



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

**Governance Committee Meeting**

October 24, 2023

8:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
  - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, September 26, 2023  
(*EXHIBIT G-1*)
- IV. REVIEW AND TAKE ACTION**
  - A. POLICY UPDATES/SUBSTANTIAL CHANGES**
    1. Root Cause Analysis Policy  
(*EXHIBIT G-2*)
  - B. NO/MINOR CHANGES**
    1. Adding and Receiving Equipment  
(*EXHIBIT G-3*)
    2. Agency Abbreviations  
(*EXHIBIT G-4*)
    3. Asset Tracking and Depreciation  
(*EXHIBIT G-5*)
    4. Breach Notification  
(*EXHIBIT G-6*)
    5. Business Associate and Subcontractor  
(*EXHIBIT G-7*)
    6. Communication with the Media and Other Entities  
(*EXHIBIT G-8*)
    7. Consents and Authorizations  
(*EXHIBIT G-9*)
    8. Content of Patient/Individual Records  
(*EXHIBIT G-10*)
    9. Declaration of Mental Health Treatment  
(*EXHIBIT G-11*)
    10. Emergency Codes, Alerts, and Response  
(*EXHIBIT G-12*)
    11. Faxing & Emailing Patient Identifying Information  
(*EXHIBIT G-13*)
    12. Harris Center Advisory Committee  
(*EXHIBIT G-14*)
    13. IDD-PAC Bylaws  
(*EXHIBIT G-15*)

14. Medication Administration  
(EXHIBIT G-16)
15. Nepotism HR SOP  
(EXHIBIT G-17)
16. Overtime Compensation  
(EXHIBIT G-18)
17. Patient/ Individual Access to Medical Records  
(EXHIBIT G-19)
18. Performance Improvement Plan  
(EXHIBIT G-20)
19. Retention of Patient/Individual Records  
(EXHIBIT G-21)
20. Return to In-Patient Care of Furloughed Patient  
(EXHIBIT G-22)
21. Security of Patient/ Individual Identifying Information  
(EXHIBIT G-23)
22. Standardized Patient Record Form  
(EXHIBIT G-24)
23. Subpoenas  
(EXHIBIT G-25)

#### **V. EXECUTIVE SESSION**

- **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- **As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**
- **In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2024 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**

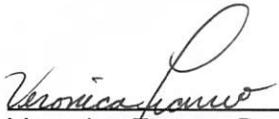
#### **VI. RECONVENE INTO OPEN SESSION**

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

**VIII. INFORMATION ONLY**

A. Abbreviation List  
(EXHIBIT G-26)

**IX. ADJOURN**



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



# **EXHIBIT G-1**

**BOARD OF TRUSTEES  
THE HARRIS CENTER *for*  
MENTAL HEALTH AND IDD  
GOVERNANCE COMMITTEE MEETING  
TUESDAY, SEPTEMBER 26, 2023  
MINUTES**

**CALL TO ORDER**

Mr. Jim Lykes, Chairman called the meeting to order at 8:37 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

**RECORD OF ATTENDANCE**

Committee Members in Attendance: Mr. J. Lykes, Mr. G. Womack, Mr. S. Zakaria,  
Mrs. N. Hurtado (virtual)

Committee Member Absent: Dr. G. Santos

Other Board Member Present: Dr. R. Gearing, Dr. L. Moore, Dr. M. Miller

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

Mr. Jim Lykes designated Dr. R. Gearing, Dr. M. Miller and Dr. L. Moore as voting members of the committee.

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:37 a.m.

**3. PUBLIC COMMENTS**

There were no Public Comments.

**4. APPROVAL OF MINUTES**

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 22, 2023

**MOTION: WOMACK      SECOND: MILLER**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 22, 2023 EXHIBIT G-1 has been approved and recommended to the Full Board.

**5. REVIEW AND TAKE ACTION**

**A. NEW POLICIES**

1. Behavioral Crisis and Intervention

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

**BE IT RESOLVED**, Behavioral Crisis and Intervention, EXHIBIT G-2 has been approved and recommended to the Full Board.

**B. NO/MINOR CHANGES**

1. Code of Ethics

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

**BE IT RESOLVED**, Code of Ethics EXHIBIT G-3 has been approved and recommended to the Full Board.

2. Confidentiality and Disclosure of Patient/Individual Health Information

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

**BE IT RESOLVED**, Confidentiality and Disclosure of Patient/Individual Health Information EXHIBIT G-4 has been approved and recommended to the Full Board.

3. Correcting Documentation and Coding Errors

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

**BE IT RESOLVED**, Correcting Documentation and Coding Errors EXHIBIT G-5 has been approved and recommended to the Full Board.

4. Cultural Competency and Diversity Plan

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

**BE IT RESOLVED**, Cultural Competency and Diversity Plan EXHIBIT G-6 has been approved and recommended to the Full Board.

5. Employee counseling, Supervision, Progressive Discipline, and Termination

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

**BE IT RESOLVED**, Employee counseling, Supervision, Progressive Discipline, and Termination EXHIBIT G-7 has been approved and recommended to the Full Board

6. Incident Response

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

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

7. Information Security

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

**BE IT RESOLVED**, Information Security EXHIBIT G-9 has been approved and recommended to the Full Board

8. Off-Premises Equipment Usage

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

**BE IT RESOLVED**, Off-Premises Equipment Usage EXHIBIT G-10 has been approved and recommended to the Full Board

9. Patient Records Administration

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

**BE IT RESOLVED**, Patient Records Administration EXHIBIT G-11 has been approved and recommended to the Full Board

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

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

**BE IT RESOLVED**, Sanctions for Breach of Security and/or Privacy Violations of Health Information EXHIBIT G-12 has been approved and recommended to the Full Board

11. Sexual Harassment

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

**BE IT RESOLVED**, Sexual Harassment EXHIBIT G-13 has been approved and recommended to the Full Board

12. System Quality, Safety and Experience Committee

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

**BE IT RESOLVED**, System Quality, Safety and Experience Committee EXHIBIT G-14 has been approved and recommended to the Full Board

13. Temporary Personnel Services

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

**BE IT RESOLVED**, Temporary Personnel Services EXHIBIT G-15 has been approved and recommended to the Full Board

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

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

**BE IT RESOLVED**, The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors EXHIBIT G-16 has been approved and recommended to the Full Board

15. Volunteer Program

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

**BE IT RESOLVED**, Volunteer Program EXHIBIT G-17 has been approved and recommended to the Full Board

16. Workforce Member Network Internet Use

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

**BE IT RESOLVED**, Workforce Member Network Internet Use EXHIBIT G-18 has been approved and recommended to the Full Board

6. **REVIEW AND COMMENT**

**A. Board Training Topics-** The Board discussed training topics for the Annual Board Training Agenda. The Board recommended training topics related to ethics, procurement, the Open Meetings Act, the Texas Public Information Act, role and responsibilities of Board members and unions and public entities.

7. **EXECUTIVE SESSION –No Executive Session Needed**

8. **RECONVENED INTO OPEN SESSION**

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

10. **ADJOURN**

**MOTION: WOMACK      SECOND: GEARING**  
The meeting was adjourned at 8:54 A.M.

Respectfully submitted,

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

# **EXHIBIT G-2**

Status **Pending** PolicyStat ID **12999087**



Origination	N/A	Owner	Luc Josaphat: Director of Quality Assurance
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

## EM.A.8 Root Cause Analysis Policy

### 1. PURPOSE:

The Harris Center for Mental Health and IDD ([The Harris Center](#)) is committed to improve the quality and safety of patient care through the following:

- Identification and evaluation of errors, hazardous/unsafe conditions that are a threat to patient and staff safety or have the potential to result in patient/staff harm.
- To improve systems and processes.
- To foster a culture of safety and continuous learning across the organization by openly discussing patient safety at all levels.

### 2. POLICY:

~~It is the policy of the Harris Center to initiate, communicate, conduct and document a Root Cause Analysis related to any errors, medication errors, near misses, hazardous/unsafe conditions, process failures, injuries involving patients, visitors and staff.~~

It is the policy of the Harris Center to initiate, communicate, conduct and document a Root Cause Analysis for sentinel events. For events not categorized as sentinel events, the Chief Medical Officer (or designee) is responsible for determining the need and initiation for a Root Cause Analysis.

### 3. APPLICABILITY/SCOPE:

~~Within a culture of safety, there is continuous reporting of patient safety events, and hazardous conditions so these occurrences can be analyzed, and processes can be changed, or systems improved.~~

## 4. PROCEDURES:

- The Chief Medical Officer or designee is responsible to determine the need for a Root Cause Investigation using the Safety Assessment Code Matrix (Attachment: Root Cause Analysis Investigation Procedure).
- The RCA will include completion of a systematic analysis for identifying factors that contributed to or caused the event to occur, corrective actions to be taken and a timeline for completion of corrective actions.
- Departmental leaders are required to participate in adverse events occurring in their departments. Leaders are expected to arrange schedules so frontline staff, residents, and attending physicians can attend the RCA process.
- Interviews and/or group meetings with the staff and physician(s) involved in the event are conducted to determine chronological order of the event findings and each participant's role perspective in the event.
- All investigations measures, interviews, and meetings are documented and maintained as patient safety work product.
- Necessary staff will be educated immediately on the actions to be implemented, to mitigate the risk of patient harm. For staff currently not on duty, the education will occur prior to staff members performing direct patient care.
- It is the responsibility of the Clinical Transformation and Quality Department to notify Risk management/Legal department regarding the event and pending investigation.
- Upon completion of the RCA, the Chief Medical Officer or designee reports all serious events, investigational analysis, and corrective action plans to the Patient Safety Committee for approval.

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

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

[EM10P Risk Management Plan](#)

[MED19P Infection Control Plan](#)

[EM11B Critical Incidents](#)

## 6. PROCEDURE:

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

The Joint Commission Standards Accreditation Manual (Jul. 2022) CARF 2022 Behavioral Health

~~Standards Manual~~

~~Centers for Medicare & Medicaid Services (CMS) 482.21(a)(2)~~

Condition of Participation: Quality Assessment and Performance Improvement Program, 42 CFR §482.21(a)(2)

CARF 1.G. Risk Management

CARF 1.H. Health and Safety

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Final Legal Review	Kendra Thomas: Counsel	10/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	08/2023
Initial Assignment	Luc Josaphat: Director of Quality Assurance	08/2023

# **EXHIBIT G-3**

Status **Pending** PolicyStat ID **13958979**



Origination	10/2005
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2023
Next Review	1 year after approval

Owner	Vanessa McKeown
Area	Fiscal Management
Document Type	Agency Policy

## FM.A.1 Adding and Receiving Equipment

### 1. PURPOSE:

To uphold appropriate processes and accurately account for all capital items and controlled assets in conformity with sound accounting and financial controls.

### 2. POLICY:

All The Harris Center for Mental Health and IDD supervisors are accountable for the use and reasonable care of all Capital Items and Controlled Assets assigned to them, assigned to the staff under their authority, and/or located on the premises in which their operations reside. Therefore, it is necessary to properly record and account for all Capital Items and Controlled Assets, including any new Capital Items and Controlled Assets added to their organizational area.

### ~~3. PROCEDURES:~~

[Adding and Receiving Equipment](#)

### 4. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

### 5. DEFINITIONS:

**Capital Item:** Equipment, furniture, vehicles & computer related equipment with a historical cost of \$5,000 or greater.

**Controlled asset:** a capital asset that has a value less than the capitalization threshold established for that asset type with a high-risk nature, that is, equipment with a historical cost between \$500 and \$4,999.99 and classified as one of the following:

- Computer, Desktop
- Laptop Computers
- Smartphones, Tablets & Other Handheld Devices
- Data Projectors
- TV's, Video Players/Recorders
- Sound Systems and Other Audio Equipment
- Camera - Portable - Digital, SLR

## **6. PROCEDURES:**

[FM.B.1 Adding and Receiving Equipment](#)

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

- CARF: Section 1. Subsection F.6.a., Financial Planning and Management **References: Rules/Regulations/Standards**
- Property Accounting, Texas Government Code §§403.272-403.277
- Generally Accepted Accounting Procedures (GAAP)
- Texas Grant Management Standards (TxGMS)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Department Review	Vanessa McKeown	10/2023
Initial Assignment	Vanessa McKeown	10/2023

# **EXHIBIT G-4**

Status **Pending** PolicyStat ID **14251124**



Origination	01/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.1 Agency Abbreviations

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### 1. PURPOSE:

To maintain the standardized approved list of abbreviations.

### 2. POLICY:

It is the policy of the Harris Center that in order to reduce error and foster clarity of written communication, only approved abbreviations and symbols shall be used when making entries in the Patient/Individual's record. An abbreviation list has been developed to establish the continuity of medical terminology and abbreviations for use in the medical records maintained by The Harris Center for Mental Health and IDD.

### 3. APPLICABILITY/SCOPE:

Applies to all staff, contractors, volunteers, and interns at The HARRIS CENTER for Mental Health and IDD.

### 4. PROCEDURES:

[HIM.B.1 Agency Abbreviations](#)

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

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

- The Charles Press Handbook of Current Medical Abbreviations, 5<sup>th</sup> Edition
- Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols and Dose Designations

### 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 G-5**

Status **Pending** PolicyStat ID **13958976**



Origination 10/2015  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Vanessa McKeown  
 Area Fiscal Management  
 Document Type Agency Policy

## FM.A.3 Asset Tracking and Depreciation

### 1. PURPOSE:

To uphold appropriate processes and accurately account for all capital items and controlled assets in conformity with sound accounting and financial controls.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to conform with the Government Accounting Standards Board and report Center Property Plant and Equipment through the Comprehensive Annual Financial Report.

### ~~3. PROCEDURES:~~

[Asset Tracking and Depreciation](#)

### 4. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

### 5. RELATED POLICIES/FORMS:

Policies	Reference
Reporting Burglaries or Thefts	INC:1
Adding and Receiving Equipment	BUS-R/I-6
Disposal of Fixed Assets	BUS-R/I-7

Forms	Reference
Request to Add Property	<a href="#">BUS-R/E6.001</a>
Request to Transfer Property	<a href="#">BUS-R/I:8.001</a>
Request to Surplus Property	<a href="#">BUS-R/I:7.002</a>
Request for Property Disposal	<a href="#">BUS-R/I:7.001</a>

## 6. PROCEDURES:

[FM.B.3 Asset Tracking and Depreciation](#)

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

- Property Accounting, Texas Government Code §§403.272-403.277
- Generally Accepted Accounting Principles (GAAP)
- Texas Grant Management Standards (TxGMS)
- CARF: Section 1. Subsection F.6.a., Financial Planning and Management

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Department Review	Vanessa McKeown	10/2023
Initial Assignment	Vanessa McKeown	10/2023

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **14121256**



Origination	02/2017	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.2 Breach Notification

### 1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) will enforce a compliance program for data breach reporting and notification. The Harris Center will investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

### 2. POLICY

It is the policy of The Harris Center to investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

### 3. APPLICABILITY/SCOPE

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

### 4. PROCEDURES

[HIM.EHR.B.2 Breach Notification](#)

### 5. RELATED POLICIES/FORMS:

Business Associate

Forms

Online Incident Report

### Attachments

Breach Information Log

Risk Assessment Tool

## 6. REFERENCES: RULES/REGULATIONS/ STANDARDS

Notification in the Case of Breach, American Recovery & Reinvestment Act Title XIII Section 13402  
Medical Records Privacy Act, Tex. Health & Safety Code Ch. 181

Identity Theft Enforcement and Protection Act, Tex. Business and Commerce Code Ch. 521

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

Federal Trade Commission Breach Notification Rules -16 CFR Part 318

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

HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

### 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 G-7**

Status **Pending** PolicyStat ID **14433310**



Origination	10/2020	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2022		
Next Review	1 year after approval		

## LD.A.2 Business Associate and Subcontractor Policy

### 1. PURPOSE:

The purpose of this policy is to ensure The Harris Center executes Business Associate agreements in compliance with the relevant provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, to establish the permitted and required uses and disclosures of Protected Health Information).

### 2. POLICY:

It is the policy of The Harris Center to enter into business associate agreements in compliance with the relevant provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. The Business Associate agreements shall comply with the federal requirements.

The contracts shall establish the permitted and required uses and disclosures of Protected Health Information by the business associate. The contract may not authorize the business associate to use or further disclose the information in a manner that would violate the requirements of HIPAA, if done by the Harris Center, except that:

- The contract may permit the business associate to use and disclose protected health information for the proper management and administration of the business associate as provided by HIPAA
- To carry out the legal responsibilities of the business associate; and
- The contract may permit the business associate to provide data aggregation services related to the Harris Center's operations.

A covered entity may disclose Protected Health Information to a business associate and may allow a

business associate to create, receive, maintain, or transmit Protected Health Information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information. A covered entity is not required to obtain such satisfactory assurances from a business associate that is a subcontractor. A business associate may disclose Protected Health Information to a business associate that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Health Information on its behalf, if the business associate obtains satisfactory assurances, that the subcontractor will appropriately safeguard the information.

The Business Associate must sign a Business Associate Agreement prior to the disclosure of protected health information on behalf of The Harris Center and must document the satisfactory assurances.

A covered entity is not in compliance, if the covered entity knew of a pattern of activity or practice of the Business Associate that constituted a material breach or violation of the business associate's obligation under the contract or other arrangement, unless the covered entity took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful, terminated the contract or arrangement, if feasible. A covered entity is not in compliance, if the covered entity knew of a pattern of activity or practice of a subcontractor that constituted a material breach or violation of the subcontractor's obligation under the contract or other arrangement, unless the covered entity took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful, terminated the contract or arrangement, if feasible.

If a Business Associate discovers a breach, the breaching party will have the opportunity to cure the breach or end the violation. If the breaching party does not cure the breach or end the violation within a reasonable time frame, or if a material term of the agreement has been breached and a cure is not possible, the non-breaching party may terminate the agreement, upon written notice to the breaching party. A business associate is not in compliance with the federal standards, if the business associate knew of a pattern of activity or practice of a subcontractor that constituted a material breach or violation of the subcontractor's obligation under the contract or other arrangement, unless the business associate took reasonable steps to cure the breach or end the violation, as applicable, and if such steps were unsuccessful, terminated the contract or arrangement, if feasible.

### **3. PROCEDURES:**

[Business Associate](#)

### **4. APPLICABILITY/SCOPE:**

All Harris Center programs, employees, volunteers, interns, contractors, subcontractors and business associates.

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

Business Associate Agreement

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

Health Insurance Portability and Accountability Act of 1996,45 C.F.R. Parts 160 and 164

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Initial Assignment	Kendra Thomas: Counsel	10/2023

# **EXHIBIT G-8**

Status **Pending** PolicyStat ID **14433298**



Origination	07/1992	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2022		
Next Review	1 year after approval		

## LD.A.3 Communication with the Media and Other Entities

### 1. PURPOSE:

To ensure all staff within The Harris Center for Mental Health and IDD communicates accurately, effectively, and consistently to all media sources to support the organization's mission and strategic plan.

### 2. POLICY:

The Communications Department is the primary and official liaison to the media and shall be responsible for approving and coordinating the communication of The Harris Center information to the media and other entities. All staff should contact the Communications department for matters related to media contacts, crisis incidents, and general procedures regarding relations with the media.

Any information regarding an individual's identity and treatment is confidential and shall only be released in accordance with The Harris Center policies and procedures, along with state and federal laws and regulations. It is the policy of The Harris Center to comply with the Texas Public Information Act.

### 3. APPLICABILITY/SCOPE:

All Harris Center staff must adhere to this policy when acting on behalf of The Harris Center. No employee is authorized to speak "off the record" on behalf of The Harris Center.

### 4. PROCEDURES:

### 5. RELATED POLICIES/FORMS (for reference

only):

- Media consent form
- Consent for release of confidential information

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

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

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Initial Assignment	Kendra Thomas: Counsel	10/2023

# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **14121262**

Origination	05/1993	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.4 Consents and Authorizations

### 1. PURPOSE:

To obtain and document consent from the patient or legally authorized representative for treatment. To obtain and document authorizations to allow the exchange of patient information. This ensures information is provide to the patient allowing an informed consent to be made.

### 2. POLICY:

It is the policy of The Harris Center to utilize and maintain written consents from patients or the legally authorized representative for patient treatment/program services, as well as, other specific purposes, such as medication, transportation, media purposes, etc. Consents shall be reviewed and explained in a manner and language a patient can understand. All consents shall be signed and dated by the patient or legally authorized representative. Consents shall be maintained in a timely fashion and copies shall be scanned in the patient record.

The Harris Center shall obtain written authorizations from patients and legally authorized representatives prior to the use and/or disclosure of protected health information. Under no circumstance will The Harris Center staff use or disclose patient protected health information without permission or authorization as specified by state and federal law.

### 3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff, contractors, interns, volunteers and Business Associates.

## 4. PROCEDURES:

[HIM.EHR.B.4 Consents and Authorizations](#)

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

<ul style="list-style-type: none"> <li>• <del>Research Procedures and the Committee for the Protection of Human Subjects</del> <a href="#">Research Procedures and the Committee for the Protection of Human Subjects</a></li> </ul>	<a href="#">MED18A</a>
<ul style="list-style-type: none"> <li>• <del>Confidentiality and Disclosure of Patient/Individual Health Information</del> <a href="#">Confidentiality and Disclosure of Patient/Individual Health Information</a></li> </ul>	<a href="#">HIM6A</a>
<ul style="list-style-type: none"> <li>• <del>Medical Services</del></li> </ul>	
<ul style="list-style-type: none"> <li>• <a href="#">Consent to Treatment with Medication</a></li> </ul>	<a href="#">MED1A</a>
<ul style="list-style-type: none"> <li>• Transportation Consent for Minors/Patient/Individuals with Guardians Form</li> </ul>	
<ul style="list-style-type: none"> <li>• Media Consent Form</li> </ul>	

## 6. PROCEDURES:

[Consents and Authorizations](#)

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

- Confidentiality of Substance Use Disorder Patient Records, 42 ~~C.F.R.~~ [CFR](#) Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164
- Consent to Treatment of Child by Nonparent of Child, Texas Family Code Chapter 32
- Rights & Duties in Parent-Child Relationship, Texas Family Code Chapter 151
- Medical Records Privacy, Tex. Health & Safety Code Chapter 181
- Rights of ~~patients~~ [Patients](#), Texas Health & Safety Code Chapter 576
- Mental Health Records, Texas Health & Safety Code Chapter 611
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174
- Protection of Clients & Staff-Mental Health Services, Title 25 Texas Administrative Code

## Chapter 404, Subchapter E

- Rights & Protection of Persons Receiving Mental Health Services, Title 25 Texas Administrative Code Chapter 414, Subchapter I
- patient Rights' Handbook (MH/MR, 9/2006), Title 40 Texas Administrative Code Chapter 2, Subchapter H

## 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 G-10**

Status **Pending** PolicyStat ID **14121250**



Origination	01/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.5 Content of Patient/Individual Records

### 1. PURPOSE:

To ensure a complete and accurate record (electronic or paper-based) shall be ~~maintained~~maintain for each registered and admitted patient/individual receiving services through The Harris Center.

### 2. POLICY:

It is the policy of The Harris Center that the content and required documentation in the patient/individual record shall be developed to comply with applicable regulatory, legal, and/or accrediting standards.

### 3. APPLICABILITY/SCOPE:

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

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

<u>Policies &amp; Procedures</u>	<u>References</u>
<u>Agency Abbreviations</u>	<u>HIM1A</u>
<u>Patient Records Administration</u>	<u>HIM13A</u>
<u>Request for New, Revised, and Deleted Individual Record Paper Forms</u>	<u>HIM10B</u>
<u>Consents and Authorizations</u>	<u>HIM7A</u>
<u>Assurance of Patient Rights</u>	<u>RR3A</u>

<a href="#">Medication Administration</a>	<a href="#">MED5A</a>
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## 5. PROCEDURES:

[Content of Patient/Individual RecordsHIM.EHR.B.5 Content of Patient/Individual Records](#)

## ~~6. PROCEDURES:~~

<del>Policies &amp; Procedures</del>
<del>Agency Abbreviations</del>
<del>Patient Records Administration</del>
<del>Request for New, Revised, and Deleted Individual Record Paper Forms</del>
<del>Consents and Authorizations</del>
<del>Assurance of Patient Rights</del>
<del>Medication Administration</del>

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

- Medical Records, 22 Tex. Admin. Code Ch. 165
- Prescribing of Psychoactive Medication - Mental Health Services, 25 Tex. Admin. Code Ch. 415, Subchapter A
- Medical Records System, 26 Tex. Admin. Code §301.329
- Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22
- Mental Health Community Service Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Mental Health Case Management, 26 Tex. Admin. Code §306.275
- Service Coordination for Individual with Intellectual Disability, 40 Texas Admin. Code Chapter 2, Subchapter L

### Approval Signatures

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

# **EXHIBIT G-11**

Status **Pending** PolicyStat ID **14433311**

Origination	06/2006	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## ACC.A.14 Declaration of Mental Health Treatment

### 1. PURPOSE:

The purpose of this policy is to ensure that The Harris Center staff are informed, trained, and demonstrate competence accordingly with regards to Declarations of Mental Health Treatment. All Harris Center patients have the right to execute a Declaration of Mental Health Treatment.

### 2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to offer persons served an opportunity to make a Declaration for Mental Health Treatment. This opportunity is offered to each person upon entry into THE HARRIS CENTER services and when services are sought through the Psychiatric Emergency Services programs, including the Crisis Stabilization Unit of The Harris Center. All Harris Center staff have a duty to act in accordance with Declarations for Mental Health Treatment to the fullest extent possible.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff, employees, contractors, volunteers and the clients and family/legally authorized representatives accessing services with The Harris Center as applicable.

### 4. PROCEDURES:

[ACC.B.14 Declaration of Mental Health Treatment](#)

## 5. RELATED POLICIES/FORMS:

[Assurance of Individual Rights](#)

RR3A

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

Texas Civil Practices and Remedies Code, Chapter 137-Declaration for Mental Health Treatment Interventions in Mental Health Services; Staff Member Training, Title 25 Texas Administrative Code §415.257

CCBHC 2.C.3 Availability and Accessibility of Services

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### Attachments

[A: Declaration for Mental Health Treatment](#)

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Departmental Review	Keena Pace: Exec	09/2023
Initial Assignment	Keena Pace: Exec	09/2023

# **EXHIBIT G-12**

Status **Pending** PolicyStat ID **14433312**



Origination 10/2020  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 11/2022  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Environmental  
 Management  
 Document Type Agency Policy

## EM.A.2 Emergency Codes, Alerts, and Response

### 1. PURPOSE:

To provide plain language emergency alerts and procedures to be used in response to emergency situations.

### 2. POLICY:

The Harris Center Emergency Management Services is responsible for using plain language emergency notification to alert staff and prompt appropriate, predetermined actions and responses, in the event of an emergency situation.

### 3. APPLICABILITY/SCOPE:

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

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

EM22A: Safety and Risk Management in Center Facilities

### 5. PROCEDURES:

EM12B [Security Alert - Armed Intruder](#)

EM13B [Facility Alert - Hazardous Spill](#)

EM14B [Facility Alert - Utility Systems Failures](#)

EM15B [Medical Alert - Code Blue](#)

EM16B [Medical Alert - Crisis Intervention](#)

EM18B [Security Alert - Bomb Threat/Suspicious Package](#)

EM19B [Security Alert - Hostage Situation](#)

EM20B [Security Alert - Missing Child/Abduction of Child](#)

EM21B [Facility Alert - Fire Evacuation Plan](#)

EM25B [Weather Alert](#)

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

CARF: Risk Management 1.G.1; Health and Safety 1.H.2

## ALERT CATEGORIES: MEDICAL, FACILITY, SECURITY, AND WEATHER

### A. Medical Alert:

- i. **Code Blue:** Indicates a suspected or imminent cardiopulmonary arrest
  - "Medical Alert + Code Blue + Location"
- ii. **Medical Emergency:** Indicates an acute injury or illness which poses an immediate risk to an individual's life or health.
  - "Medical Emergency + Location"
- iii. **Crisis Intervention:** Indicates patient is harmful to self or others in a Harris Center facility.
  - "Medical Alert + Crisis Intervention + Location"

### B. Security Alert:

- i. **Active Shooter/ Armed Intruder:** Indicates there is an active shooter or an armed intruder (knife, bat, etc.) incident in a Harris Center Facility.
  - "Security Alert + Active Shooter/ Armed Intruder + Location"
- ii. **Hostage Situation:** Indicates there is a hostage situation at a Harris Center facility.
  - "Security Alert + Hostage Situation"
- iii. **Missing Child:** Indicates a missing or abducted child who is a visitor or child/ adolescent patient in a Harris Center facility.
  - "Security Alert + Missing Child & Adult + Location"

- iv. **Suspicious Package:** Indicates a bomb threat or the discovery of a suspicious device in a Harris Center facility.
  - "Security Alert + Suspicious Package + Location"

**C. Facility Alert:**

- i. **System Failure:** Indicates a utility or system failure in a Harris Center facility.
  - "Facility Alert + Utility Failure + Location"
- ii. **Hazardous Spill:** Indicates an unintentional release of one or more hazardous substances which could harm human health or the environment in and around a Harris Center facility.
  - "Facility Alert + Hazardous Spill + Location"
- iii. **Code Red:** Indicates an actual or suspected fire in a Harris Center facility.
  - "Facility Alert + Code Red + Location"

**D. Weather Alert:**

- i. Indicates a severe weather condition (e.g., tornado, flooding, ice storm, etc.) at or near a Harris Center facility.
  - "Weather Alert + Description + Location"

## PLAIN LANGUAGE ALERT CODES DESK TOOL

Emergency Alerts & Communication	Notification Mode
Code Blue/Medical Emergency	Overhead page
Medical Alert+ Code Blue+ Location	
Crisis Intervention	Overhead page
Medical Alert + Crisis Intervention + Location	
Active Shooter/ Armed Intruder	Alert System Overhead page
Security Alert + Active Shooter/Armed Intruder + Location	
Hostage Situation	Alert System
Security Alert + Hostage Situation + Location	
Missing Child	Alert System & Overhead page
Security Alert + Missing Child + Location	
Bomb Threat/ Suspicious Package	Alert System If bomb threat, use bomb threat checklist
Security Alert + Suspicious Package + Location	
Utility or System Failure	Alert System
Facility Alert + Utility Failure + Location	

Hazardous Spill	Alert System
Facility Alert + Hazardous Spill + Location	
Code Red/Fire	Overhead page
Facility Alert + Code Red + Location	
Tornado, flooding, hurricane	Alert System & Overhead page
Weather Alert + Description + Location	

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Initial Assignment	Kendra Thomas: Counsel	10/2023

# **EXHIBIT G-13**

Status **Pending** PolicyStat ID **14121249**



Origination	10/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.10 Faxing & Emailing Patient Identifying Information

### 1. PURPOSE:

The Harris Center will protect the confidentiality and privacy of patient/individual identifying information and safeguard such information against impermissible disclosure when faxing and emailing patient/individual identifying information.

### 2. POLICY:

It is the policy of The Harris Center to ensure that staff protect all patient health information during all electronic communication.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

[Faxing & Emailing Patient Identifying Information](#)[HIM.EHR.B.10 Faxing & Emailing Patient Identifying Information](#)

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

<b>Policy and Procedures</b>	<b>References</b>
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<del>Confidentiality and Disclosure of Patient Identifying Information</del> Confidentiality and Disclosure of Patient Identifying Information	HIM6A: 003
<del>Incident Reporting</del> On-line Incident Reporting	EM4A
Patient Information Facsimile Cover Sheet	HIM: 009.1

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

- Health Insurance Portability and Accountability Act, 45 CFR Part 164
- Confidentiality of Substance Use 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

### Approval Signatures

Step Description	Approver	Date
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Department Review	Mustafa Cochinwala: Dir	08/2023
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# **EXHIBIT G-14**

Status **Pending** PolicyStat ID **14496193**



Origination 11/2022

Last Approved N/A

Effective Upon Approval

Last Revised 10/2023

Next Review 1 year after approval

Owner Keena Pace: Exec

Area Leadership

Document Type Agency Policy

## LD.A.17 Harris Center Advisory Committee

### 1. PURPOSE:

The purpose of the Advisory Committee shall be to advise The Harris Center of Mental Health and IDD [Board of Trustees](#) and/or Executive staff on matters, including planning, policy development, coordination, including coordination with criminal justice entities, resource allocation, and resource development, relative to the provision of services and supports to residents of Harris County.

### 2. POLICY:

The BH & IDD Advisory Committee gathers information related to existing and/or needed services, identify problem areas regarding consumer services and supports and/or systematic issues, receives input from the community, and ensures the viewpoint(s) of the primary (consumer) and secondary (family member) stakeholders are communicated to the Board of Trustees and the Executive Director.

### 3. APPLICABILITY/SCOPE:

This policy applies to the Board of Trustees and executive staff of The Harris Center.

### 4. PROCEDURES:

[Harris Center Advisory Committee](#)

### 5. RELATED POLICIES/FORMS:

N/A

# 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF 1. A. Leadership

Certified Community Behavioral Health Clinics (CCBHC). Criteria 6.B: Governance. Standard 6.b.1.

[Advisory Committees, Tex. Health and Safety Code §534.012](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
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Initial Assignment	Keena Pace: Exec	10/2023

# **EXHIBIT G-15**

Status **Pending** PolicyStat ID **14125789**



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

Owner	Evanthe Collins: Dir
Area	ByLaws
Document Type	Bylaws

## IDD-PAC Bylaws

### SECTION V: POLICIES PERTAINING TO THE HARRIS CENTER ADVISORY COUNCILS

#### 1.00 Bylaws of The Harris Center Advisory Council

- (Approved MHMRA Board of Trustees: March 18, 1976)
- (Revised MHMRA Board of Trustees: February 15, 1979)
- (Revised MHMRA Board of Trustees: January 13, 1982)
- (Revised MHMRA Board of Trustees: February 14, 1985)
- (Revised MHMRA Board of Trustees: January 21, 1987)
- (Revised MHMRA Board of Trustees: March 14, 1989)
- (Revised MHMRA Board of Trustees: November 28, 1990)
- (Revised MHMRA Board of Trustees: March 27, 1991)
- (Revised MHMRA Board of Trustees: April 28, 1992)
- (Revised MHMRA Board of Trustees: March 22, 1994)
- (Revised MHMRA Board of Trustees: December 20, 1994)
- (Revised MHMRA Board of Trustees: May 23, 1995)
- (Revised MHMRA Board of Trustees: January 21, 1997)
- (Revised MHMRA Board of Trustees: March 25, 1997)

(Revised MHMRA Board of Trustees: December 23, 1997)

(Revised MHMRA Board of Trustees: July 21, 1998)

(Revised MHMRA Board of Trustees: August 25, 1998)

(Revised MHMRA Board of Trustees: December 19, 2006)

(Revised MHMRA Board of Trustees: May 27, 2008)

### **1.01 Purposes**

- A. The primary purpose of the Advisory Councils of The Harris Center shall be to advise The Harris Center Board of Trustees on all matters (including planning) relative to the provision of mental health and intellectual and developmental disabilities services and supports to the residents of Harris County.
- B. Other purposes of the Advisory Councils are as follows:
  1. Gather information related to existing and/or needed services, identify problem areas with regard to consumer services and supports and/or systemic issues, receive input from the community, and reflect this information to the Board of Trustees and to the Chief Executive Officer.
  2. Ensure that the viewpoint(s) of the primary (consumer) and secondary (family member) stakeholders is/are communicated to the Board of Trustees and the Chief Executive Officer.

### **1.02 Responsibilities**

Advisory Councils are charged with the following responsibilities:

- A. Make recommendations on specific service needs, planning, and implementation of priorities. Participation in the annual and strategic planning processes of the Agency will be a major responsibility of the Advisory Councils. Any recommendations duly adopted by an Advisory Council will be carried by the Board liaison or his/her designee to the appropriate Board Committee at the next regularly scheduled meeting of the appropriate committee following approval of the minutes of the Council meeting in which the recommendations are set forth. The Board Committee will review the recommendations for subsequent presentation to the Board. The Advisory Councils should receive, review, and comment on, reports from staff regarding plan implementation.
- B. Serving as a vital communications link between The Harris Center and the community. To accomplish this, following the approval by the council of the minutes in which recommendations are recorded, the approved minutes of each Advisory Council will be placed in each Board member's information packet prior to the next Board meeting. The approved minutes of each The Harris Center Board meeting without attachments will be distributed to all Advisory Council members at the next regularly scheduled council meeting.
- C. Establish a variety of action task forces to advise on specific issues and problems.
- D. Respond to special charges as assigned or requested by the Board of Trustees or Chief Executive Officer from time to time.
- E. Establish lines of formal and informal communication among public and private agencies and

organizations dealing with issues relating to adults and children with mental illness and intellectual and developmental disabilities.

- F. The Medical Advisory Council shall be responsible for informing [The Harris Center](#) Board of Trustees of the Agency's compliance with all standards which relate to psychiatric and/or medical care as outlined in the Rules of the Commissioner of the Texas Health & Human Services Commission. (Approved MHMRA Board of Trustees: July 21,1977)

### 1.03 Composition

- A. A Medical Advisory Council, Adult Mental Health Council, Child and Adolescent Mental Health Council, and Intellectual and Developmental Disabilities Planning Advisory Council shall be established. Other councils may also be created at the discretion of The Harris Center Board of Trustees.
- B. Appointments of members should include a broad representation from the community including consumer and family members, representatives from organizations and agencies, and interested individuals. New appointments to Advisory Councils shall be considered by The Harris Center Board of Trustees Program Committee prior to consideration by the Board. Persons serving as representatives of Board-approved organizations are subject to Board approval. Persons filling Consumer, Family, or Interested Citizen slots will be selected by the Board from nominees recommended by the Program Committee. Candidates for consumer, family, or interested citizen "slots" may be nominated by themselves, organizations or agencies, providers, or Board members. The nomination shall be on a Board approved form which provides sufficient information to make appropriate selections to assure balanced representation. Organizations may be proposed for the Board approved list by submitting a request to the Board Program Committee.
1. Prior to consideration of an appointment to any of the Advisory Councils, the Program Committee will forward the nominee's application to the appropriate Advisory Council for review and comment.
  2. Each Advisory Council shall establish its process for review of prospective nominees and input to the Program Committee for consideration of the application.
  3. The Advisory Council review process of prospective nominees will have thirty (30) days to provide input to the Program Committee prior to its formal consideration of a nominee.
- C. The terms of individuals representing Board approved organizations shall be at the pleasure of Board approved organization, subject to Board of Trustees review and approval. Organizational representatives shall remain on the Councils until such time as the organization replaces them or they resign. The terms of consumer, family member, or interested citizen members shall be for three year period or until successors are appointed. Appointments made to fill unexpired terms shall be for the period of the unexpired term, or until a successor is appointed. Members shall serve no more than two (2) consecutive terms and may be eligible for reappointment one (1) year after the expiration of their two (2) consecutive terms. Honorary members remain on the Councils as nonvoting members. All council positions will be filled within 90 days of the vacancy.
- D. Proposed Advisory Council members shall, upon nomination and before appointment, certify in writing that they have read and will be guided by the Code of Ethics of The Harris Center. In

addition, the proposed council member shall agree to reveal any potential conflict of interest in any issue before the Advisory Council prior to participating in the discussion of that issue. Membership on The Harris Center Advisory Council shall not include Agency Employees or their immediate families, members of the Agency's Public Responsibility Committee, or members of other committees or organizations whose membership eligibility precludes existing affiliation with the Agency.

E. Specific composition of the:

1. Adult MH Advisory Council:

- a. Fifteen (15) slots for Board-approved organizations and interested citizens.
- b. Fifteen (15) slots for Board-appointed consumers, family members, composed of:
  - I. Six (6) slots dedicated to consumer representatives of the Consumer Advisory Council of the AMH Division who are actively receiving services and/or supports from the Agency;
  - II. Four (4) slots dedicated to persons (priority population) who are past or present consumers of mental health services; and,
  - III. Five (5) slots dedicated to family members of persons that are past or present consumers of mental health services (priority population).

2. Children's Mental Health Advisory Council

- a. The Children's Management Team Agencies of the Children's Mental Health Plan shall be Board approved organizations on the Children's MH Advisory Council.
- b. Four (4) slots dedicated to family members of persons receiving services and/or supports from the Child and Adolescent Services Division

3. Intellectual and Developmental Disabilities Planning Advisory Council

- a. The council shall be comprised of at least nine (9) members with a maximum of thirty (30) members.
- b. Membership shall either be Organizational or Advocate Memberships.
- c. At least 50% of the members on the Council shall be a person with intellectual and/or developmental disabilities or a family member of a person with intellectual and/or developmental disabilities.
- d. Not less than one (1) member will be dedicated to a person with intellectual and/or developmental disabilities.
- e. Members shall reside in Harris County.

#### 1.04 Officers

- A. Each Council shall elect its own Chairperson, Vice Chairperson, and Secretary at the annual meeting and assume office at the next Council meeting.

- B. The Chairperson shall preside at all meetings, be an ex-officio member of all committees except the Nominating Committee, call special meetings as needed, and appoint special committees and/or task force groups and their chairpersons.
- C. The Vice Chairperson shall be an assistant to the Chairperson and assume the duties of the Chairperson in his/her absence. In the event of the resignation of the Chairperson, the Vice Chairperson shall assume the duties of the Chair until a replacement is elected by the Council.
- D. The Secretary shall keep the minutes of the meetings and maintain a file of essential records. The Secretary of each Council shall record member attendance and bring attendance compliance issues to the attention of the Board Program Committee.
- E. Officers shall serve for a three-year period.

### 1.05 Meetings

- A. Councils shall meet on a designated date at least quarterly unless otherwise determined by individual Councils or requested by the Board of Trustees. Special meetings may be called at the discretion of the Chairperson with a minimum of seventy-two (72) hours' notice to all members.
- B. The last regular meeting before the end of the fiscal year shall be known as the Annual Meeting and shall be for the purpose of electing new officers, receiving reports of officers and committees, and for other business that may arise.
- C. Meetings of all Advisory Councils are open sessions. Attendance and participation by the public is encouraged; however, only duly appointed members may vote. Each Advisory Council meeting shall provide an opportunity for public comment.
- D. Committee meetings may be called at the discretion of the chairpersons of those committees.
- E. Each council shall determine the requirements for constituting a quorum; however, in no case shall a quorum be established at less than twenty-five percent (25%) of current members.
- F. Unexcused absences by an individual or organization representative of a council for three (3) consecutive general meetings shall be considered a resignation unless a request for review is brought to the attention of the chairperson before the next meeting. Each Advisory Council shall establish a process to engage members who have attendance problems and provide an opportunity for reinstatement after an automatic resignation prior to the next meeting of the Board Program Committee. Each Advisory Council shall notify the member of his/her automatic resignation in writing prior to the next regular meeting of the Advisory Council.
- G. An organization that does not appoint a representative to a Council within six (6) months of initial The Harris Center Board approval or at the end of six (6) months following the vacancy by its representative shall be considered to have resigned its organizational membership on the designated council unless a request to review is brought to the Board Program Committee.
- H. Absentee or proxy voting shall not be allowed for any member.
- I. General meetings shall follow the standard agenda as prescribed by the Board. The detailed agenda for each meeting shall be prepared jointly by a Board member, the assigned staff member, and the Chairperson of the Council.
  - 1. Standard Agenda shall consist of:
    - a. Call to Order

- b. Minutes of Previous Meeting
- c. Public Comments (three-minute time limit)
- d. Educational presentation
- e. Old Business
- f. New Business
- g. Consideration of communications, advice and recommendations from public and private agencies and organizations.
- h. Report from the Board Liaison and consideration of Board requests for advice concerning service needs and/or implementation of priorities.
- i. Set date for next meeting and adjourn.

### 1.06 Committees

Standing and special committees shall be created by the council as needed. Members shall be appointed by the council chairperson. Chairpersons of standing committees shall be appointed by the council chairperson subject to approval by a vote of the council at a general meeting.

### 1.07 Amendment of Bylaws

These bylaws apply to all Advisory Councils of The Harris Center for Mental Health and Intellectual and Developmental Disabilities, unless otherwise stated. Advisory Councils desiring to make a change in the bylaws should submit the requested change, in writing, to The Harris Center Board of Trustees through the Board Program Committee.

## 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
Departmental Review	Keena Pace: Exec	08/2023
Initial Assignment	Evanthe Collins: Dir	08/2023

# **EXHIBIT G-16**

Status **Pending** PolicyStat ID **14301784**



Origination 09/2015

Last Approved N/A

Effective

Upon Approval

Last Revised 10/2023

Next Review 1 year after approval

Owner Kia Walker: Chief Nursing Officer

Area Medical Services

Document Type Agency Policy

## MED.NUR.A.2 Medication Administration

### 1. PURPOSE:

The purpose of the policy is to describe the medication administration practices provided by The Harris Center for Mental Health and IDD.

### 2. POLICY:

All nurses employed with or contracted by ~~The~~the Harris Center who administer medications must do so according to their licensing boards. Non-licensed staff who administer or supervise the self-administration of medications (**SSAM**) must meet the education/training requirements and standards. Medications will be administered only upon the specific order of authorized prescribers in Mental Health and IDD Programs. Psychoactive Medications will only be administered when the patient or Legally Authorized Representative (LAR) has provided written consent except during a psychiatric or medical emergency. Programs not providing nursing services will be excluded from any type of medication administration.

### 3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of ~~The~~the Harris Center where medications are prescribed and administered by licensed practitioners and staff who have been trained and found ~~to~~the be competent and to all units and programs that provide supervision of medication self-administration or medication administration by non-licensed staff.

### 4. RELATED POLICIES/FORMS (for reference

only):

Pharmacy and Unit Medication/ Drug Inventory

## 5. PROCEDURES:

- Medication Administration and Documentation Procedure
- CPEP Medication Administration Procedure
- CPEP Medication Education Procedure
- Supervision of Self-Administration of Medications (SSAM)
- Medication Administration in Outpatient Clinics
- IDD Medication Administration
- MED 11A Pharmacy and Unit Medication/ Drug Inventory

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

- Administration of Medication for Clients with Intellectual and Developmental Disabilities, Tex. Human Resources Code Chapter 161, Subchapter D-I
- Administration of Medication to Patient under Court Order for Mental Health Services, Tex. Health & Safety Code Ch. 574, Subchapter G
- Rights of Persons with an Intellectual Disability, Tex. Health & Safety Code Ch. 592, Subchapter F
- RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable & Predictable Conditions, 22 Tex. Admin. Code Chapter 225
- Consent to Treatment with Psychoactive Medication-Mental Health Services, 25 Texas Administrative Code Ch. Title 25, Texas Administrative Code, Chapter 414, Subchapter I.
- Mental Health Community Services Standards- Standards of Care-Title Medication Services, 26, Texas Administrative Code, Chapter §301.355, Medication Services.
- Title Role and Responsibilities of a Local Authority-Health Safety and Rights, 40 Tex. Texas Administrative Admin. Code, Role and Responsibilities of a Local Authority, Section §2.313- Health, Safety and Rights.

## Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Final Legal Review	Kendra Thomas: Counsel	09/2023
Initial Legal Review	Shannon Fleming: Counsel	09/2023
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	09/2023
Initial Assignment	Kia Walker: Chief Nursing Officer	09/2023

# **EXHIBIT G-17**

Status **Pending** PolicyStat ID **13229546**



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

## HR.A.34 Nepotism HR SOP

### 1. PURPOSE:

The purpose of this policy is to provide guidance for all employees of The Harris Center for Mental Health and IDD and outlines acceptable and unacceptable reporting relationships of relatives to ensure fairness in our hiring practices and work-related matters.

### 2. POLICY:

The Harris Center prohibits nepotism in hiring, as well as, in any decisions affecting the terms and conditions of employment. **No To promote a productive work environment, free from conflicts of interests, unfair advantages, whether perceived or real, no nepotism or favoritism** of any kind may be shown to one's relatives in work-related matters. Relatives may not be in a direct reporting relationship with one another. They may not work in the same work group or report to the same supervisor. ***As a general guideline, two levels of management should exist between relatives; however, each situation must be evaluated on an individual basis to determine if a conflict of interest exists.***

### 3. APPLICABILITY/SCOPE:

All employees (direct and indirect) regardless of rank or title.

### 4. DEFINITIONS

Nepotism is showing favoritism to one's relatives in hiring or in any terms and conditions of employment. Relatives include the following

- Spouse or domestic partner

- Parent or Stepparent
- Child or Stepchild
- Grandparents
- Grandchildren
- Aunt or Uncle
- Niece or Nephew
- Cousins
- Guardian or Ward
- Siblings or Step-siblings (brother, sisters)
- In-laws (brother, sister, mother, father, son or daughter)
- A person living in one's household
- Any other person with such a close bond as to suggest conflict in the employment relationship (for example, a fiancé).

## **5. APPLICABILITY/SCOPE:**

All employees (direct and indirect)

If two employees marry, cohabit, or become otherwise related, so as to qualify as relatives under this policy's definition, they must report the change in status to the Human Resources Department which will work with the employees to devise a working solution to avoid nepotism problems under this policy.

## **6. PROCEDURES:**

Relatives seeking employment at the Harris Center must use the standard application process at the Harris Center. To avoid creating any barrier to equal employment opportunity, hiring of relatives based exclusively on referrals is not permitted.

An employee that holds one of the following positions may not have relatives working in the same business unit, even if two levels of separation exists.

- Vice President
- Director, includes Program Director, Assistant Program Director, Clinical Directors and Associate Director
- Manager, includes Program Manager, Asst Program Manager, etc
- Supervisor, includes Lead positions
- Back Office

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

- Corporate Compliance Policies - Conflict of Interest

- Employee Handbook

[LD.A.13 Code of Ethics Policy](#)

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

~~LD12A- Code of Ethics Policy~~

Questions regarding this policy should be directed to the HR Business Partner or location manager

These requirements must be followed. Managers/Supervisors who deviate from the requirements are subject to disciplinary action up to and including termination. Exceptions to this SOP must be approved by the VP, Human Resources ~~and~~, Chief Administrative Officer, and General Counsel.

### 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 G-18**

Status **Pending** PolicyStat ID **13252354**

Origination	11/2020	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HR.A.17 Overtime Compensation

### 1. PURPOSE:

The purpose of this policy is to comply with applicable local, state and federal laws, and to provide equitable consideration for hours worked over 40 in the standard work week.

### 2. POLICY:

The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) in compliance with the Fair Labor Standards Act (~~FISA~~(FLSA) and the ~~Texas~~Equal Pay ~~Day-law~~Act has established a maximum work week of forty (40) hours, except as noted herein. ~~Accordingly~~Unless exempt, ~~The~~the Harris Center will compensate employees for overtime worked in excess of the established workweek in accordance with FLSA and the provisions of this policy. Overtime for certain employees classified as "Exempt" by the FLSA is not required. Overtime for employees classified as "Nonexempt" will be compensated at a rate not less than one and one-half hours for each hour of overtime.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

- Employees Exempt from Overtime
- Overtime Approval

- Neuro-Psychiatric Center Overtime Computation
- Overtime Compensation
- Employee Volunteers

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

- [Signature for Authorization](#)
- Recording Employee Time Worked and Maintaining Leave Earned and Taken Records
- ~~Shift Differential~~
- [Shift Differential](#)
- [Employment](#)

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

- Fair Labor Standards Act [29 U.S.C. § 203](#)
- ~~Texas Pay Day Law~~ [Equal Pay Law, Texas Government Code §659.001](#)
- 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	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Joseph Gorczyca	07/2023
Initial Assignment	Toby Hicks	07/2023

# **EXHIBIT G-19**

Status **Pending** PolicyStat ID **14121258**

Origination	05/1993	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.12 Patient/ Individual Access to Medical Records

### 1. PURPOSE

To establish guidelines for the contents, maintenance, and confidentiality of patient's/ individual's medical records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of a patient's/ individual's healthcare information, whether in paper or electronic format, that comprises the medical record.

### 2. POLICY

It is the policy of The Harris Center that subject to specific contraindications by a qualified professional and to any legal constraints, the content of a patient's/individual's medical record shall be made available to the individual/ patient upon written request.

### 3. APPLICABILITY/SCOPE

This policy applies to all employees of The Harris Center.

### 4. PROCEDURES

**HIM12B**

[HIM.EHR.B.12 Patient/ Individual Access to Medical Records](#)

## 5. RELATED POLICIES/FORMS

• Confidentiality and Disclosure of Patient/ Individual Identifying Information	HIM6
• Patient/Individual Records Administration	HIM005
• Notice of Privacy Practices	HIM003
• ROI Processing Fee	HIM6B
• Consumer Request to for Review (Appeal) of a Center Decision form	
• Request to Correct/Amend Consumer Health Information form	1
• Request to Restrict the Use/Disclosure of Consumer Health Information form	
• Consumer Request for Confidential Communications form	
• Notice of Privacy Practices Acknowledgement form	
• Request for an Accounting of Disclosures of Health Information	

## 6. REFERENCES: RULES/REGULATIONS/STANDARDS

- Physician-Patient Communication, Texas Occupations Code, Chapter 159
- Medical Records Privacy, Texas Health and Safety Code chapter 181
- Mental Health Records, Texas Health and Safety Code Chapter 611
- HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164
- The 21st Century Cures Act, Pub. L. No. 114-255 (2016); 29 U.S.C. § 1185a; 26 U.S.C. § 9812

### 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 G-20**

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



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

## ACC.P.1 Performance Improvement Plan

### The Harris Center Performance Improvement Plan

(System Quality, Safety and Experience)

## FY 2023

### Introduction

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

### Vision

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

# Mission

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

## FY 2023 Goals

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

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

- Zero preventable serious safety events

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

## Governance Structure

### Governing Body

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

### Leadership

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

### Executive Session

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

### ~~Professional Review Committee (PRC)~~

~~The Chief Medical Officer (CMO) is delegated the oversight, via the Board of Trustees, to evaluate the quality of medical care and is accountable to the Board of Trustees for the ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the professional practice of licensed providers. The PRC will act as the authorizing committee for professional peer review and system quality committees (Exhibit A). The committee will also ensure that licensing boards of~~

~~professional health care staff are properly notified of any reportable conduct or finding when indicated. The Professional Review Committee has oversight of the following peer protected processes and committees:~~

## ~~Oversight:~~

- ~~• Medical Peer Review~~
- ~~• Pharmacy Peer Review~~
- ~~• Nursing Peer Review~~
- ~~• Licensed Professional Review~~
- ~~• Closed Record Review~~

## ~~Membership:~~

- ~~• Chief Executive Officer (Ex-Officio)~~
- ~~• Chief Medical Officer (Chair)~~
- ~~• Chief Operating Officer~~
- ~~• Chief Nursing Officer~~
- ~~• Chief Administrative Officer~~
- ~~• Legal Counsel~~
- ~~• Divisional VPs and (CPEP, MH)~~
- ~~• VP, Clinical Transformation and Quality~~
- ~~• VP, Enterprise Risk Management~~
- ~~• Director of Pharmacy Programs~~

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

## System Quality, Safety and Experience Committee

The Quality Committee of the Board of Trustees has established a standing committee, The System Quality, Safety and Experience Committee (previously the Patient Safety Committee) to evaluate, prioritize, provide general oversight and alignment, and remove any significant barriers for implementation for quality, safety, and experience initiatives across Harris Center programs. The Committee is composed of Harris Center leadership, including operational and medical staff. The Committee will approve annual system-wide quality and safety goals and review progress. The patient safety dashboard and all serious patient safety events are reviewed. Root Cause Analysis, Apparent Cause Analysis, Failure Modes and Effects Analysis, quality education projects, are formal processes used by the Committee to evaluate the quality and safety of mental health and IDD services, and thus are privileged and confidential. All performance improvement projects through The Harris Center's quality training program or other performance improvement training programs are privileged and confidential as

part of the Quality, Safety & Experience Committee efforts. The Committee also seeks to ensure that all The Harris Center entities achieve standards set forth by the Commission on Accreditation and Rehabilitation Facilities (CARF) and Certified Community Behavioral Health Clinic (CCBHC).

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

## Oversight:

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

### Membership:

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

# Organization of Quality Improvement:

## Priority Setting

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

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

## Methodologies

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

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

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

Reports are generated and reviewed with the quality improvement team. Ongoing review of organization wide performance measures are reported to committees described in the Quality, Safety and Experience governance structure.

### **Reporting**

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

### **Evaluation and Review**

At least annually, the Quality, Safety and Experience leadership shall evaluate the overall

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

(Appendix A)  
Committee Oversight



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

- Pharmacy and Therapeutics
- ~~Infection Prevention~~
- Accreditation
- ~~Risk and Audit~~
- Learning Collaboratives

(Appendix B)  
The Model for Improvement

# Forming the Team

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

## **Setting Aims**

Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

## **Establishing Measures**

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

## **Selecting Changes**

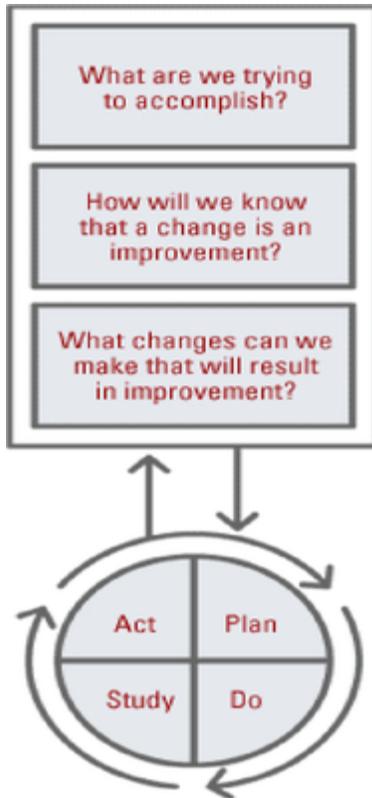
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

## **Testing Changes**

The Plan-do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

**Implementing Changes** After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

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



Sources:

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

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

(Appendix C)

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

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

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

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

FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur. In an FMEA, a team representing all areas of the process under review convenes to predict and record

where, how, and to what extent the system might fail. Then, team members with appropriate expertise work together to devise improvements to prevent those failures – especially failures that are likely to occur or would cause severe harm to patients or staff. The FMEA tool prompts teams to review, evaluate, and record the following:

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

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

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## Attachments

[image1.png](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2023
Legal Review	Kendra Thomas: Counsel	06/2023
Departmental Review	Keena Pace: Exec	06/2023
Initial Assignment	Luc Josaphat: Director of Quality Assurance	06/2023

# **EXHIBIT G-21**

Status **Pending** PolicyStat ID **13959046**



Origination	01/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.14 Retention of Patient/Individual Records

### 1. PURPOSE:

A patient/individual record will be maintained for every individual registered and/or opened for services with the Harris Center.

### 2. POLICY:

It is the policy of The Harris Center that all patient/individual records shall be retained for specified periods based on legal, accrediting, and regulatory requirements, as well as, its uses for patient/individual care, legal, research and educational purposes. Patient/individual records may be retained in paper-based, images, and EHR.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

[HIM.EHR.B.14 Retention of Patient/Individual Records](#)

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

Reference	Policy and Procedures
<a href="#">Patient/Individual Records Administration</a>	HIM: <del>013</del> 13

Security of Patient/~~individual~~Individual Identifying InformationHIM:~~016~~16

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

American Health Information Management Association Practice Brief: Retention of Health Information  
 Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B  
 Health Insurance Portability and Accountability Act, 45 CFR §§164.509,164.515  
 Texas Medical Records Privacy Act, Tex. Health & Safety Code Chapter 181  
 Medical Records, 22 Tex. Admin. Code, Chapter 165  
 Psychological Records, Test Data & Test Materials, 22 Tex. Admin. Code §465.22  
 Rights of All Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154

### 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 G-22**

Status **Pending** PolicyStat ID **13923056**



Origination	02/1992	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## ACC.A.9 Return to In-Patient Care of Furloughed Patient

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### 1. PURPOSE:

The purpose of this policy is ensure The Harris Center complies with current state laws regarding furlough of patient receiving inpatient treatment pursuant to a temporary or extended commitment.

### 2. POLICY:

It is the policy of a The Harris Center to comply with all requirements and special conditions associated with patients released on furlough.

### 3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff.

### 4. PROCEDURES

~~ACC11B - Return to In-Patient Care of Furloughed Patient~~ [ACC.B.9 - Return to In-Patient Care of Furloughed Patient](#)

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

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

CARF: Section 3. Subsection J., Inpatient Treatment  
Texas Mental Health Code, Texas Health & Safety Code Chapter 574

### Approval Signatures

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

# **EXHIBIT G-23**

Status **Pending** PolicyStat ID **13958973**



Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

## HIM.EHR.A.16 Security of Patient/ Individual Identifying Information

### 1. PURPOSE:

All patient/individual identifying information, regardless of the medium or format, is considered confidential and shall be available only to authorized users.

### 2. POLICY:

It is the policy of The Harris Center to maintain the security of all patient/individual identifying information and safeguard this information against loss, destruction, tampering and unauthorized access and use.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

[Security of Patient/ Individual Identifying Information](#) [HIM.EHR.B.16 Security of Patient/ Individual Identifying Information](#)

### 5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> <li>Confidentiality and Disclosure of Patient/<del>individual</del>Individual Identifying Information</li> </ul>	HIM6
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<ul style="list-style-type: none"> <li>Retention of Patient/<del>individual</del><u>Individual</u> Record</li> </ul>	HIM14
<ul style="list-style-type: none"> <li>Patient/<del>individual</del><u>Individual</u> Records Administration</li> </ul>	HIM13
<ul style="list-style-type: none"> <li>Incident Reporting</li> </ul>	EM4

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

- American Health Information Management Association - Practice Brief on Information Security
- Medicare Conditions of Participation for Hospitals
- Health Insurance Portability and Accountability Act

### 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 G-24**

Status **Pending** PolicyStat ID **13959025**



Origination 03/1995

Last Approved N/A

Effective Upon Approval

Last Revised 10/2023

Next Review 1 year after approval

Owner Rita Alford: Dir

Area Information Management

Document Type Agency Policy

## HIM.EHR.A.17 Standardized Patient Record Form

### 1. PURPOSE:

To ensure compliance with standards and Center Policies and Procedures and to avoid duplication of information.

### 2. POLICY:

It is the policy of The Harris Center that all patient/individual record forms shall be standardized throughout the Center to every extent possible. All patient/individual record forms must be approved by the Center's [Records EHR Request](#) Committee. Only agency approved forms are to be used for documenting in a patient/individual's record.

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

[HIM:017B Standardized Patient Record Forms](#) [HIM.EHR.B.17 Standardized Patient Record Forms](#)

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

Content of Patient/individual Records Policy and Procedures - HIM: [0068](#)

The Development and Maintenance of Center Policies and Procedures - [ADM:LD:418](#)

**Attachments**

- Sample Instruction Sheet - #1
- Questions to Ask Before Creating a New Form - #2

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

## Attachments

[Instruction Template #1.doc](#)

[Questions to ask before Creating a New Form #2.doc](#)

## 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 G-25**

Status **Pending** PolicyStat ID **14496187**



Origination 08/2019  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 11/2022  
 Next Review 1 year after approval

Owner Kendra Thomas:  
 Counsel  
 Area Leadership  
 Document Type Agency Policy

## LD.A.8 Subpoenas

### 1. PURPOSE:

To ensure all staff of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) properly respond and meet deadlines to comply with legal obligations with respect to subpoenas.

### 2. POLICY:

It is the policy of The Harris Center to comply and timely respond to subpoenas to avoid any delay in the legal proceedings while protecting the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department/General Counsel Office is administratively responsible for all legal matters related to The Harris Center, including management of litigation. A person who is served with a subpoena related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. The subpoena and any accompanying documents shall be immediately forwarded to The Legal Services Department to review and ensure the subpoena is proper and meets legal requirements, to avoid delay and to protect the interests of The Harris Center, staff/volunteers/interns/contractors and persons served.

### 3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

## 4. PROCEDURES:

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

N/A

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

- Subpoenas, TEX. R. av. P. 176
- Subpoena & Attachment, Tex. Code Crim. Proc. Ann. Art 24
- Subpoena, FED. R. CRIM. P. 17.
- Subpoena, FED. R. av. P. 45.
- Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. §§ 2.13; 2.61 – 2.67
- Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. §§ 160.314; 160.520; 164.512 CARF: Section 1. Subsection E.2., Legal Requirements

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2023
Legal Review	Kendra Thomas: Counsel	10/2023
Initial Assignment	Kendra Thomas: Counsel	10/2023

# **EXHIBIT G-26**

**ABBREVIATION LIST**

46B Not Competent to stand trial HCJ

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

**G**

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

**H**

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

**I**

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

**J**

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

**K****L**

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

**M**

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

**N**

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

**O**

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

**P**

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

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

**Q**

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

**R**

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

**S**

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

**T**

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

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

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

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

**W**

**X**

**Y**