinwala: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HIM3A Workforce Member Network Internet Use Policy

1. PURPOSE:

The Harris Center recognizes that use of the agency's network, Internet, and email has many benefits and can make conducting Harris Center business and workplace communication more efficient and effective. Therefore, workforce members are encouraged to use the Internet and email systems for job-related purposes, in accordance with Workforce Member Network and Internet Use Procedures. Unacceptable use of the Internet and e-mail can place The Harris Center and others at risk and is prohibited. The Harris Center complies with all applicable federal, state, and local laws as they concern the employer/employee relationship, and nothing contained herein should be construed to violate any of the rights or responsibilities contained in such laws.

2. POLICY:

It is the Harris Center's policy to provide employees with access to The Harris Center's computers, network communication system and other IT resources for business purposes only, which includes access to the Internet, email, intranet services, and internal & external web services. All communication, data and information created, transmitted by, received from, stored, or processed on the Harris Center network and computing devices is Harris Center property and, as such, are intended to be used for job-related purposes. Therefore, employees shall have no expectation of privacy whatsoever in any message, file, data, document, facsimile, or any kind or form of information or communication transmitted to, received, printed from, stored, or recorded on the Harris Center's electronic information and communication systems.

3. APPLICABILITY/SCOPE:

This policy must be followed in conjunction with other The Harris Center's policies governing appropriate workplace conduct and behavior. This policy applies to all Harris Center employees, interns, contractors, volunteers, and partners who access our network and computers. This policy governs all IT resources and communications systems owned by or available at The Harris Center, and all use of such resources and systems when accessed using personally owned resources, including but not limited to:

- Email systems and accounts
- Internet and Intranet access
- Telephones, cell phones, voicemail systems
- Printers, photocopiers, and scanners
- Face machines, e-fax machines
- All other associated computer, network, and communication systems, hardware, and software

3.1. INAPPROPRIATE USE OF HARRIS CENTER IT RESOURCES AND COMMUNICATIONS SYSTEMS

The Harris Center management and its employees, interns, contractors volunteers and partners with access to the Harris Center IT system will cooperate fully with Human Resources, the Harris Center Information Security team and local, state, or federal officials in any investigation concerning to or relating to any illegal activities allegedly conducted through the Harris Center's IT system.

3.2. DISCIPLINE

In the event there is an allegation that an employee has violated The Harris Center Network and Internet Use Policy, the employee will be provided with a written notice of the alleged violation and an opportunity to present an explanation to Harris Center management. Employee violations of this policy will be handled in accordance with currently established disciplinary procedures. Violations of this policy can lead to disciplinary action, up to and including, revocation of access and/or termination.

4. PROCEDURE:

~~[Workforce Member Network and Internet Use Procedure](#)~~[HIM3B Workforce Member Network Internet Use Procedure](#)

5. RELATED POLICIES/FORMS:

Workforce Member Network and Internet Use
Procedure Workforce Member Network and
Internet Use Agreement

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

- HIPAA-SecurityStandardsforthe Protection of Electronic Protected Health Information, 45 CFR Part 164, Subpart C
- NIST SP 800-53 Rev. 4 AT-2, PM-13
- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Mustafa Cochinwala: Dir	08/2023

EXHIBIT F-22



The Harris Center FQHC Look-Alike

PRESENTED BY:

Greg Vachon
Gail Mayeaux
Melissa Corrado
Chuck Weis
Stephen Palmer
Iliana Gilman

GOVERNANCE

CO-APPLICANT BOARD TO MEET FQHC GOVERNANCE REQUIREMENTS

FQHCs established by a government entity may be structured in one of two ways to meet HRSA program requirements:

- » The public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency's governing board; or
- » Together, the public agency and the co-applicant meet all Health Center Program requirements, including board composition requirements

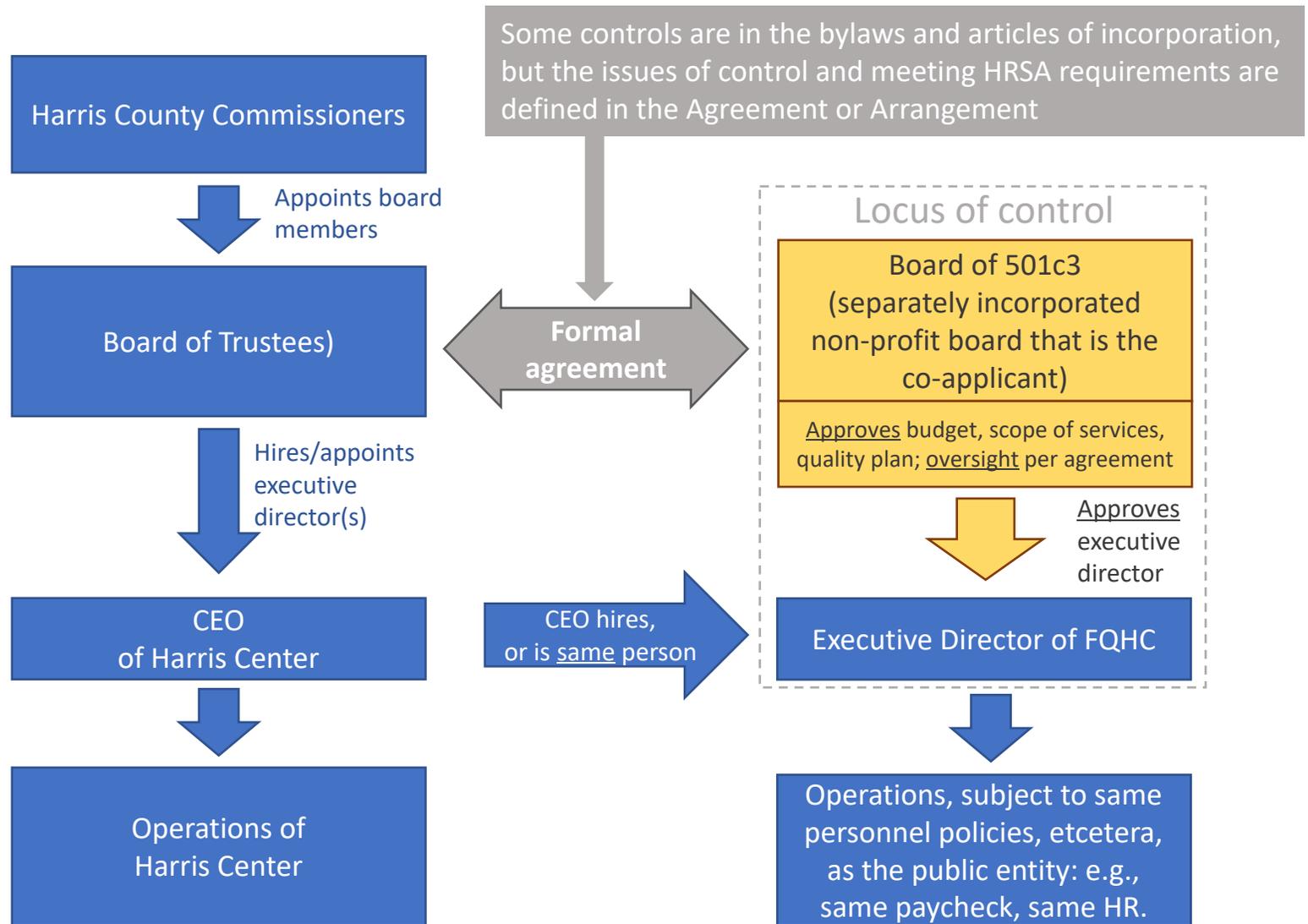
A co-applicant agreement must delegate the required authorities and functions to the co-applicant board and the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project

FQHC GOVERNANCE: SHARED GOVERNANCE, BUT UNEQUAL CONTROL

The foundation of FQHCs is governance by community users of the health care services

- » The requirement is designed to meet the control requirements of counties, states, and independent health authorities: the two organizations do co-apply, but the public entity has the purse strings and retains the right to set budgets, set personnel policies, hire all staff, and to create strategic and operational plans (though should be done in concert)
- » Some communities did not have sufficient FQHCs but did have public entity providers of primary care (such as county hospital outpatient clinics, state universities medical school clinics, or counties with public health clinics)
- » HRSA and lawmakers wanted to support the delivery of primary care by these entities, but understood that public entities could not give up control of budget and other key operational and human resource matters
- » To accommodate the community user governance principle in the designation of public entities as FQHCs (or FQHC Look-alikes), HRSA requires that each public entity apply to be an FQHC with a co-applicant organization that meets the community user governance standard
- » The co-applicant has real governance responsibilities of a non-profit and should not be taken lightly; however, the benefit to both organizations will derive from thoughtful and respectful communication and input, with full recognition that control is retained by the public entity

FQHC GOVERNANCE: CIRCUMSCRIBED BY CO-APPLICANT AGREEMENT



BOARD AUTHORITY: FQHC REQUIREMENTS

HRSA believes health centers should be started by community members who use the health center and determine what the health center needs.

- » Overseeing the health center project
- » Establishing bylaws that specify the responsibility of the board
- » Ensuring the center is operated in compliance with federal, state, and local laws
- » Having monthly meetings and a record of the meeting minutes, including the board's attendance, key actions, and decisions
- » Selecting, reviewing, and maintaining sole authority over the termination of the CEO
- » Establishing policies for the health center program related to financial management, eligibility for services, personnel policies, and quality of care
- » Establishing the scope of the health care project (i.e., hours of operations and sites)
- » Developing, reviewing, and approving the annual health center budget and budget plan
- » Engaging in long-term planning
- » Assessing the achievement of project objectives
- » Establishing a process for resolving patient grievances

BOARD COMPOSITION: FQHC REQUIREMENTS

HRSA is very prescriptive that Board Members MUST be users (at least 51%). While receiving flu shots meets their criteria, HRSA wants to know the health center is governed by individuals who are patients. As much as you can get genuine users, the better.

- » Board must have at least 9 but no more than 25 members
- » A majority must be patients served by the health center
- » Non-patient health center board members must be representative of the community with specific, relevant expertise and no more than one-half of non-patient board members may derive more than 10% of their income from the health care industry
- » Board members may not be an employee or the spouse, child, parent, brother or sister (by blood or marriage) of a health center employee
- » Bylaws determine the process for the selection and removal of board members.
- » Board demonstrates compliance by:
 - » Adopting bylaws or other documents specify the above
 - » Verifying periodically that no board member is an employee

CO-APPLICANT AGREEMENT: KEY COMPONENTS

HRSA is prescriptive regarding co-applicant Board independence and governance responsibility. Some provisions that can go into the agreement that clarify control:

- » Co-applicant (CA) adopts health care policies for the FQHC that are supportive of Harris Center's (HC) policies regarding scope, location, and hours of operation
- » CA develops, reviews, approves fee structures and financial policies consistent with HC
- » CA sets, approves, recommends for final approval by HC, operating and capital budgets
- » CA reviews, approves, recommends for final approval by HC, any 330 or related grants
- » CA selects, evaluates, and dismisses the Executive Director (ED)
- » HC recruits ED with input from co-applicant (co-applicant then approves, or not)
- » CA annually review ED's performance applicable to the FQHC c/w HC's performance appraisal process, CA has authority to dismiss the ED, but dismissal must be consistent with HC's personnel policies and does not terminate employment with HC
- » HC can terminate ED immediately if warranted per policies and notify co-applicant thereafter
- » CA board members can be deemed agents of HC for purposes of liability/insurance when acting under the terms of the Agreement
- » CA agrees by-law amendments must be approved by HC, and will be denied if inconsistent with 330 requirement, HRSA rules, or terms of the Agreement

FINANCIAL PRO FORMA

TAKEAWAYS

FQHC Look-Alike would generate net revenue

Given that services are presently being rendered at a loss financially, converting the clinics to an FQHC Look-Alike would generate incremental net revenue from both Medicare and Medicaid.

- a) **The net financial impact ranges from a positive \$500K in Year 2 to a positive \$2.1M in Year 5**

Breakeven Contribution Margin

The FQHC (reflecting full status) shows a breakeven contribution margin in Year 4 and Year 5 but the bottom line for all proforma years is never less than a \$2.3M loss.

- a) **The ongoing loss is driven by a payer mix with no less than 35% of the visits being uncompensated.**

Financial Drivers

- a. Payer mix
- b. The initial PPS base rate
 - i. The establishment of the PPS rate which is anticipated in Year 2 is critical to the financial performance of the FQHC.
- c. Change in salary expense.

Five-year proforma financial statement

(\$000's omitted)

	BASE	YEAR 1 CURRENT STATE	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEARS 1-5
		NO FQHC	FQHC	FQHC	FQHC	FQHC	
		STATUS	LOOK-ALIKE	LOOK-ALIKE	FULL STATUS	FULL STATUS	TOTAL
Unique Patients	1,718	1,890	2,577	5,790	6,369	7,006	
Total Encounters	7,474	8,304	11,437	25,952	28,833	32,033	
Average Daily Encounters	29.3	32.6	44.8	101.8	113.1	125.6	
FULL TIME EQUIVALENTS							
Providers	2.5	3.9	5.3	12.1	13.5	15.0	
Support	8.5	11.8	16.2	36.9	41.0	45.5	
Total	11.0	15.7	21.6	49.0	54.4	60.5	
Net Patient Revenue		\$ 293	\$ 1,272	\$ 5,190	\$ 5,951	\$ 6,823	\$ 19,529
Other Operating Revenue i.e. 340B, 330		\$ -	\$ 810	\$ 1,871	\$ 3,206	\$ 3,617	\$ 9,503
Total Operating Revenue		\$ 293	\$ 2,081	\$ 7,060	\$ 9,157	\$ 10,440	\$ 29,032
Direct Operating Expenses		\$ 1,960	\$ 3,268	\$ 7,722	\$ 8,807	\$ 10,044	\$ 31,801
Fixed Operating Expenses		\$ 2,035	\$ 2,153	\$ 2,523	\$ 2,650	\$ 2,790	\$ 12,151
Total Operating Expenses		\$ 3,995	\$ 5,421	\$ 10,245	\$ 11,457	\$ 12,834	\$ 43,953
Excess of Revenue Over (Less Than) Expenses		\$ (3,703)	\$ (3,340)	\$ (3,184)	\$ (2,300)	\$ (2,394)	\$ (14,921)
Contribution Margin (Loss)		\$ (1,667)	\$ (1,187)	\$ (662)	\$ 350	\$ 396	\$ (2,770)
Financial Impact of becoming Look Alike/Full FQHC		\$ -	\$ 480	\$ 1,006	\$ 2,017	\$ 2,063	\$ 5,567

Five-Year Proforma Operating Statistics

Operating Net Revenue, Expenses, and Contribution margin per visit
(\$000's omitted)

	YEAR 1 CURRENT STATE	YEAR 2	YEAR 3	YEAR 4	YEAR 5
	NO FQHC STATUS	FQHC LOOK-ALIKE	FQHC LOOK-ALIKE	FQHC FULL STATUS	FQHC FULL STATUS
Net Patient Revenue per Visit ¹	\$ 35	\$ 111	\$ 200	\$ 206	\$ 213
Other Operating Revenue per Visit ²	\$ -	\$ 71	\$ 72	\$ 111	\$ 113
Total Operating Revenue per Visit ³	<u>\$ 35</u>	<u>\$ 182</u>	<u>\$ 272</u>	<u>\$ 318</u>	<u>\$ 326</u>
Direct Operating Expense per Visit	<u>\$ 236</u>	<u>\$ 286</u>	<u>\$ 298</u>	<u>\$ 305</u>	<u>\$ 314</u>
Contribution Margin (Loss) per Visit	<u>\$ (201)</u>	<u>\$ (104)</u>	<u>\$ (25)</u>	<u>\$ 12</u>	<u>\$ 11</u>
Contribution Margin %	<u>-569.7%</u>	<u>-57.0%</u>	<u>-9.4%</u>	<u>3.8%</u>	<u>3.8%</u>

1 - Increasing due to FQHC Medicaid PPS Rate at \$319 versus Fee-For-Service of \$42 per visit. Payer Mix movement of uncompensated to Medicaid

2 - Increasing due to FQHC participation in 340B pharmaceutical program, as a Full Status FQHC receiving a 330 grant, and other grants

3 - Increasing due to 340B pharmaceutical expense and general inflation

Five-Year Proforma Key Financial Drivers

Financial Impact of Ten Percent (10%) Change
(\$'000's omitted)

		YEAR 1 CURRENT STATE	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 1-5
	REPRESENTATION	NO FQHC STATUS	FQHC LOOK-ALIKE	FQHC LOOK-ALIKE	FQHC FULL STATUS	FQHC FULL STATUS	TOTAL
Contribution Margin (Loss)		\$ (1,667)	\$ (1,187)	\$ (662)	\$ 350	\$ 396	\$ (2,770)
Financial Impact of becoming Look Alike/Full FQHC			\$ 480	\$ 1,006	\$ 2,017	\$ 2,063	\$ 5,567
		YEAR 1 CURRENT STATE	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 1-5
		NO FQHC STATUS	FQHC LOOK-ALIKE	FQHC LOOK-ALIKE	FQHC FULL STATUS	FQHC FULL STATUS	TOTAL
10 percentage point Shift in Payor Mix; Medicaid to Uncompensated Care ¹	Uncompensated Increase	\$ (23)	\$ (349)	\$ (819)	\$ (940)	\$ (1,078)	\$ (3,209)
FQHC Medicaid Rate Change by 10% ²	Decrease	\$ -	\$ (92)	\$ (431)	\$ (494)	\$ (567)	\$ (1,584)
Volume change by 10% ³	Decrease	\$ 166	\$ 119	\$ 63	\$ (31)	\$ (38)	\$ 279
Overhead Allocation change by 10% ⁴	Decrease	\$ -	\$ (84)	\$ (388)	\$ (443)	\$ (505)	\$ (1,420)
Salary Change; one time at 10% ⁵	Increase	\$ (140)	\$ (140)	\$ (191)	\$ (217)	\$ (247)	\$ (935)

Financial Impact of Ten Percent (10%) Change

1. Payer mix is initially based upon current payer mix within Collaborative Care with movement towards overall payer mix experienced in ambulatory setting

	<u>Medicaid</u>	<u>Self Pay</u>
<u>Payer Mix Year 1</u>	10.00%	76.50%
<u>Payer Mix Year 2</u>	25.70%	60.80%
<u>Payer Mix Years 3-5</u>	51.40%	35.10%

2. The initial PPS rate is set utilizing the second-year cost per visit estimates based upon the Medicare Cost Report formulas
3. Volume was assumed that for each unique active patient that one (1.0) behavioral visit along with 3.3 medical visits would occur annually.
4. In setting the PPS rate a certain percentage of indirect (overhead) costs are allocated to non-provider areas and therefore not considered in the PPS rate.
5. Represents the impact of have a one-time salary increase of 10% beyond the annual 3% cost of living increase placed into effect before Year 1.

OBSERVATIONS

Prospective Payment System (PPS)

- PPS rates are initially set utilizing a FQHC's projected reasonable cost for its initial year (the year in which the entity receives FQHC approval).
- Based upon the initial years first cost report the PPS rate will be set and reconciled back to actual cost per visit. For the proforma Year 2 was utilized as the initial year.

FQHCs can request a change in its PPS rate if:

- a) It is operating in an efficient manner and costs have exceeded its present inflated PPS rate.
 - i. The Proforma is exhibiting a declining cost per visit due to increasing visits in each of the five years.
- b) An adjustment to the PPS rate is warranted due to a change in scope.

Participation in 340B Programming

As a Look-Alike the FQHC can participate in the 340B program which will generate net revenue from third party payers including Medicaid. Not quantified is the impact of 340B pricing for pharmaceuticals currently purchased by Harris for uninsured patients.

- a) The Proforma reflects a net profit of approximately \$1.5M over the four FQHC years from 340B savings less underlying costs.

Achieving full FQHC status will allow the FQHC to receive an annual 330 grant.

Considerations

Consideration should be made to the use of physician extenders i.e.; nurse practitioner and the Medicaid PPS reimbursement is the same for a physician or extender

- a) The Proforma reflects significant use of extenders.

EXHIBIT F-23



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Cecile Erwin Young
Executive Commissioner

August 28, 2023

Mr. Shaukat Zakaria, Chair
Board of Trustees
The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074

RE: Psychiatric Inpatient Care for Patients with Intellectual and Developmental Disabilities

Dear Mr. Zakaria,

Thank you for your letter to Executive Commissioner Young on July 25, 2023 regarding the availability of psychiatric inpatient care for patients, both children and adults, with intellectual and developmental disabilities (IDD). Your letter was forwarded to me as the Health and Specialty Care System (HSCS) Deputy Executive Commissioner who oversees the state hospital system and state supported living centers.

Ensuring access to psychiatric inpatient care is a priority for HSCS. Individuals with IDD are able to be served by HSCS state hospitals, including those operated by academic partners such as John S. Dunn Behavioral Sciences Center. State hospital admissions are made based on bed availability and assessing for level of care appropriateness. At this time designating beds at the John S. Dunn Behavioral Sciences Center specifically for individuals with IDD does not align with HSCS' mission and would significantly limit our ability to admit individuals based on level of need.

Again, thank you for your letter. Kristy Carr, Associate Commissioner of the state hospitals, can be reached by telephone at 512-814-9642 or by email at Kristy.Carr@hhs.texas.gov should you have questions or need additional follow-up.

Mr. Shaukat Zakaria

August 28, 2023

Page 2

Sincerely,

A handwritten signature in black ink, appearing to read "Schalchlin". The signature is fluid and cursive, with the first letter being a large, stylized 'S'.

Scott Schalchlin

Deputy Executive Commissioner

Health and Specialty Care System

EXHIBIT F-24

ABBREVIATION LIST

46B Not Competent to stand trial HCJ

A

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

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

B

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

C

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

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

D

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

E

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

F

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

G

GAF	Global Assessment of Functioning
GR.	General Revenue

H

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

I

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

J

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

K**L**

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

M

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

N

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

O

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

P

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

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

Q

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

R

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

S

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

T

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

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

U
UR Utilization Review

V
V-SSS Visit-Specific Satisfaction Scale

W

X

Y