

Full Board Meeting

April 23, 2024

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, March 26, 2024
(EXHIBIT F-1)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Governance Committee Report and/or Action
(J. Lykes, Chair)
 - B. Resource Committee Report and/or Action
(G. Womack, Chair)
 - C. Quality Committee Report and/or Action
(R. Gearing, Chair)
 - D. Program Committee Report and/or Action
(B. Hellums, Chair)
 - E. Foundation Report and/or Action
(J. Lykes, Chair)
- VI. CONSENT AGENDA**
 - A. FY24 Year-to-Date Budget Report-March
(EXHIBIT F-2)
 - B. April 2024 Contract Interlocal Agreements
(EXHIBIT F-3)
 - C. Award Recommendation Sole Source Due Diligence for VisionLink
(EXHIBIT F-4)
 - D. Recommendation No. 436 R-Mercedes Alejandro for IDD-PAC Family Advocate Membership
(EXHIBIT F-5)
- VII. REVIEW AND TAKE ACTION**
 - A. Burglaries or Thefts
(EXHIBIT F-6)
 - B. Business Associate
(EXHIBIT F-7)
 - C. Compliance Program
(EXHIBIT F-8)

- D. Emergency Medical Care for Consumers, Employees and Volunteers
(EXHIBIT F-9)
- E. Incident Reporting
(EXHIBIT F-10)
- F. Infection Control and Prevention
(EXHIBIT F-11)
- G. Linguistic Competence Service
(EXHIBIT F-12)
- H. Lobbying
(EXHIBIT F-13)
- I. Management of Legal Documents and Litigation
(EXHIBIT F-14)
- J. Narcan Policy
(EXHIBIT F-15)
- K. Nursing Peer Review Incident Based or Safe Harbor
(EXHIBIT F-16)
- L. Referral Transition and Discharge
(EXHIBIT F-17)
- M. Religious Accommodations
(EXHIBIT F-18)
- N. Social Media Use
(EXHIBIT F-19)
- O. State Service Contract Monitoring and Performance Monitoring
(EXHIBIT F-20)
- P. Telehealth and Telemedicine Services
(EXHIBIT F-21)
- Q. The Development and Maintenance of Center Policies
(EXHIBIT F-22)
- R. Third Part Participation in Patient Services
(EXHIBIT F-23)
- S. Trauma Informed Practice
(EXHIBIT F-24)
- T. Utilization of Security Officer Services
(EXHIBIT F-25)
- U. Credentialing
(EXHIBIT F-26)

VIII. REVIEW AND COMMENT

- A. Warring Group
(EXHIBIT F-27 Carrie Rys/Christi Warring)
- B. Strategic Plan Update
(Wayne Young)

IX. BOARD CHAIR'S REPORT

X. 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.

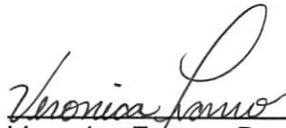
XI. RECONVENE INTO OPEN SESSION

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

XIII. INFORMATION ONLY

- A. Measurement Informed Care Presentation
(EXHIBIT F-28)
- B. IDD Quality Committee Presentation
(EXHIBIT F-29)
- C. Integrating Board-Certified Psychiatric Pharmacists in a Certified Community Behavioral Health Clinic Article
(EXHIBIT F-30)

XIV. ADJOURN



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



EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: March 26, 2024

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
Dr. L. Moore, Vice Chairperson
Mr. Jim Lykes, Vice Chairperson
Dr. George Santos
Mrs. B. Hellums
Mr. Gerald Womack
Dr. Luis A. Fernandez-Wische
Mrs. Natali Hurtado-videoconference

TRUSTEES ABSENT: Dr. Max Miller, Jr., Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:34 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

Alma Castillo, Kenya Coffman, Brian Kelley Tiffany Lu, Brittany Mattu, and Itesa Ross each stood in front of the Board of Trustees with tape over their mouths and held signs about supporting the union and its proposed consultation policy. Sheronica Watson provided public comment regarding the desire of some Harris Center employees to form a union and adopt the consultation policy.

III. Approval of Minutes

MOTION BY: LYKES SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, February 27, 2024 as presented under Exhibit F-1, are approved.

IV. Chief Executive Officer's Report was provided by CEO Wayne Young
Mr. Young provided a Chief Executive Officer report to the Board.

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

- A. Governance Committee Report and/or Action-J. Lykes
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Audit Committee meeting on March 19, 2024.
- B. Resource Committee Report and/or Action-G. Womack, Chair
Mr. Womack provided an overview of the topics discussed and the decisions made at the Resource Committee meeting on March 19, 2024.
- C. Quality Committee Report and/or Action-G. Santos, Chair
Dr. Santos provided an overview of the topics discussed and the decisions made at the Quality Committee meeting on March 19, 2024.
- D. Program Committee Report and/or Action-B. Hellums, Chair
Dr. Gearing provided an overview of the topics discussed and the decisions made at the Program Committee meeting on March 19, 2024.
- E. Foundation Report and/or Action-J. Lykes, Chair
Mr. Lykes provided an overview of the topics discussed and the decisions made at the Foundation Committee meeting.

VI. Consent Agenda

- A. Approve FY'24 Year-to-Date Budget Report-February

MOTION: Mrs. Hellums moved to approve Consent Agenda items A-D

SECOND: Mr. Womack seconded the motion

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

VII. Review and Comment

- A. RDLR-Northeast Community Clinic was presented to the Board of Trustees.
- B. Human Resources Update was presented to the Board of Trustees.

VIII. Review and Take Action

- A. Intellectual and Developmental Disabilities Division- (ICF-IID)

Mr. Young suggested amending and add a statement to that says "that this will be done consistent with policies listed under #7 Related Policies and Forms. Another policy was erroneously referenced twice. Mr. Young agreed to correct this error and note the Dietician Services Administrative Directive and the Dental Services for Intermediate Care Facilities for IDD (ICF-IID).

MOTION BY: LYKES SECOND: FERNANDEZ

With unanimous affirmative votes

BE IT RESOLVED the Intellectual and Developmental Disabilities Division- (ICF-IID) as presented under Exhibit F-7, are approved.

B. Dental Services for Intermediate Care Facilities for IDD (ICF-IID)

MOTION BY: WOMACK SECOND: HELLUMS

With unanimous affirmative votes

BE IT RESOLVED the Dental Services for Intermediate Care Facilities for IDD (ICF-IID) as presented under Exhibit F-8, are approved.

C. Qualified Intellectual Disabilities Professional (QIDP) Policy

MOTION BY: HELLUMS SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Qualified Intellectual Disabilities Professional (QIDP) Policy as presented under Exhibit F-9, are approved.

D. Dietetic Services for Intermediate Care Facilities for IDD (ICF-IID)

MOTION BY: WOMACK SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Dietetic Services for Intermediate Care Facilities for IDD (ICF-IID) as presented under Exhibit F-10, are approved.

IX. Board Chair's Report

Dr. Gearing provided the Board Chair's report to the Board.

X. Executive Session-Dr. Gearing announced the Board would convene into Executive Session at 10:24 am for the following purposes:

- **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- **In accordance with §551.071 of the Texas Government Code, consultation with attorney on a matter related to the legal requirements of the Texas Open Meetings Act. Kendra Thomas, General Counsel**
- **In accordance with §551.071 of the Texas Government Code, consultation with attorney on a matter related to labor organizations. Kendra Thomas, General Counsel**

- **In accordance with §§551.071 and 551.074 of the Texas Government Code, discussion of a personnel matter and contemplated litigation. Kendra Thomas, General Counsel**
- **Report by the Chief Medical Officer, Chief Nursing Officer, Chief Operating Officer, and Vice President of Clinical Transformation & Quality related to an audit conducted by the HHSC-Provider Licensing Enforcement & Regulatory Services and compliance with state and federal health care program requirements pursuant to Texas Health & Safety Code Ann. §161.032. Dr. Luming Li, Chief Medical Officer, Kia Walker, Chief Nursing Officer, Keena Pace, Chief Operating Officer, Dr. Evanthe Collins, Vice President of IDD Services and Trudy Leidich, Vice President of Clinical Transformation & Quality**

IX. Reconvene into Open Session – The Board reconvened into Open Session at 11:58 am.

MOTION: Dr. Santos moved The Harris Center Board of Trustees support the right of employees to form a labor organization.

SECOND: Mrs. Hellums seconded the motion

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

X. ADJOURN

MOTION: WOMACK

SECOND: HELLUMS

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 12:05 P.M.

Respectfully submitted,

**Veronica Franco, Board Liaison
Dr. Robin Gearing, Chair, Board of Trustees
The HARRIS CENTER for Mental Health and IDD**

EXHIBIT F-2

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
March 31, 2024**

Fiscal year 2024

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

The Harris Center for Mental Health and IDD (The Center)

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

Responsibility for the accuracy, completeness and fairness of presentation of the presented data rests with the Center, the Chief Financial Officer and the Accounting departments.

We believe the statements, as presented, are materially accurate and are presented in a manner designed to fairly set forth the financial position and results of operations of The Center.

The Center's accounting records for its general fund are maintained on a modified accrual basis.

Under this method, revenues are recognized in the period when they become measurable and available, and expenditures are recognized when the related fund liability is ensured, if measurable.

The financial report submitted herewith was prepared to reflect budget basis reporting and has not been audited by an independent auditor.

Stanley Adams
Chief Financial Officer - interim

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
March 31, 2024
Non-GAAP / Budget-Basis reporting

For the Month

	Original budget	Actual	Variance
Revenues	\$ 28,619,834	\$ 26,050,142	\$ (2,569,692)
Expenditures	28,536,501	27,476,282	1,060,219
Change in net assets, operations	\$ 83,333	\$ (1,426,140)	\$ (1,509,473)
Debt payment	\$ (83,333)	\$ -	\$ 83,333
Capital		(159,790)	(159,790)
Other sources and uses		3,585	3,585
	<u>\$ 0</u>	<u>\$ (1,582,345)</u>	<u>\$ (1,582,345)</u>

Fiscal Year to Date

	Original budget	Actual	Variance
Revenues	\$ 200,338,840	\$ 196,014,237	\$ (4,324,603)
Expenditures	199,755,507	196,038,096	3,717,411
Change in net assets, operations	\$ 583,333	\$ (23,859)	\$ (607,192)
Debt payment	\$ (583,333)	\$ -	\$ 583,333
Capital		(1,979,914)	(1,979,914)
Other sources and uses		62,903	62,903
	<u>\$ 0</u>	<u>\$ (1,940,870)</u>	<u>\$ (1,940,870)</u>

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget
March 31, 2024
Non-GAAP / Budget-Basis reporting

	For the Month of				Fiscal Year to Date				
	Budget	Actual	Variance \$	%	Budget	Actual	Variance \$	%	
Operating Revenue									
State General Revenue	\$ 10,145,271	\$ 9,946,659	\$ (198,613)	-2%	\$ 71,016,899	\$ 71,254,383	\$ 237,484	0%	
Harris County and Local	5,420,027	4,614,134	(805,893)	-15%	37,940,191	36,074,313	(1,865,878)	-5%	A
Federal Contracts and Grants	4,034,513	2,448,818	(1,585,695)	-39%	28,241,590	25,571,011	(2,670,579)	-9%	B
State Contract and Grants	1,128,277	547,776	(580,501)	-51%	7,897,942	5,667,010	(2,230,932)	-28%	C
Third Party Billing	2,766,500	3,269,566	503,065	18%	19,365,503	21,216,394	1,850,891	10%	D
Charity Care Pool	3,340,350	3,340,350	(0)	0%	23,382,452	23,382,454	2	0%	
Directed Payment Programs	726,250	791,859	65,609	9%	5,083,750	5,152,984	69,235	1%	
PAP	833,578	846,443	12,865	2%	5,835,046	5,825,078	(9,968)	0%	
Interest Income	225,067	244,537	19,471	9%	1,575,467	1,870,609	295,143	19%	
Operating Revenue, total	\$ 28,619,834	\$ 26,050,142	\$ (2,569,692)	-9%	\$ 200,338,840	\$ 196,014,237	\$ (4,324,603)	-2%	
Operating expenditures									
Salaries and Fringe Benefits	\$ 19,926,501	\$ 19,270,809	\$ 655,692	3%	\$ 139,485,506	\$ 139,837,567	\$ (352,061)	0%	
Contracts and Consultants	2,089,012	1,531,424	557,588	27%	14,623,083	10,059,090	4,563,994	31%	E
Contracts and Consultants-HPC	2,322,735	2,306,650	16,085	1%	16,259,143	16,146,550	112,593	1%	
Supplies and Drugs	1,531,755	2,250,576	(718,821)	-47%	10,722,284	14,925,767	(4,203,483)	-39%	F
Purchases, Repairs and Maintenance of:									
Equipment	597,697	747,799	(150,102)	-25%	4,183,880	3,426,725	757,155	18%	
Building	538,158	247,148	291,011	54%	3,767,108	1,253,316	2,513,792	67%	
Vehicle	86,436	20,042	66,394	77%	605,053	473,593	131,460	22%	
Telephone and Utilities	318,221	260,831	57,389	18%	2,227,544	1,941,566	285,977	13%	
Insurance, Legal and Audit	166,175	212,691	(46,516)	-28%	1,163,228	1,163,534	(306)	0%	
Travel	194,028	193,019	1,010	1%	1,358,199	1,072,472	285,728	21%	
Other	765,783	435,292	330,490	43%	5,360,479	5,737,916	(377,438)	-7%	
Operating Expenditures, total	\$ 28,536,501	\$ 27,476,282	1,060,219	4%	\$ 199,755,507	\$ 196,038,096	3,717,411		
Change in Net Assets, before Other Sources	\$ 83,333	\$ (1,426,140)	\$ (1,509,473)		\$ 583,333	\$ (23,859)	\$ (607,192)		
Other Sources									
Debt payment	\$ (83,333)	\$ -	\$ (83,333)		\$ (583,333)	\$ -	\$ (583,333)		
Capital outlay	-	(159,790)	159,790		-	(1,979,914)	(1,979,914)		
Insurance proceeds	-	3,585	(3,585)		-	38,773	38,773		
Proceeds from Sale of Assets	-	-	-		-	24,130	24,130		
Change in Net Assets, all Sources	\$ 0	\$ (1,582,345)	\$ (1,582,345)		\$ 0	\$ (1,940,870)	\$ (1,940,870)		

The Harris Center for Mental Health and IDD
Balance Sheet
March 31, 2024
Non-GAAP / Budget-Basis reporting

	ORIGINAL February-24	UPDATED February-24	Change		March-24	Change
ASSETS						
Current Assets						
Cash and Cash Equivalents						
Cash and Petty Cash	\$ 17,985,270	\$ 17,985,270	\$ -		\$ 12,384,338	\$ (5,600,932)
Cash Equivalents	20,170,803	20,170,803	-		60,636,301	40,465,498
Cash and Cash Equivalents, total	\$ 38,156,073	\$ 38,156,073	\$ -		\$ 73,020,639	\$ 34,864,566 FF
Inventory and Prepaid	\$ 10,001,062	\$ 10,001,062	\$ -		\$ 7,508,049	\$ (2,493,013)
Accounts Receivable:						
Other	69,128,140	69,128,140	-		56,397,203	(12,730,937) GG
Patient, net of allowance	3,313,169	3,313,169	-		3,912,974	599,804
Current Assets, total	\$ 120,598,444	\$ 120,598,444	\$ -		\$ 140,838,864	\$ 20,240,420
Capital Assets						
Land	\$ 12,694,280	\$ 13,004,859	\$ 310,579 AA		\$ 13,004,859	\$ -
Building and Building Improvements	46,595,256	52,615,143	6,019,887 BB		52,615,143	-
Furniture, Equipment and Vehicles	9,952,470	11,062,791	1,110,321 CC		11,062,791	-
Construction in Progress	24,267,898	5,764,164	(18,503,734) DD		5,764,164	-
Capital Assets, total	\$ 93,509,904	\$ 82,446,957	\$ (11,062,947)		\$ 82,446,957	\$ -
Total Assets	\$ 214,108,347	\$ 203,045,400	\$ (11,062,947)		\$ 223,285,821	\$ 20,240,420
LIABILITIES AND NET ASSETS						
Unearned Income	\$ 17,237,899	\$ 17,237,899	\$ -		\$ 40,681,614	\$ 23,443,715 HH
Accounts Payable and Accrued Liabilities	24,887,244	25,029,783	142,539		23,434,006	(1,595,777) II
Long term Liabilities	815,510	846,587	31,077		821,412	(25,174)
Liabilities, total	\$ 42,940,653	\$ 43,114,269	\$ 173,616		\$ 64,937,033	\$ 21,822,764
NET ASSET						
Inventory and Capital Assets	\$ 93,395,791	\$ 81,835,754	\$ (11,560,037) EE		\$ 81,940,661	\$ 104,907
Assigned	66,514,014	66,514,014	-		66,514,014	0
Unassigned	11,616,415	11,939,889	323,474		11,834,981	(104,907)
Change in net assets	(358,525)	(358,525)	-		(1,940,869)	(1,582,344)
Net Assets, Total	\$ 171,167,694	\$ 159,931,131	\$ (11,236,563)		\$ 158,348,787	\$ (1,582,344)

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budget-Basis reporting

March 31, 2024

Results of Financial Operations and Comparison to Budget

A Harris County and Local Revenue

The unfavorable variance is driven by vacancies in our cost-reimbursable contracts with Harris County and some allowable expenses that have not been billed. Based on Supplemental billings we expect to be fully caught up in Revenue by the end of May.

B Federal Contract and grants

Federal Contracts and Grants Revenue has a net unfavorable budget variance due to several program's actual revenue differing from budgeted amounts as of March, including \$900K related to unbuilt NE clinic.

C State Contract and Grants

The primary driver of the net unfavorable variance in State Contract and Grants is related to timing of expenditures for building costs for 6168 apartments (\$1.9MM).

D Third party billing

Third party billing exceeds anticipated budget, in total, due to revenue generated in our pharmacies. However, we are seeing patient revenue fall under budget due to low patient volume.

E Contracts and consultants

The primary drivers of the positive contracts and consultants variance are savings in contract labor costs and timing of payments as programs get established.

F Supplies

The primary driver of the net unfavorable variance in supplies is the increase in retail drug pharmacy purchases, which is offset by revenue earned on the billing program. On a YTD basis the Pharmacy billing revenue = \$4,963,521 and the Pharmacy billing program expense = (\$4,867,092).

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budget-Basis reporting

March 31, 2024

FEB24 Balance sheet - Audit Adjustments

AA Land

The increase is attributable to the capitalization of the perimeter fences at 6160 (\$253K).

BB Building and Building Improvements

The increase is driven by capitalization of 6160 renovations (\$1.4MM) and HVAC projects (\$106K).

CC Furniture and Equipment

The increase is driven by recording of the Right of Use Asset for subscriptions (\$497K) related to the adoption of GASB 96 as well as the capitalization of capital spending on network hardware refresh (\$203K), Southloop HCC Project (\$264K), and other projects.

DD Construction in Progress

The \$18.5MM decrease is related to a review of the CIP accounts which resulted in the write-off or capitalization of a variety of capital project-related assets. The assets written off primarily consist of software assets no longer considered capitalizable following the adoption of GASB 96, an accounting standard newly effective in FY23.

EE Inventory and Capital Assets

The decrease in this fund account was driven by the write-off of assets previously reflected in CIP, primarily consisting of EPIC-related costs (\$10.5MM), which is no longer considered capitalizable following the adoption of GASB 96.

MAR24 Balance sheet

FF Cash and Investments

The increase in cash and cash equivalents is driven by receipt of the Q3 allocation from HHSC, the annual county allocation, and cash collection on outstanding contract invoices. Additionally, we collected \$41MM in April pertaining to our Charity Care program.

GG Accounts receivable, other

The primary driver of the decrease in Accounts Receivable, other is the collection of amounts owed from the County for the annual allocation as well as continued collections on outstanding contract invoices.

HH Unearned income

Unearned income has increased due to cash received for the performance contract award from HHSC.

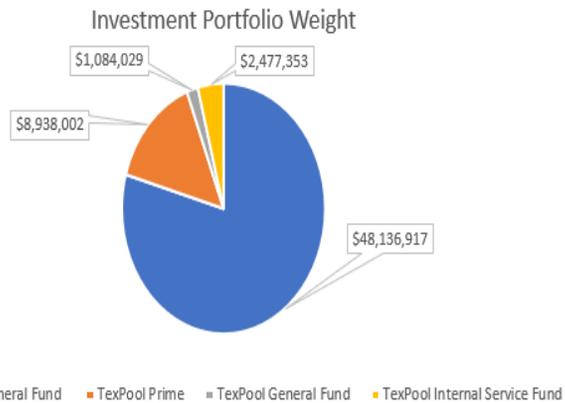
II Accounts Payable and Accrued Liabilities

Accounts Payable and Accrued Liabilities has decreased due to timing of payroll and related liabilities: Blue Cross Blue Shield owed as of February was remitted in March, \$2.4M.

The Harris Center for Mental Health and IDD
Investment Portfolio
March 31, 2024

Local Government Investment Pools (LGIPs)

	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Value	Portfolio %	Monthly Yield
Texas CLASS							
Texas CLASS General Fund	\$ 7,728,903	\$ 40,300,000	\$ -	\$ 108,015	\$ 48,136,917	79.39%	5.47%
TexPool							
TexPool Prime	8,896,526	-	-	41,476	8,938,002	14.74%	5.32%
TexPool General Fund	1,079,156	-	-	4,872	1,084,029	1.79%	5.49%
TexPool Internal Service Fund	2,466,218	-	-	11,135	2,477,353	4.09%	5.49%
<i>TexPool Sub-Total</i>	<i>12,441,901</i>	<i>-</i>	<i>-</i>	<i>57,483</i>	<i>12,499,384</i>	<i>20.61%</i>	
Total Investments	\$ 20,170,803	\$ 40,300,000	\$ -	\$ 165,498	\$ 60,636,300	100%	
Additional Interest-Checking Accounts				79,040			
Total Interest Earned				<u>\$ 244,536</u>			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	5.47%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	5.29%
Interest Rate - Chase Hybrid Checking	3.70%
ECR - Chase	3.80%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of March 31, 2024, is in compliance with the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Michael T. Hooper Jr

Michael Hooper, Controller - interim

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
March 31, 2024

Vendor	Description	Monthly Not-To-Exceed*	Mar-24	Fiscal Year to Date Total
Lincoln Financial Group	Retirement Funds (401a, 403b, 457)	\$3,500,000	\$1,896,086	\$14,042,797
Blue Cross Blue Shield of TX	Health and Dental Insurance	\$3,200,000	\$5,053,195	\$17,306,993
UNUM	Life Insurance	\$300,000	\$422,552	\$1,449,299

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

Notes: BCBSTX Includes both February and March payments

Notes: Unum Includes both January & February invoice payments

EXHIBIT F-3

APRIL 2024
INTERLOCAL AGREEMENTS



Executive Contract Summary

Contract Section

Contractor*

Baylor College of Medicine

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

Baylor College of Medicine, College of Arts and Science, Dept of Psychology and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/18/2024

Contract Term End Date* (?)

3/31/2027

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Baylor College of Medicine, College of Arts and Science, Department of Psychiatry & Behavioral Sciences to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

<https://www.bcm.edu/departments/psychiatry-and-behavioral-sciences/education/psychology-internship>

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Baylor College of Medicine, College of Arts and Science,
Dept of Psychology

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Phuong T. Nguyen, PhD

Address*

Street Address

1977 Butler Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030-4101

State / Province / Region

TX

Country

US

Phone Number*

713-873-4914

Email*

ptnguyen@bcm.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	3/11/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

3/11/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

3/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/13/2024





Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7409

Contractor Name*

Gulf Coast Center

Service Provided* (?)

Crisis Intervention Helpline/Access Services provided to Callers.

Renewal Term Start Date*

3/1/2024

Renewal Term End Date*

2/28/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$7,500.00 for call volume between 501 to 750 calls per month. If calls exceed 10% of contracted call range, call volume billed at \$14.00.

Unit(s) Served *

N/A

G/L Code(s) *

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Jennifer Battle

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination

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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 90,000.00	420015
Budget Manager*		Secondary Budget Manager*
Ilejay, Kevin		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

\$7,500.00 for call volume between 501 to 750 calls per month. If calls exceed 10% of contracted call range, call volume billed at \$14.00.

Project WBS (Work Breakdown Structure)* (?)

NA

Fiscal Year* (?)	Amount* (?)
2024	\$ 45,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change?*

Yes No

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

Yes No

Are there any changes in the Performance Targets?*

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner
Jennifer Battle

Budget Manager Approval(s)



Approved by

Kevin DeJary

Contract Owner Approval



Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/6/2024



Executive Contract Summary

Contract Section



Contractor*

Harris County Hospital District d/b/a Harris Health

Contract ID #*

7731

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Harris Health and The Harris Center

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2024

Contract Term End Date* (?)

8/31/2025

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

Current Contract Amount*

\$ 2,327,727.00

Increase Not to Exceed*

\$ 263,192.00

Revised Total Not to Exceed (NTE)*

\$ 2,590,919.00

Fiscal Year* (?)

2025

Amount* (?)

\$ 2,650,101.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

Additional Resources at Harris Health to align with ongoing resources, upgrades, and support for EPIC.

Contract Owner*

Mustafa Cochinwala

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

FY21, FY22, FY23

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

Yes No Unknown

Please provide an explanation*

N/A

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Kari McMichael

Address*

Street Address

4800 Fournace Place

Address Line 2

City

Bellaire

Postal / Zip Code

77401-2324

State / Province / Region

TX

Country

US

Phone Number*

713-526-4243

Email*

invoices@harrishealth.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1130	\$ 263,192.00	574000

Budget Manager
Campbell, Ricardo

Secondary Budget Manager
Brown, Erica

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name
Hurst, Richard

Submission Date
3/7/2024

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date
3/7/2024

Contract Owner Approval

Approved by

[Signature]

Approval Date
3/7/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*
3/7/2024



Executive Contract Summary

Contract Section



Contractor*

Health and Human Services

Contract ID #*

New

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

Health and Human Services, The Harris Center for Mental Health and IDD

Agenda Item Submitted For: * (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

2/15/2024

Contract Term End Date* (?)

3/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 28,800.00

Funding Source*

State

Contract Description / Type* (?)

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

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

Vocational Apprenticeship Salaries

Contract Owner*

Dr. Evanthe Collins

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

9/1/2022-8/31/2023

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Monty Chamberlain

Address*

Street Address

701 West 51st Street

Address Line 2

City

Austin

Postal / Zip Code

78751-2312

State / Province / Region

TX

Country

US

Phone Number*

512-971-8839

Email*

monty.chamberlain@hhs.texas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
3412	\$ 28,800.00	540508

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

Provide Rate and Rate Descriptions if applicable* (?)

10.00 per hour

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name	Submission Date
Anthony, Patrina	3/12/2024

Budget Manager Approval(s)

Approved by

Mamie Adams-Austin

Approval Date

3/12/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

[Signature]

Approval Date

3/12/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/14/2024



Executive Contract Summary

Contract Section

Contractor*

Lone Star College

Contract ID #*

2024-0862

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2024

Contract Term End Date* (?)

2/28/2025

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

Fiscal Year* (?)

2024

Funding Source*

County

Contract Description / Type* (?)

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

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 23/24 Fiscal year (County FY). Contract to extend to Lonestar College Police Department for 3 iPads.

Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Paul Willingham - Chief

Address*

Street Address

20515 state highway 249

Address Line 2

City

Houston

Postal / Zip Code

77070

State / Province / Region

TX

Country

US

Phone Number*

281-655-3712

Email*

Paul.Willingham@lonestar.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024
Budget Manager Oshman, Jodel		Secondary Budget Manager Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down.

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	3/11/2024

Budget Manager Approval(s)

Approved by	Approval Date
<i>Jodel Oshman</i>	3/11/2024

Contract Owner Approval

Approved by	Approval Date
<i>Kim Kopnmayer</i>	3/13/2024

Contracts Approval

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

Approved by*	Approval Date*
<i>Belinda Stude</i>	3/15/2024



Executive Contract Summary

Contract Section



Contractor*

Rice University

Contract ID #*

2024-0855

Presented To*

- Resource Committee
- Full Board

Date Presented*

3/19/2024

Parties* (?)

Harris County Sheriff's Office and The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/31/2024

Contract Term End Date* (?)

1/31/2025

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

County

Contract Description / Type* (?)

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

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 23/24 Fiscal year (County FY). Contract to extend to Rice University Police Department for 2 iPads.

Director: Kisha Lorio

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

HCSO currently under contract.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County Sheriff's Office

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Chief Clemente Rodriguez

Address*

Street Address

6100 Main Street

Address Line 2

City

Houston

Postal / Zip Code

77005

State / Province / Region

TX

Country

US

Phone Number*

713-348-6000

Email*

crodr@rice.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9259	\$ 853,600.00	403024

Budget Manager	Secondary Budget Manager
Oshman, Jodel	Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable* (?)

Pursuant to the ILA the Agency will on a monthly basis submit a detailed report and invoice to the county for review and approval prior to any monthly draw down.

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name	Submission Date
Singh, Patricia	2/13/2024

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

2/13/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim KOPNMEYER

Approval Date

2/13/2024

Contracts Approval

Approve*

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

Approved by *

Belinda Stude

Approval Date *

2/27/2024



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2024

Contract ID#*

7424

Contractor Name*

Spindletop Center

Service Provided* (?)

Crisis Line Services to provide MH and IDD resources and support to Callers.

Renewal Term Start Date*

3/1/2024

Renewal Term End Date*

2/28/2025

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 0.00

Rate(s)/Rate(s) Description

\$8,200.00 for call volume between 751 and 1,000 calls per month. If call(s) volume exceeds 10% of the current contracted range, then the volume will be billed at Twelve dollars (\$12.00) for only calls beyond the range of 751 to 1,000 calls per month.

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Jennifer Battle

Contract Owner*

Jennifer Battle

File Upload (?)

Evaluation of Current Fiscal Year Performance



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

Yes No

Were Services delivered as specified in the contract? *

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Renewal Determination



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

Yes No

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number *	Amount Charged to Unit *	Expense/GL Code No. *
7001	\$ 98,400.00	42015

Budget Manager *	Secondary Budget Manager *
Ilejay, Kevin	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable * (?)

\$8,200.00 for call volume between 751 and 1,000 calls per month. If call(s) volume exceeds 10% of the current contracted range, then the volume will be billed at Twelve dollars (\$12.00) for only calls beyond the range of 751 to 1,000 calls per month.

Project WBS (Work Breakdown Structure) * (?)

NA

Fiscal Year * (?)	Amount * (?)
2024	\$ 49,200.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

Private Pay Source

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Jennifer Battle

Budget Manager Approval(s)

Approved by

Kevin DeJay

Contract Owner Approval

Approved by

Jennifer Battle

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/4/2024



Executive Contract Summary

Contract Section



Contractor*

The University of Texas Health Science Center at Houston Cizik School of Nursing

Contract ID #*

2024-0867

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

The University Of Texas Health Science Center At Houston School Of Nursing & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2024

Contract Term End Date* (?)

3/31/2028

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in The University Of Texas Health Science Center At Houston School Of Nursing to complete clinical field placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

The University Of Texas Health Science Center At Houston
School Of Nursing

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

JOE PEREZ

Address*

Street Address

Holcombe Blvd

Address Line 2

City

Houston

Postal / Zip Code

77030

State / Province / Region

TX

Country

US

Phone Number*

713-500-2168

Email*

JOE.J.PEREZ@UTH.TMC.EDU

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Brown, Erica	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name	Submission Date
Daswani, Bianca	3/18/2024

Budget Manager Approval(s)

Approved by



Approval Date

3/18/2024

Procurement Approval

File Upload (?)

Approved by

Approval Date

Contract Owner Approval

Approved by



Approval Date

3/19/2024

Contracts Approval

Approve*

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

Approved by*



Approval Date*

3/25/2024



Executive Contract Summary

Contract Section



Contractor*

University of Texas at Tyler Soules College of Business

Contract ID #*

2024-0868

Presented To*

- Resource Committee
- Full Board

Date Presented*

4/16/2024

Parties* (?)

The Harris Center for Mental Health and IDD & University of Texas at Tyler Soules College of Business

Agenda Item Submitted For:* (?)

- Information Only (Total NTE Amount is Less than \$250,000.00)
- Board Approval (Total NTE Amount is \$250,000.00 or more)
- Grant Proposal
- Revenue
- SOW-Change Order-Amendment#
- Other

Procurement Method(s)*

Check all that Apply

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

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

4/1/2024

Contract Term End Date* (?)

3/31/2029

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

Fiscal Year* (?)

2024

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

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

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

University of Texas at Tyler Soules College of Business

Supporting Documentation Upload (?)

1-hrd4370_spring22_mcwhorter.pdf	141.01KB
----------------------------------	----------

Vendor/Contractor Contact Person

Name*

Judy Sun

Address*

Street Address

3501 Liberty Ln

Address Line 2

City

Tyler

Postal / Zip Code

75701

State / Province / Region

TX

Country

US

Phone Number*

903-565-5912

Email*

jsun@uttyler.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	NA
Budget Manager Brown, Erica		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Daswani, Bianca

Submission Date

2/22/2024

Budget Manager Approval(s)

Approved by

Erica Brown

Approval Date

2/22/2024

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Maria Escobar

Approval Date

2/22/2024

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

3/25/2024

EXHIBIT F-4



Award Recommendation Sole Source Due Diligence for VisionLink Project# FY24-0287

Purchasing received a request from Janice Cote with Crisis Line for a VisionLink application. Before discovering VisionLink as a sole source vendor, Janice Cote with the assistance of Anthony Jones searched on Texas State DIR, Interlocal Agreements and GSA Schedule 70, without any success in locating a vendor that provides the functionality they needed.

CommunityOS, is the Community Operating System by Visionlink, is designed to evolve to always be future ready. The core architecture is itself modular: designed to support the replacement of technical frameworks and features as new options emerge. The administrative suite allows every page, menu, form, field, search, result, data exchange and more to be configured by non-programmers, which would allow our staff to be self-sufficient. The application is Multi-Lingual using a special module that allows the application to translate and deploy different modules and forms in multiple languages simultaneously.

Vision link is unique due to the following functionality available in one platform. Mobile ready, data integrations, reliability, HIPAA secure, data analytics and exclusive API builder. It's currently the only solution in the marketplace that lets organizations build their own API endpoints, without the need to have highly advanced data exchange engineers build a solution.

Due diligence shows that other Crisis Line use the following:

1. Electronic Health System - which is not an option for the Crisis Line as the Agency have contracted lines, and the Agency cannot add all our contacts from the other counties in EPIC.
2. In-house developed system that's managed and maintained by internal Information Technology staff.
3. iCarol – which is currently being used by the Agency - has much more limited features than VisionLink, VisionLink has more ability to customize to Agency needs, the security features on VisionLink are much improved, and should be able to incorporate our operational guideline system, report transfer and on-call calendars into this new system. This will be replacing the current "Crisis Line Calendar website" with VisionLink.

The Crisis Center Department recommendation is to move forward with the vendor that met all the team's requirements.

VisionLink

The total NTE (Not to Exceed) for three (3) years is \$384,000.00 to be funded annually subject to availability of the budget each year. A 10 percent discount applies to a (3) three-year contract. Forecast for each year is:

FY24 - \$150,000.00

FY25 - \$117,000.00

FY26 - \$117,000.00

Funding Source: Unit 7001, GL Code 574000

Submitted By:

James Blunt

F92CA4A6C5944F0
James Blunt, C.P.M.
Buyer II

Recommended By:

Sharon Brauner

258C365A6EEF9418
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager

DocuSigned by:

Stanley Adams

E758EDD68CF04D3
Stanley Adams, MBA
Interim Chief Financial Officer

EXHIBIT F-5

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

Intellectual and Developmental Disabilities Planning Advisory Council [IDD-PAC]

Please Print:

Name: Mercedes E. Alejandro
 Mr. Mrs. Ms. Dr. Consumer Family Member of Consumer*

Mailing Address: _____

City: Houston State: Texas Zip Code: _____

Telephone: Home 0 Work 0 Cell _____

Fax No.: 0 E-mail Address: _____

Occupation: Retired

Employed by: 0 Formerly employed at Baylor College of Medicine 40 yrs,
Texas Children's Hospital 5 yrs.

I am seeking appointment as a Consumer/Family Member defined as: Any individual living in Harris County and receiving or having previously received services from an agency appropriate to the Intellectual and Developmental Disabilities Planning Advisory Council [Autism or other Intellectual and Developmental Disabilities]; a family member or guardian of such a person.

I am being nominated by: Shelley A. Townsend
[Yourself or person who recommended you become an IDD-PAC member]

Why do you want to be a member of the IDD-PAC?

I bring a consumer's point of view as I've raised a child with IDD and received services from our LIDDA for over 40 years

What special interests, talents, or experience do you feel you bring to the IDD-PAC?

My interests include community outreach as part of the Arc's Spanish parent support group. I am a legal guardian for a young man with IDD (not related) and bring a consumer's point of view

* Member of immediate family means a relative in the first or second degree, which includes, but is not limited to mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather, legally authorized representative.

INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]

PAGE 2 OF 2

The Intellectual and Developmental Disabilities Planning Advisory Council meets the first Tuesday of every month from 10:00 a.m. until 12:00 p.m. Are you available to attend these monthly meetings on a regular basis?

Yes No If no, please explain: AVAILABLE VIA ZOOM AND IN PERSON

Please list your memberships in other professional and civic organizations and associations:

- Member, Pastoral Council, All Saints Catholic Church
- President, Guadalupeana Assn, All Saints Catholic Church
- Member, The Arc of Harris County
- Member, Texas Guardianship Associations
- Former Commissioner, Mayor's Office for People with Disabilities
HOUSTON COMMISSION ON DISABILITIES

You will be provided a copy of The Harris Center Policy pertaining to Advisory Council membership and the Code of Ethics for review. To be considered as an advisory council nominee, you need to review and sign a non-conflict of interest statement regarding participation on the Council and that you will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include both of these signed statements when you return this completed form.

Mercedes E. Alejandro
(SIGNATURE)

11/2/2023
(DATE)

Please mail the completed application form to: **Cindy Hernandez, Recording Secretary, Intellectual and Developmental Disabilities Planning Advisory Council, The Harris Center, 9401 Southwest Freeway, Houston, Texas 77074.** Or the completed application form may be emailed to Alicia.Hernandez@TheHarrisCenter.org or faxed to 713-970-3481.

- Attachments:
- What is the Intellectual and Developmental Disabilities Planning Advisory Council?
 - The Harris Center Board By-Laws Regarding Advisory Councils
 - Copy of The Harris Center Code of Ethics
 - Certification of Compliance with Code of Ethics
 - Conflict of Interest Declaration
 - Voluntary Disclosure Statement

EXHIBIT F-6

Status **Pending** PolicyStat ID **15055287**



Origination 06/2013
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2024
 Next Review 1 year after approval

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

EM.A.3 Burglaries or Thefts

1. PURPOSE:

To ensure documentation, tracking, and reporting of lost or stolen property.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, thefts, or losses of The Harris Center property shall be reported immediately upon discovery to the local police and/or to the appropriate personnel at The Harris Center. Property losses shall be reviewed to determine negligence, including the degree of financial responsibility for the loss.

3. APPLICABILITY/SCOPE:

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

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

5. PROCEDURES:

- [Reporting Procedures](#)
- [Recovery of Lost Property](#)

[Incident Reporting](#)

[Off-Premises Equipment Usage](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- [Off-Premises Equipment Usage](#)
- [Incident Reporting](#)
- [Equipment Disposal Report](#)
- [The Harris Center Property Authorization for Employee Use Form](#)
- [The Harris Center Policy and Procedure Handbook](#)

[Equipment Disposal Report](#)

[The Harris Center Property Authorization for Employee Use Form](#)

[The Harris Center Policy and Procedure Handbook](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-7

Status **Pending** PolicyStat ID **14982553**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 01/2023
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.1 - Business Associate 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) to establish the permitted and required uses and disclosures of protected health information (PHI).

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 must sign the Business Associate agreement prior to performing any services on behalf of the Harris Center. The Harris Center shall allow its business associates to create, receive, maintain, or transmit protected health information (PHI) on its behalf, if the Harris Center obtains satisfactory written assurance that the business associate will appropriately maintain the privacy and security of the PHI and fulfill HIPAA business associate obligations.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES:

[Business Associate](#)

5. RELATED POLICIES/FORMS:

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	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-8

Status **Pending** PolicyStat ID **15267532**



Origination 03/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2024
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.12 Compliance Program

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

All Harris Center employees, volunteers, interns, and contractors.

4. PROCEDURES:

[Whistleblower](#)

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

[The Harris Center Compliance Plan](#) [The Harris Center Compliance Plan](#)

[Whistleblower](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF1.A.6.a.,b.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	03/2024
Initial Assignment	Kendra Thomas: Counsel	03/2024

EXHIBIT F-9

Status **Pending** PolicyStat ID **14825856**

Origination	02/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2024
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

MED.A.7 Emergency Medical Care for Consumers, Employees and Volunteers

1. PURPOSE:

The purpose of the policy is to describe emergency medical preparedness strategies implemented at The Harris Center to manage both crisis and non-emergent injuries and illnesses.

2. POLICY:

Acute injuries or illnesses of individuals occurring during visits at The Harris Center for Mental Health and IDD shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a non-emergent injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of The Harris Center where consumers, employees, and volunteers may be present.

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

Emergency Codes, Alerts and Response

Incident Reporting

5. PROCEDURES:

Weather Alert

Medical Alert - Code Blue

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Organizational Standards-Environment of Care and Safety, Title 26, Tex. Admin. Code, 301.323

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Final Legal Review	Kendra Thomas: Counsel	01/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	12/2023
Initial Assignment	Danyalle Evans	12/2023

EXHIBIT F-10

Status **Pending** PolicyStat ID **15267529**

Origination	02/2013
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2024
Next Review	1 year after approval

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

EM.A.4 Incident Reporting

1. PURPOSE:

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

2. POLICY:

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

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

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

3. APPLICABILITY/SCOPE:

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

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

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

5. PROCEDURES:

Critical Incidents

- Incident Reporting Procedures
 - Assurance of Individual Rights
 - Critical Incidents
 - Security Alert - Armed Intruder
 - Facility Alert - Hazardous Spill
 - Facility Alert - Utility/Systems Failures
 - Medical Alert - Code Blue

- Medical Alert - Crisis Intervention
- Emergency Incidents While Transporting Consumers
- Security Alert - Bomb Threat/Suspicious Package
- Security Alert - Hostage Situation
- Facility Alert - Fire Evacuation Plan
- Sanctions for Breach of Security and/or Privacy Violations of Health Information
- Emergency Incidents While Transporting Consumers
- Breach Notification

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	02/2024
Initial Assignment	Kendra Thomas: Counsel	02/2024

EXHIBIT F-11

Status **Pending** PolicyStat ID **14963871**

Origination	01/2000
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2024
Next Review	1 year after approval

Owner	Vanessa Miller: Mgr
Area	Medical Services
Document Type	Agency Policy

MED.INF.A.1 Infection Control and Prevention Policy

1. PURPOSE:

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

2. POLICY:

The Harris Center shall provide an effective infection control and prevention plan for staff, individuals served, volunteers, and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices, and precautions to prevent or mitigate the spread of infectious organisms and diseases.

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers, and interns.

4. PROCEDURES:

- a. ~~Infection Control~~
- b. ~~Tuberculosis Testing and Exposure to Tuberculosis~~
- c. ~~Regulated Medical Waste Disposal~~
- d. ~~Accidental Blood and Bodily Fluid Exposures~~

- e. ~~Hand Hygiene~~
- f. ~~Handling Contaminated Linens~~

Infection Control Precautions

5. RELATED POLICIES/FORMS:

Infection Control Plan/Airborne Precautions

Risk Management Plan

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- a. Association for Professionals in Infection Control and Epidemiology www.apic.org
- b. Center for Disease Control, www.cdc.gov
- c. Texas Department of State Health Service - www.dshs.state.tx.us
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030. Bloodborne Pathogens
- e. Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Subchapter H. Bloodborne Pathogen Exposure Control Plan. §81.301
- f. Online Incident Report Form

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Final Legal Review	Kendra Thomas: Counsel	02/2024
Department 2	Luming Li: Chief Medical Ofcr (1101 1817)	02/2024
Department Review I	Kia Walker: Chief Nursing Officer	02/2024
Initial Assignment	Vanessa Miller: Mgr	02/2024

EXHIBIT F-12

Status **Pending** PolicyStat ID **15160786**



Origination 07/2018
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2024
 Next Review 1 year after approval

Owner Shiela Oquin:
 ExecAsst
 Area Assessment,
 Care & Continuity
 Document Type Agency Policy

ACC.A.6 Linguistic Competence Services

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

All Harris Center Staff, Contractors, Interns, and Volunteers.

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

[Assurance of Individual Rights](#)

5. PROCEDURES:

- Interpreter Resource Coordination

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

Linguistic Competence Services

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Human Resources Code Chapter 81, Services for the Deaf
- [Access to Mental Health Community Services](#), Title 26 Texas Administrative Code §301.327

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	03/2024
Departmental Review	Keena Pace: Exec	02/2024
Initial Assignment	Shiela Oquin: ExecAsst	02/2024

EXHIBIT F-13

Status **Pending** PolicyStat ID **15267534**

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

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

GA.A.2 Lobbying

1. PURPOSE:

The purpose of this policy is to encourage employees to participate in lawful political activities on the employee's own personal time and not on behalf of The Harris Center or at any of our facilities.

2. POLICY:

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

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

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

ADDITIONAL PROHIBITED ACTIVITIES OF AGENCIES AND INDIVIDUALS

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

EMPLOYMENT OF LOBBYIST

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

RESTRICTIONS ON LOBBYING EXPENDITURES

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

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

DISCIPLINARY ACTION

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

3. APPLICABILITY/SCOPE:

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

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

NA

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Gov't Code Ch. 556

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	02/2024
Initial Assignment	Kendra Thomas: Counsel	02/2024

EXHIBIT F-14

Status **Pending** PolicyStat ID **15055286**



Origination 06/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 02/2023
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.11 - Management of Legal Documents & Litigation

1. PURPOSE:

To ensure all staff of The Harris Center for Mental Health & Intellectual and Developmental Disability (The Harris Center) properly respond to service of lawsuits, court orders, legal documents and other official notices.

2. POLICY:

It is the policy of The Harris Center to comply and respond timely to lawsuits, court orders, legal documents or other official documents served on The Harris Center to avoid any delay in legal proceedings and to protect the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department is administratively responsible for all legal matters related to The Harris Center, including management of litigation.

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

4. PROCEDURES:

A person served with a lawsuit, legal document, court order, or other official notice related to behavioral healthcare services provided to persons served or any business conducted by The Harris Center must immediately notify the Legal Services Department. A lawsuit, court order, legal document and/or official notices and any accompanying documents shall be immediately forwarded to the Legal Services Department and the Chief Executive Officer for review. This will ensure service is proper and meets legal

requirements, will avoid delay, and will protect the interests of The Harris Center, staff, volunteers, interns, contractors, and persons served.

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

[Subpoenas](#)

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center Compliance Plan

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-15

Status **Pending** PolicyStat ID **14919714**



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

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

MED.PHA.A.8 Narcan (Naloxone) Policy

1. PURPOSE:

The purpose of this policy is to ensure naloxone (Narcan) is as accessible as possible to eligible patients and authorized employees ensuring proper storage, use and administration to effectively treat and reduce potential fatalities associated with opioid overdoses.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to establish naloxone (Narcan) procedures ensuring proper storage, use, distribution, and administration to effectively treat and reduce potential patient fatalities associated with opioid overdoses.

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

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

~~MED20A Pharmacy Services and Outpatient Prescription Purchase Plan Policy~~ [Pharmacy Services and Outpatient Prescription Purchase Plan Policy](#)

~~MED6A Medication Storage, Preparation and Administration Areas Policy~~ [Medication Storage, Preparation and Administration Areas](#)

~~MED1A Medical Services~~

5. PROCEDURE:

~~MED.B.13 Narcan (Naloxone) Patient Administration Procedure~~ MED.B.13 Narcan (Naloxone) Patient Administration Procedure

~~MED.PHA.B.8 Pharmacy Naloxone Process Procedure~~ MED.PHA.B.8 Pharmacy Narcan (Naloxone) Process Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

TSBP Rule Number:§295.14

Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders. HHS Publication No. (SMA) 13-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

Adapt Pharma (2015). Narcan nasal spray, Quick start guide. Accessed 1/23/20, www.narcannasalspray.com.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	01/2024
Legal 2nd Review	Kendra Thomas: Counsel	01/2024
Pharmacy &Therapeutic Committee	Angela Babin: Dir	01/2024
Pharmacy Department Review	Tanya White: Mgr	01/2024
Legal 1st Review	Kendra Thomas: Counsel	01/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	01/2024
Initial	Tanya White: Mgr	01/2024

EXHIBIT F-16

Status **Pending** PolicyStat ID **14784766**

Origination	06/2019	Owner	Kia Walker: Chief Nursing Officer
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2024		
Next Review	1 year after approval		

MED.NUR.A.3 Nursing Peer Review: Incident Based or Safe Harbor

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) is committed to ensuring high quality health care through the utilization of the nursing peer review process. The process is one of fact-finding, analysis, and study of events by nurses in a climate of collegial problem-solving focused on obtaining all relevant information about an event.

2. POLICY:

The Nursing Peer Review Committee ("NPRC") shall evaluate nursing services, the qualifications of a nurse, the quality of patient care rendered by nurses, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The NPRC may review the nursing practice of a LVN, RN, or APRN (RN with advanced practice authorization).

The Nursing Peer Review Committee shall also convene if a nurse requests a safe harbor nursing peer review determination of whether the requested conduct or assignment violated the nurse's duty to a patient. The Harris Center's Nursing Peer Review Committee shall comply with state law and applicable Board rules related to nursing peer review and safe harbor nursing peer review. The NPRC is a subcommittee of the Professional Review Committee ("PRC").

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD nurse employees and contractors.

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

- Notice of Receipt of Report to Peer Review Committee
- Confidentiality Guidelines for Participants in Nursing Peer Review Process
- Detailed Summary of Peer Review Committee Findings
- Peer Review Committee's Final Report to Administration
- BON Safe Harbor Quick Request Form
- BON Comprehensive Written Request for Safe Harbor Nursing Peer Review
- Safe Harbor Request to Question the Medical Reasonableness of a Physician's Order

5. PROCEDURES:

- [Nursing Peer Review: Incident Based or Safe Harbor](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nursing Practice Act, Texas Occupations Code Chapter 301
- Nursing Peer Review, Texas Occupations Code Chapter 303
- Licensure, Peer Assistance and Practice, Title 22 Texas Administrative Code, §§217.19,

Attachments

[BONComprehensiveWrittenRequestforSafeHarborNursingPeerReview.pdf](#)

[BONSafeHarborQuickRequestForm.pdf](#)

[BONSafeHarborResourcesforFacilities.pdf](#)

[SHNPR-Resource.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending

CEO Approval	Wayne Young: Exec	01/2024
Final Legal Review	Kendra Thomas: Counsel	01/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	12/2023
Initial Assignment	Kia Walker: Chief Nursing Officer	11/2023

EXHIBIT F-17

Status **Pending** PolicyStat ID **15055283**

Origination	11/1994	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2023		
Next Review	1 year after approval		

ACC.A.8 Referral, Transition, and Discharge

1. PURPOSE:

The purpose of this policy is to provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to coordinate services in the least restrictive environment between persons served and other service delivery systems. The Harris Center will coordinate services in the least restrictive treatment environment upon request and based on the needs of the persons served. The Agency shall seek to facilitate the integration of the persons served into the community, whenever appropriate. A referral, transition, or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

3. APPLICABILITY/SCOPE:

Persons residing in Harris County, as well as, individuals in Harris County but reside outside of the county who are in crisis.

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

5. PROCEDURES:

[Referral, Transfer, and Discharge](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306, Subchapters A, D
- CARF: Section 2. Subsection D., Transition/Discharge

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	02/2024
Departmental Review	Keena Pace: Exec	02/2024
Initial Assignment	Lance Britt: Dir	02/2024

EXHIBIT F-18

Status **Pending** PolicyStat ID **15267525**



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

HR.A.32 Religious Accommodations

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

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

[Equal Employment Opportunity Policy](#)

[Employment Policy](#)

Request for Reasonable Accommodation form

5. PROCEDURES:

[Religious Accommodation Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	03/2024
Department Review	Joseph Gorczyca	02/2024
Initial Assignment	Joseph Gorczyca	02/2024

EXHIBIT F-19

Status **Pending** PolicyStat ID **15001882**

Origination 02/2022

Last Approved N/A

Approved

Effective Upon Approval

Last Revised 04/2024

Next Review 1 year after approval

Owner Nicole Lievsay: Dir

Area Leadership

Document Type Agency Policy

LD.A.14 Social Media Use

1. PURPOSE:

The purpose of the Social Media Use policy is to ensure The Harris Center employees adhere to the social media standards and guidelines provided by the Communications Department and the agency leadership. This policy defines the rules and procedures for the use of personal and official social media sites to ensure the agency accounts are both legal and in compliance with agency policies.

Social media sites include, but are not limited to, Facebook, Twitter, Instagram, YouTube, Snapchat, TikTok, etc.

2. POLICY:

All official Harris Center social media sites must adhere to state and federal laws and regulations, and agency policies. Only public information may be posted on official Harris Center social media sites and may not contain sensitive personal information as defined in the Texas Business and Commerce Code and the Health Insurance Portability and Accountability Act (HIPAA).

Employee Use:

The Communications Department serves as the designated administrator of the agency's social media sites. Staff members are prohibited from creating social media accounts and posting social media content in representation of The Harris Center unless they are expressly given written permission by the Communications Department and/or agency leadership.

To prevent legal and/or regulatory issues from occurring, avoiding loss of productivity and distraction to employee job performance and to preserve a consistent brand of voice, tone, and messaging across

social channels, and the following guidelines are to be maintained:

- Employees may not use social media to discuss matters related to their clients, supervisors, co-workers, or The Harris Center in a defaming or abusive manner that may be considered unprofessional and/or disruptive to the work environment.
- The personal use of social media sites by employees via The Harris Center devices and/or network is prohibited unless approved by the Communications Department.
- Staff may not use social media channels to communicate with any consumer/patient/individual regarding their care, including the exchange of personal health information (PHI).
- Employees may not post or stream social media content in representation of The Harris Center, unless expressly given written permission by the Communications Department and/or agency leadership.

Violation of this policy may lead to disciplinary action up to, and possibly including immediate termination of employment.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

Social Media Use During Work Time

~~All Harris Center employees, staff, volunteers, interns, and contractors.~~

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

Social Media Guidelines

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	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Nicole Lievsay: Dir	01/2024

EXHIBIT F-20

Status **Pending** PolicyStat ID **15160811**



Origination 07/1984

Last Approved N/A

Effective Upon Approval

Last Revised 03/2023

Next Review 1 year after approval

Owner Shiela Oquin:
ExecAsst

Area Assessment,
Care & Continuity

Document Agency Policy
Type

ACC.A.13 State Service Contract Monitoring and Performance Reporting

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

[Compliance Plan FY24](#)

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

5. PROCEDURES:

Performance Reporting and Monitoring of Service Contracts

6. REFERENCES/RULES/REGULATIONS/ STANDARDS:

Texas Health and Human Services Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2024
Legal Review	Kendra Thomas: Counsel	03/2024
Departmental Review	Keena Pace: Exec	02/2024
Initial Assignment	Shiela Oquin: ExecAsst	02/2024

EXHIBIT F-21

Status **Pending** PolicyStat ID **14784754**

Origination	07/2021
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2024
Next Review	1 year after approval

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

MED.A.6 Telehealth & Telemedicine Services

1. PURPOSE:

The purpose of this policy is to articulate The Harris Center's intent to provide care without limitations to Harris County residents seeking treatment for mental health, IDD, substance use, physical health, and related services; and, to ensure the implementation of standard policies and procedures for treating consumers via electronic telecommunications.

2. POLICY:

The Harris Center considers telehealth and telemedicine a cost-effective adjunct to in-person care. Telehealth and telemedicine are service delivery modalities that permit the Harris Center to deliver care to patients according to the same standards of care that would apply to the provision of services in an in-person setting. The Harris Center must obtain the patient's informed consent prior to providing telehealth and telemedicine services.

The goal of telehealth and telemedicine is to supplement face-to-face care and allow The Harris Center to expand its treatment programs. All clinicians involved in the delivery of care to patients through telehealth and/or telemedicine will adhere to all laws and related procedures. Telemedicine is provided under the clinical oversight of the Chief Medical Officer.

3. APPLICABILITY/SCOPE:

This policy applies to all staff and contractors of The Harris Center.

4. RELATED POLICIES/FORMS (for reference

only):

[MED.A.1 Medical Services](#)

[LD.P.1 Compliance Plan FY2324](#)

5. PROCEDURES:

[MED.B.6 Telehealth and Telemedicine Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Telehealth, Tex. Occupations Code, Subchapter J, §51.501 [et. seq.](#)
- Mental Health Telemedicine and Telehealth Services, ~~Title 3~~-Tex. Occupations Code Ch. 113
- Advanced Telecommunication Services, Title 1 Tex. Admin. Code, [Part 15](#), Chapter 354., Subchapter A. ~~Division 33.~~
- Telemedicine, Title 22 Tex. Admin. Code, Chapter 174.
- Mental Health Community Services Standards- Telemedicine Services., Title 26 Tex. Admin. Code, ~~Chapter 301. Subchapter G. Rule 301.359.~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Final Legal Review	Kendra Thomas: Counsel	01/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	12/2023
Initial Assignment	Sylvia Muzquiz-Drummond: VP	12/2023

EXHIBIT F-22

Status **Pending** PolicyStat ID **15055292**

Origination	03/2023	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2024		
Next Review	1 year after approval		

LD.A.18 The Development and Maintenance of Center Policies

1. PURPOSE:

The purpose of this policy is to establish the guidelines of The Harris Center for Mental Health and IDD (The Harris Center) for the development of agency policies.

2. POLICY:

It is the policy of The Harris Center to develop and maintain policies and procedures, which define the internal management and operations of the agency. All policies, procedures, plans, protocols notices and all other regulatory documents shall comply with state/local contracts, grants, rules, regulations, The Harris Center's Board of Trustees' policies and other applicable statutes. Policies shall be reviewed and updated at least annually, unless changes in regulations, laws, changes within The Harris Center's privacy practices or The Harris Center business needs require an earlier review.

Updated copies of the agency's policies are maintained within a data management system accessible to all staff. Suggestions for the development of new agency policies or revisions to existing policies may be made by contacting The Harris Center's Compliance department. When immediate action is needed and timing precludes the normal review and approval, process, the CEO may issue Administrative Directives that are followed up with the formal policy and procedure development process. Board Committee and Full Board meeting agendas will include two sections, as it relates to policies. One section will include new and revised policies for consideration. The other section will include policies with no substantive changes from review period to review period, but which require an annual review and approval.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

~~LD11B. Policy Changes Outside of Board Review and Approval~~ [Policy Changes Outside of Board Review and Approval](#)

5. RELATED POLICIES/FORMS:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Section 1. Aspire to Excellence

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-23

Status **Pending** PolicyStat ID **14982542**



Origination 01/2004
 Last Approved N/A
 Effective Upon Approval
 Last Revised 01/2023
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.10 - Third Party Participation in Patient Services

1. PURPOSE:

The purpose of this policy is to promote and support patients' right to participate in treatment options and decisions about their behavioral health care.

2. POLICY:

It is the policy of The Harris Center to support patients' right to consent to the presence and participation of legally authorized representatives, friends, relatives, and advocates in the provision of clinical services. The presence of an attorney or the agent of an attorney in any clinical activity, scheduled or unscheduled, must receive approval from the General Counsel, after consultation with the appropriate Chief Medical Officer or designee before such an event occurs.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Protection of Clients and Staff-Mental Health Services Rights of Persons Receiving Mental Health Services- 25 Tex. Admin. Code Rule 404.154, Subchapter E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-24

Status **Pending** PolicyStat ID **14982403**



Origination 08/2019

Last Approved N/A

Effective Upon Approval

Last Revised 02/2024

Next Review 1 year after approval

Owner Shiela Oquin:
ExecAsst

Area Assessment,
Care & Continuity

Document Type Agency Policy

ACC.A.5 Trauma-Informed Practice

1. PURPOSE:

The purpose of this procedure is to ensure services and programs are supportive of individuals who have experienced trauma and to avoid re-traumatization, which is based on an understanding of the vulnerabilities or triggers of trauma survivors some traditional service delivery approaches may exacerbate.

2. POLICY:

The Harris Center will create and maintain a safe and secure environment with supportive care, a system-wide understanding of trauma and its prevalence and impact, recovery and trauma-specific services, and recovery-focused, consumer-driven services.

3. APPLICABILITY/SCOPE:

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

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

5. PROCEDURES:

[Trauma-Informed Practice](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- SAMHSA's National Center for Trauma-Informed Care (NCTIC) Website
- Trauma Informed CCBHC Criteria Guidelines
- CCBHC: Program Requirements 1-4
- CARF: Section 2. Subsection B., Screening and Access to Services

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Departmental Review	Keena Pace: Exec	01/2024
Initial Assignment	Shiela Oquin: ExecAsst	01/2024

EXHIBIT F-25

Status **Pending** PolicyStat ID **15055289**

Origination	10/2020	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2023		
Next Review	1 year after approval		

EM.A.6 Utilization of Security Officer Services

1. PURPOSE:

The purpose of this policy is to establish clear expectations on the utilization of the security services provided by The Harris Center for Mental Health and IDD.

2. POLICY:

The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of The Harris Center's commitment to maintaining a safe environment, The Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect The Harris Center property, proactively identify, and promptly mitigate security risks in the environment.

3. APPLICABILITY/SCOPE:

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

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

- [Emergency Codes, Alerts, and Response](#)
- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program

- Limitation to Security Officer's Role - Least Restrictive Environment

5. PROCEDURES:

- [Security Alert - Armed Intruder](#)
- [Security Alert - Bomb Threat/ Suspicious Package](#)
- [Security Alert - Hostage Situation](#)
- [Security Alert - Missing Child/Abduction of Child](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards-Organizational Standards, 26 Tex. Admin. Code §301.323

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Legal Review	Kendra Thomas: Counsel	01/2024
Initial Assignment	Kendra Thomas: Counsel	01/2024

EXHIBIT F-26

Status **Pending** PolicyStat ID **14967442**

Origination	07/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2024
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

HR.A.35 Credentialing Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. All physicians ([Medical Doctors \(MD\)](#), [Doctor of Osteopathy \(DO\)](#)), [Advanced Practice Registered Nurses \(APRN\)](#), [Physician Assistants \(PA\)](#), [Clinical Pharmacy Specialist \(CPS\)](#), Licensed Mental Health Professionals (LPHAs), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals, Peer Professionals, Family Partners, Community Services Specialists (CSSP), and Nursing staff, are credentialed before appointment to an assigned position.

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

3. APPLICABILITY/SCOPE:

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

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

Employment

Employment Eligibility Verification for Worker in the United States

5. PROCEDURES:

Credentialing Guideline & Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Mental Health Community Services Standards- General Provisions, Definitions, 26 Tex. Admin. Code 301.303

Mental Health Community Services Standards- Organizational Standards, Competency and Credentialing, 26 Tex. Admin. Code 301.331

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

Medicaid Managed Care- Mental Health Targeted Case Management and Mental Health Rehabilitation, Definitions 1 Tex. Admin. Code 353.1403

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

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2024
Final Legal Review	Kendra Thomas: Counsel	01/2024

Department Review	Luming Li: Chief Medical Ofcr (1101 1817) [AP]	01/2024
Initial Assignment	Danyalle Evans	01/2024

EXHIBIT F-27

PR RESULTS APRIL 2023-24



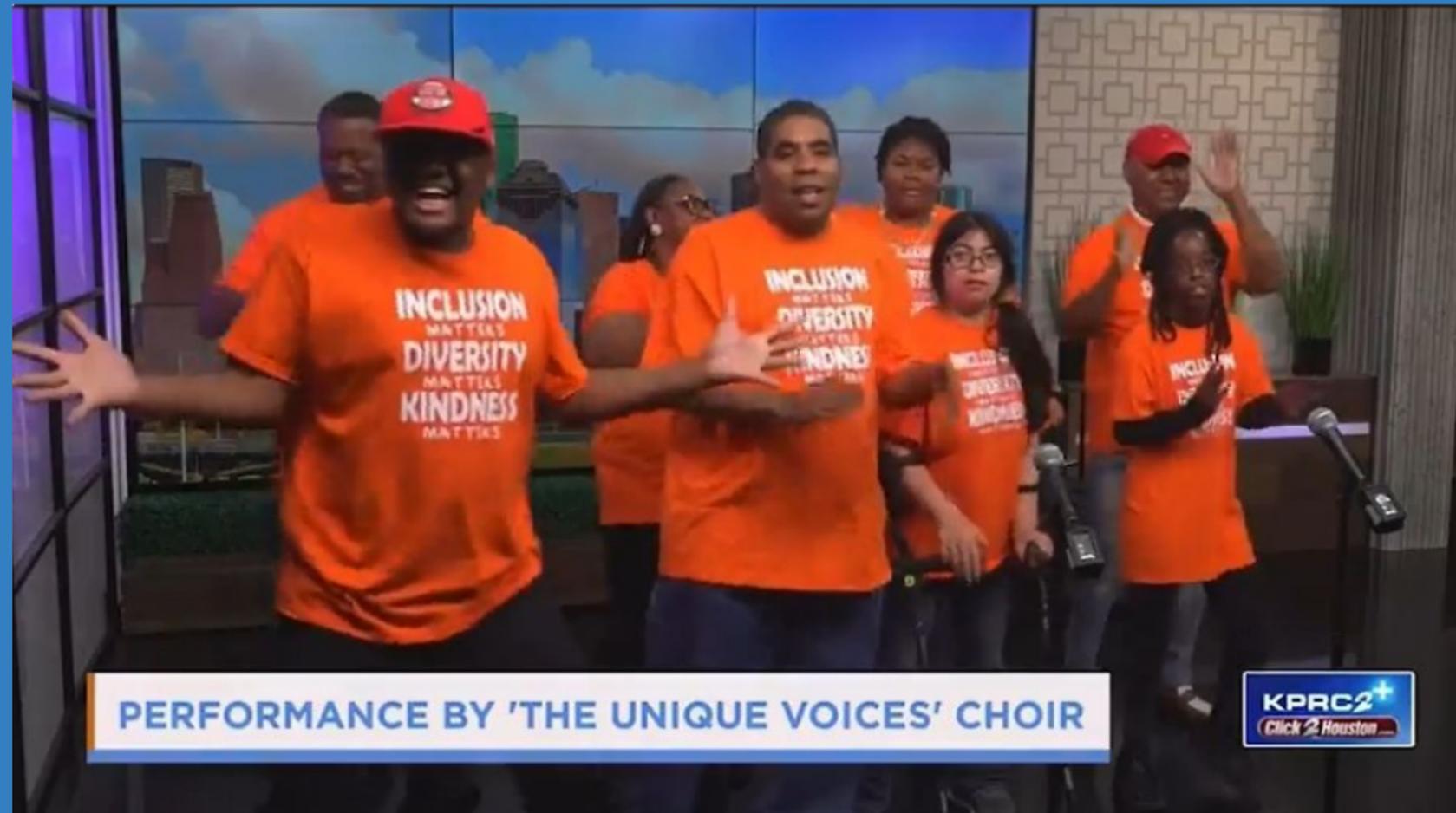
Communication Goals

Elevating the mental health conversation

Elevating the awareness of The Harris Center

Protecting your brand

Elevating the mental health conversation – sharing the secret



Media Results

82
placements

Local broadcast, national online, radio, podcasts

475M
audience

Combined total of publication-wide audience figures for all outlets featuring coverage

Focus for 2024: Spanish-speaking audience

\$139K
ad value

How much it would have cost to pay for the same number of minutes on the news stations. This number is an estimate and not available for all publications we had placements in

Spokespeople trained to date

- Wayne Young
- Geoffrey Bell
- Tiffany Bittner
- Omar Sesay
- Alessia Parker
- Donielle Price
- Tiffanie Williams- Brooke
- Donielle Price
- Dr. Krystin Holmes
- Jennifer Battle.
- Asly Guevara
- Patrina Anthony
- Carroll Prasad
- Dr. Stanley Williams
- Dr. Luming Li
- Juan Cruz
- Jessica Medrano
- Dr. Gena Raine
- Angelica Sullivan
- Margaret Strobel
- Dr. Tranika Jefferson

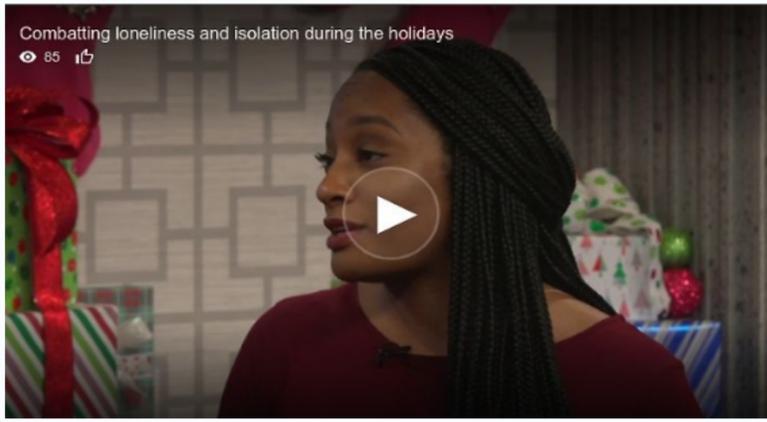
****The Warring Group provided customized media training for each spokesperson**



2023 Highlights



Apoyo de vivienda a pacientes de salud mental
written by Domingo Banda | diciembre 6, 2023



FOX 26 8:23 78° SALYNN CARTER, 95, DIAGNOSED WITH DEMENTIA. FOX 26 SPEAKER MCCAR LOCAL NEWS

NO WAIT WEATHER+TRAFFIC 66° HOUSTON

HOUSTON

Rebranded suicide and mental health hotline sees big increase in use in first year

HOUSTON MATTERS

Since the 988 crisis hotline launched in Houston, twice as many calls are coming in

Jennifer Battle from the Harris Center for Mental Health and IDD says her organization has had to add and train additional staff to handle the influx.

U.S. News & World Report + Follow

988 Mental Health Hotline Sees Progress, Familiar Challenges Ahead

PATH PROGRAM: PROVIDING ACCESS THROUGH HOPE FOR OUR HOMELESS POPULATION

The Harris Center's new Mobile Wellness Clinic

2024 Highlights



CONNECT WITH US

HOUSTON CHRONICLE
A Hearst newspaper

Latest News, Latest Sports, Real Estate Updates

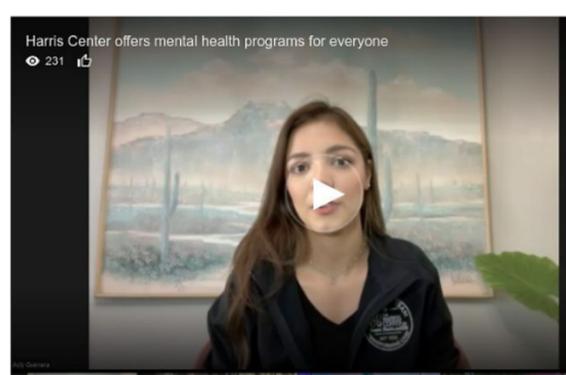


ABC13 discusses the stigma of mental health in the Black community

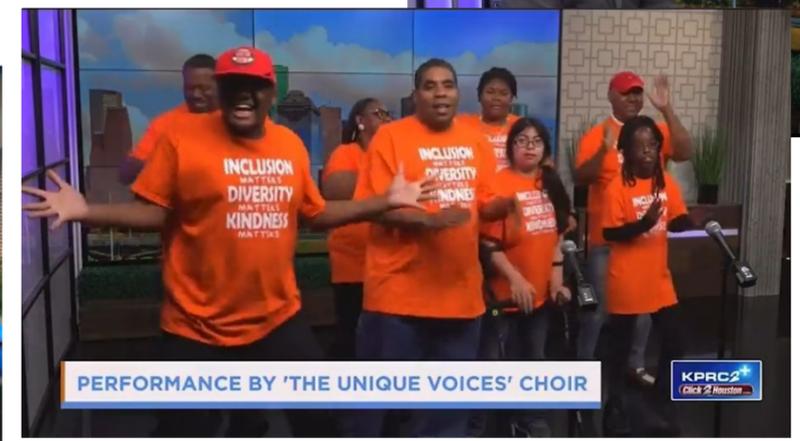
Thursday, February 15, 2024 2:31PM



Harris Center offers mental health programs for everyone



Dr. Stanley Williams joins Eyewitness News at 8 a.m. to discuss the stigma of mental health in the Black



BECKER'S HOSPITAL REVIEW

Dr. Stanley Williams, Director of Integrated Health at The Harris Center for Mental Health

Becker's Healthcare Podcast

Raising awareness through your BLOG



Through your blog

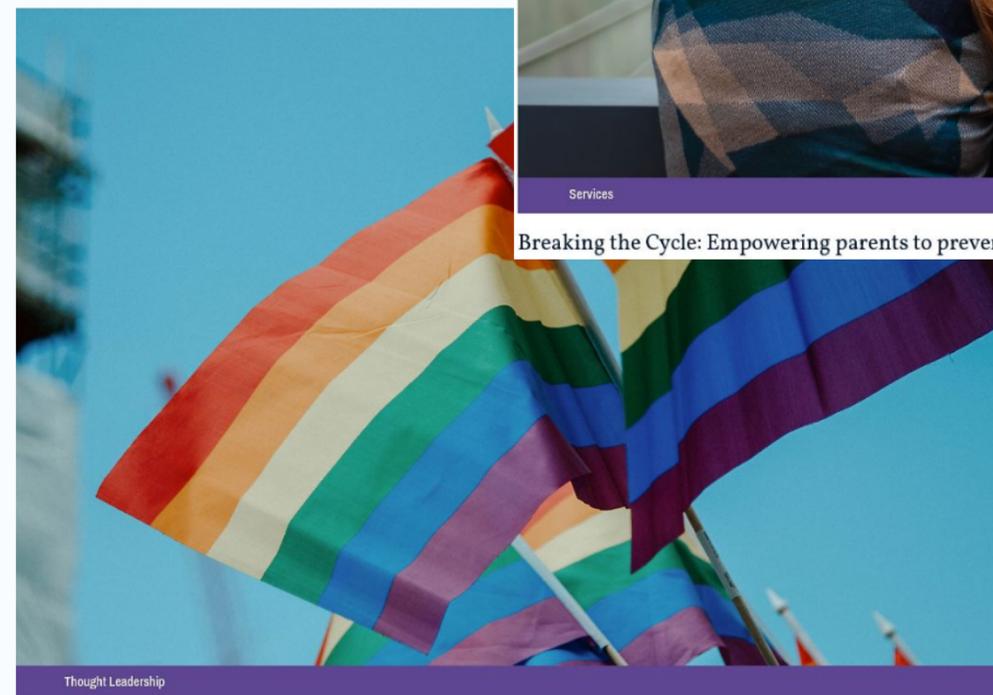
- Suicide risk and prevention: What you can do to help someone in a mental crisis
- Addressing Mental Health in the LGBTQ+ Community with Dr. Steven Coats
- PTSD: Unmasking the Complexities of Trauma, Depression, and Anxiety
- Finding Connection in the Midst of Holiday Loneliness
- Providing trauma-informed care and support to patients with adverse childhood experiences
- Breaking the Cycle: Empowering parents to prevent substance abuse in their children
- Supporting children's mental health during summer break



Services
Providing trauma-informed care and support to pa



Services
Breaking the Cycle: Empowering parents to prevent substance abuse in their children



Thought Leadership
Addressing Mental Health in the LGBTQ+ Community with Dr. Steven Coats

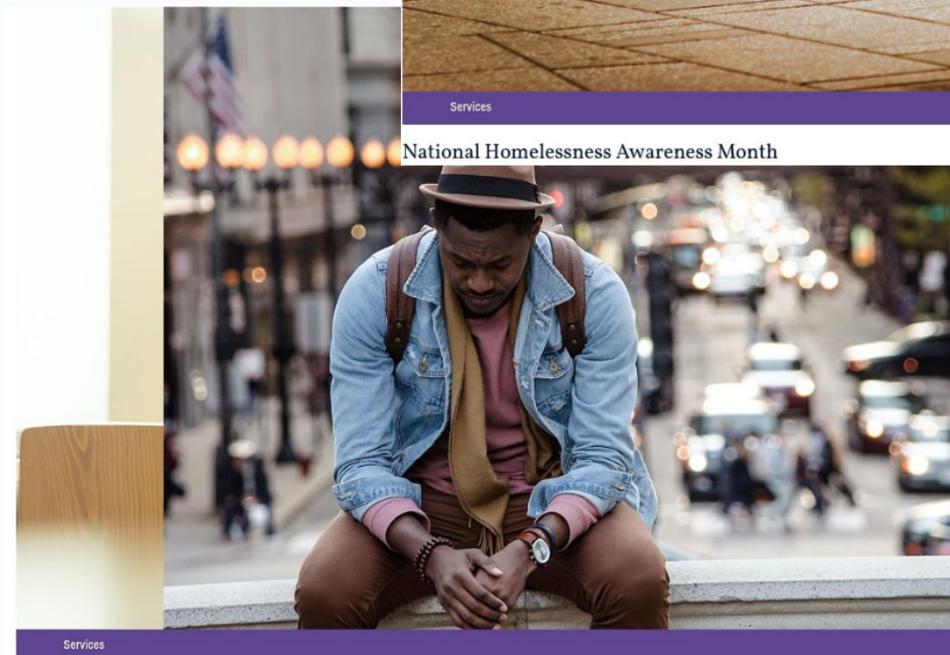
- Depression in Males: Understanding the challenges and what families can do to provide support
- National Homelessness Awareness Month
- Coping with Holiday Stress: Tips to Start the New Year with a Healthy Mind
- Revolutionizing Behavioral Healthcare through Value-Based Care
- Integrated Health Solutions at The Harris Center: Launch of 1st Mobile Wellness Clinic in Texas to Address both Behavioral and Physical Health
- You completed Dry January: What comes next?
- The Heart-Mind connection: Managing stress for heart health
- Empowering abilities: The Harris Center's coffee house, CAPEable Coffee and support programs for individuals with IDD



Services
Empowering Abilities: The Harris Center's Coffeehouse, CapeABLE Coffee and Support Programs for Individuals with IDD



Services
National Homelessness Awareness Month



Services
Depression in Males: Understanding the challenges and what families can do to provide support

Thank you!

EXHIBIT F-28

NATCON24

APRIL 15-17, 2024

St. Louis, Missouri

NATIONAL
COUNCIL
*for Mental
Wellbeing*



Measurement-informed Care: Advancing Strategies & Solutions for Patient-centered Behavioral Health Care

*Deborah Scharf
Jeff Capobianco
Luming Li*

Deborah Scharf, PhD

Associate Professor, Psychology & Health Sciences, Lakehead University

Jeff Capobianco, PhD

Senior Consultant, National Council for Mental Wellbeing

Luming Li, MD, MHS, FACHE, FAPA

Chief Medical Officer, The Harris Center for Mental Health & IDD

Disclosures

Nothing to disclose



Agenda

1. Introductions & Disclosures
2. Measurement Informed Care (MIC):
 - Definition
 - Benefits
3. Strategies for Implementing MIC:
 - Common Challenges
 - Measure Tier Approach
4. The Harris Center's Experience
5. Discussion/Q/A

Measurement Informed Care

An approach to behavioral healthcare that integrates the regular use of patient-reported outcome measures (PROMs) and other clinical measures to inform clinical care (i.e., treatment decisions and monitor progress over time).

Emerging approach that can benefit from more research, discussion, and consensus in community behavioral health.

The National Council is actively involved in the development of best practices for MIC.



Proposed Benefits of MIC

- **Improved care quality**
 - Service-user education, health literacy, treatment adherence, shared decision-making
 - Clinician attention and responsiveness to symptom changes (e.g., treatment to target)
 - Data availability to support population-based care
- **Increased care value** from improved integration w/ general medicine, efficiencies from data review
- **Improved clinical outcomes** from improved response and remission rates
- **Improved sustainability of care**
 - Reimbursement opportunities for direct billing and value-based programs
 - Behavioral health value proposition
 - Data to support accreditation requirements
- **Illustrated impact of care**

Source: [What gets measured gets done: How mental health agencies can leverage measurement-based care](#)



Realized Benefits from Routine Clinical Measurement and Feedback

Clinical

Researchers analyzed 51 randomized controlled trials exploring how frequently providers collected feedback on patient-reported symptoms during medication management and psychotherapy encounters and found that almost all the trials that consistently used MBC showed significantly improved patient outcomes, while one-time screenings and assessing symptoms infrequently were less effective (Fortney, J. C., et al., 2017).

Value Proposition

Effective and efficient care pathways that lead to achieving recovery/treatment targets can be leveraged into value-based payment arrangements.

Workforce

Can support staff who are experiencing increased behavioral healthcare demand with engagement, health literacy provision and clinical decision support.

In the absence of routine measurement practices in clinical care, research demonstrates that clinicians struggle to identify the patients who are at a higher risk for nonresponse, or even deterioration in functioning (Constantino et al., 2019; Walfish et al., 2012).



MICMIC Components

Use reliable and valid tools to make...

Repeat measurements at clinically meaningful, regular intervals of...

Service-user-reported outcomes and/or biometric indicators to be considered alongside...

Many sources of information e.g., service-user preferences, social driver needs, culture, quality of life and functional needs/goals, family support, health literacy, etc.

To make treatment decisions to support clinical progress, such as the need for changes to the treatment plan, and as

Indications of accountability and efficiency of care.

To be sustainable, MIC must align competing priorities

Quality Care & Improvement

Fiscal

Regulatory Compliance

Administrative Efforts

Resource Allocation

Access to Care

NATCON24
St. Louis, Missouri
NATIONAL COUNCIL
for Mental Wellbeing

Barriers to Measurement in Behavioral Health



Feasibility

- Few reliable, resourced BH PROMS
- Limited tech in BH



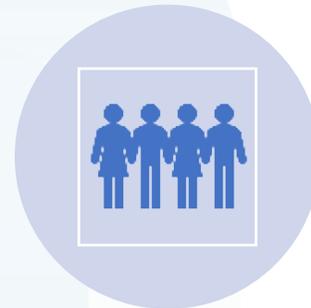
Clinician Issues

- Punitive data practices
- Confusion about data privacy



Service User Issues

- (Perceived) burden
- Data/health literacy



Environment and Culture

- Leaders lack data background
- Clinical judgement as “king”

National Council Research Project



- **Goal:**
 - Direct the concepts and content for consideration that will improve and align behavioral health MIC with HEDIS/NCQA and other measures endorsement bodies.
- **Methods:**
 - Literature and measures review (16 data sets, 215+ measures)
 - Expert panel process (12 interdisciplinary experts)
 - Input from interested parties, including many of you (500+ session attendees)

Expert Panel Recommendations

Utilize existing measures that are:

- Outcome-focused
- Patient self-report
- Low burden
- Sensitive to change

If you add, focus on:

- Transdiagnostic measures
- Functional measures



Two-Tier Solution to MIC

Tier One: Best of the Current Endorsed Set



CCBHC and/or Medicaid endorsed



Identifying, improving and promoting the best measures already in use



Tier 1 Measures Criteria

Inclusion

- Required reporting for Medicaid or CCBHC
- Measures highly prevalent conditions screened and assessed in primary care
- Outcome focused
- User self-report scales or biometric indicator
- Low burden (≤ 15 items)
- Sensitive to clinical change
- Psychometrically sound (reliable, valid)
- Scales with established norms and clinical severity thresholds
- Adult
- Outpatient
- Suitable for community behavioral health
- Free and in the public domain
- Eligible for reimbursement

Exclusion

- Process focused
- Epidemiological (counts only)

Tier 1 Measures

Name	Specs	Source	Items	Proposed Modifications
Depression response/remission at 6 months	% adults w/ MD or dysthymia who reached response (PH-9 50% reduction) or remission (PHQ-9 <5) in 6 months (+/- 60 days after an index event).	APA-MBHR, NCQA	10	Monthly assessment; Consider categorical cut-point for response; Episode-based time interval should be revised to last score in calendar year
Anxiety response at 6 months	% adults with anxiety disorder who demonstrated response to treatment (GAD-7 <25% than at index event) at six months (+/- 60 days) after an index event.	APA-MBHR	8	As above.
Alcohol use disorder outcome response	% adults who reported problems w/ drinking alcohol (AUDIT-C, DAST, TAPS etc.) and demonstrated response to treatment at 3 months (+/- 60 days after index visit).	APA-MBHR	3	Consider categorical cut point to indicate alcohol treatment response indicating drinking within NIAAA (or other) safe limits.

Tier 1 Measures (cont.)

Name	Specs	Source	Items	Proposed Modifications
Comprehensive Diabetes Care for Ppl w/ SMI: HbA1c Poor Control (>9.0%)	Adults w/ 1(+) acute inpatient visit or 2 outpatient visits for schizophrenia or bipolar I disorder, or at least 1 inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose HbA1c > 9.0%, missing or not tested.	Medicaid (Adult Core Set 2022); ASPE	1	Align HBA1c outcome w/ NCQA diabetes screening of bipolar and schizophrenia patients receiving atypical antipsychotic meds; Freq of assessment is 2(+)/year when stable at target; frequency is greater at 2-3 months when HBA1c not at target.
Comp. Diabetes Care for Ppl W/ SMI: Blood Pressure Control (<140/90 mm Hg)	Adults w/ 1(+) acute inpatient visit or 2 outpatient visits for schizophrenia or bipolar I disorder, or 1(+) inpatient visit for major depression during the measurement year <i>and</i> diabetes (type 1 and type 2) and whose most recent blood pressure screening result was <140/90mm Hg.	NQF	1	Cut point could be updated with new guidance (130/65 mm Hg).
Diabetes Monitoring for Ppl w/ Diabetes and Schizophrenia	Adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	NCQA, APA-ADA	2	Create outcome consistent w/ the recommendations of the joint consensus APA/ADA statement on anti-psychotic medication; Create a cut point to indicate LDL-C treatment response

Tier Two: Transdiagnostic Options

- Transdiagnostic, functional outcomes
- For concepts significant enough to warrant regular screening
- Indicative of savings *and* quality

CONCEPTS for which appropriate measures should be identified or developed

Examples

- Functioning, Quality of Life, Chronic Disease Self-Management, Experience of Care

Tier 2 Measures Criteria

- Transdiagnostic (i.e., informative for clinical care across diagnoses)
- Outcome focused
- Patient self-report
- Low burden (≤ 20 items)
- Sensitive to change
- Suitable for adult community behavioral health



Tier Two Examples

Concept	Candidate Scale(s)	Cost	Items	Modifications
Disease Self-Management	PAM scores at 12 Months (Hibbard et al., 2004)	Free for research only	10 or 13	Reassess every 3 months. Specify target change in score (e.g., move up one level).
Functioning	PROMIS v1.2 – Global Health Physical 2a and PROMIS Scale v1.2 – Global Health Mental 2a (Hays et al., 2017)	Free	4	Create categorical cut point to indicate treatment response. Reassess every three months.
Goal Attainment	Goal Attainment Scaling (GAS)(NCQA, 2023).	Free	2	Format for unsupported patient self-report.
Patient Experience of Care	CAHPS Experience of Care and Health Outcomes (ECHO) (AHRQ, 2004)	Free	31, or individual subscales	Shorten scale or limit to particular subscales.
Quality of Life	WHODAS 2.0 (Ustün et al., 2010)	Free	12	Create categorical cut point to indicate treatment response. Reassess every 3 months. Limit reporting to select domains.
Recovery	Hearth Hope Index (HHI) (Nayeri et al., 2020)	Free	12	Create a more stable factor solution

Recommendations for MIC Implementation by National Council Member Organizations

- Behavioral health provider organizations should **use both Tier 1 and Tier 2 measures** in discussions with payers, prioritizing their quality efforts around Tier 1 and pilot testing Tier 2 measures.
- **Phased implementation:**
 - ***Low-resourced organizations*** can start with Tier 1 measures (many may already be in place).
 - Focus on those that payers recognize/value.
 - ***Better-resourced organizations*** can choose a Tier 1 and 2 measures
 - Select Tier 2 measures that you're already using
 - Solicit input from interested parties including service users, clinicians, and payers.
 - Disseminate findings from pilot studies/CQI efforts when possible.
- **Utilize technical assistance.**
 - Contact the National Council for a list of available resources, including MIC report



Measurement-Informed Care:

Quality Maturity Matrix & Case Example: The Harris Center for Mental Health and IDD

Presented by Luming Li, MD, MHS, FAPA, FACHE
Chief Medical Officer, The Harris Center for Mental Health and IDD

Quality Maturity Matrix

- Quality improvement and measurement implementation require dedicated investment and specific skills
- Step-wise progression by organizations in committing to quality improvement and measurement work
 - People and teams
 - Organizational investment
 - Dedicated focus to QI/measurement
 - Training and knowledge
 - Understanding tools and implementation strategies
 - Structured approach:
 - Hard-wired, consistent QI work
 - Organizational Committees
 - Measurement/reporting
 - Annual plan

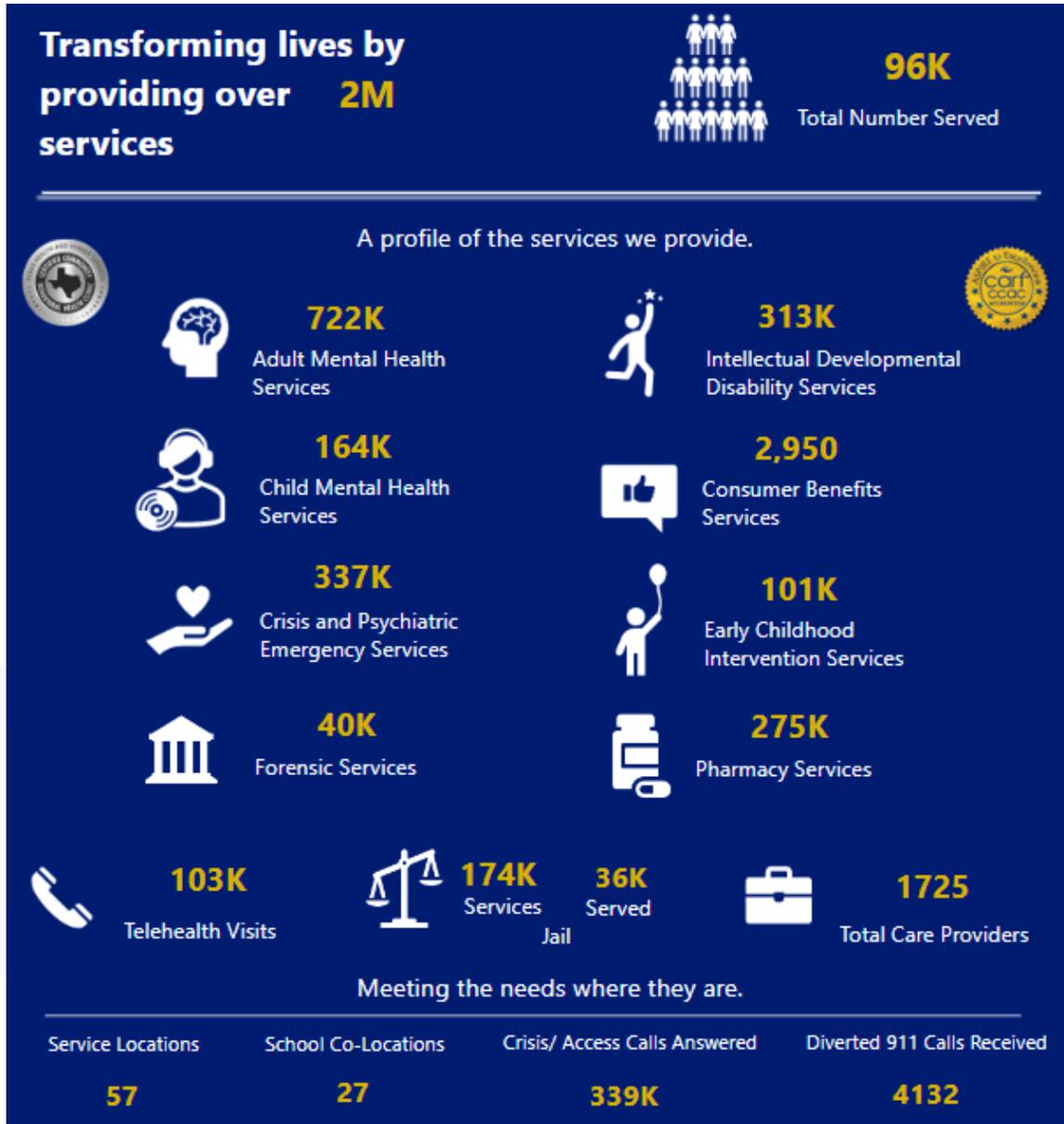
Quality Maturity Matrix

Phase 0	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Beginning	Plans in place	Engagement	Action oriented and interdisciplinary	Interdepartmental and vertical flow	Sustainable and systems-based
People					
Phase 1 not achieved	Responsible individual/ leader appointed	Dedicated time and financial resources for quality work	QMD/responsible individual active in interdisciplinary QI work	Department/organizational leaders are engaged and responsible for QI work	Performance improvement culture demonstrated by employees in all roles
	Quality specialist assigned to work with QMD	Core group of staff, providers, leaders in department/organization engaged in QI	QI teams are active, building capacity to rapidly assess and improve processes	Interdepartmental quality initiatives are active	Resource allocation for quality work is not a barrier
	Member roles defined/ documented				Improvements are sustained without relying on individuals
	Reporting structure outlined				Continuous sharing/gathering of learnings within and outside of organization
					Built-in succession planning/ onboarding for quality
QI education and training					
Phase 1 not achieved	Some clinical leaders and faculty have completed some QI education and training	QI leader training complete for chair, QMD, department administration	QI lessons are incorporated into daily improvement work	Clinical leaders train and coach one another	New employees are trained with department-led QI training
		0%–25% of providers and staff completed QI education and training	Ongoing QI training is built into clinical structure (e.g., grand rounds)	QI is part of job description for providers	All employees are knowledgeable of QI culture
			QI methods used to sustain gains	Frequent interdepartmental QI visits and work	Work units/departments host others for education and training
			25%–50% of providers and staff have completed QI education and training	50%–75% of providers and staff have completed QI education and training	75%–100% of faculty and staff have completed QI education and training

Committees and reporting					
Phase 1 not achieved	QI committee structure outlined, member roles and terms of service defined	QI committee: effective facilitator, standard agenda, members or designees attend regularly	QI committee meets at regular, predictable and productive intervals	QI annual plan includes interdepartmental QI projects	Built-in committee onboarding and succession planning includes previous phases
	QI committee meetings are scheduled at regular intervals	Well-developed charter, updated annually	Standardized agenda: Data evaluation Project updates Removal of barriers Action planning Evaluation of outcomes from other committees	Structure for reporting, escalating improvement opportunities, and barrier resolution outlined and followed throughout department	Committee sustained despite changes in membership
	QI committee charter in development	Charter defines how information and issues are disseminated and escalated	Interdisciplinary members engaged		QI plan reflects growth in processes and outcomes each fiscal year
	Department leadership engaged in QI committee	Regular review of meaningful metrics	Members accountable, action items completed between meetings		
	Annual QI plan exists and/or is in development	Department engaged in QI planning process	Department/division improvement work aligns with organizational priorities		
			QI committee drives improvement on priorities set in annual plan		

Black WE, Li L. Use of a Model Maturity Matrix to Build a Quality Improvement Infrastructure for Psychiatric Care. Psychiatr Serv. 2020 Aug 1;71(8):839-842. doi: 10.1176/appi.ps.201900620. Epub 2020 Jun 30. PMID: 32600182.

About The Harris Center for Mental Health and IDD: Fiscal Year 2023



Largest Local Mental Health Authority in Texas
Provides mental health services for over 4.7 million residents of Harris County, Texas

- 23.8% of individuals in Harris County under 65 are uninsured
- 16.4% of individuals in Harris County live below the poverty level
- 44.8% of individuals in Harris County speak a language other than English at home

Services offered:

- IDD services
- Outpatient mental health clinics
- Outpatient substance use treatment
- Crisis services
- Forensic services
- Residential services

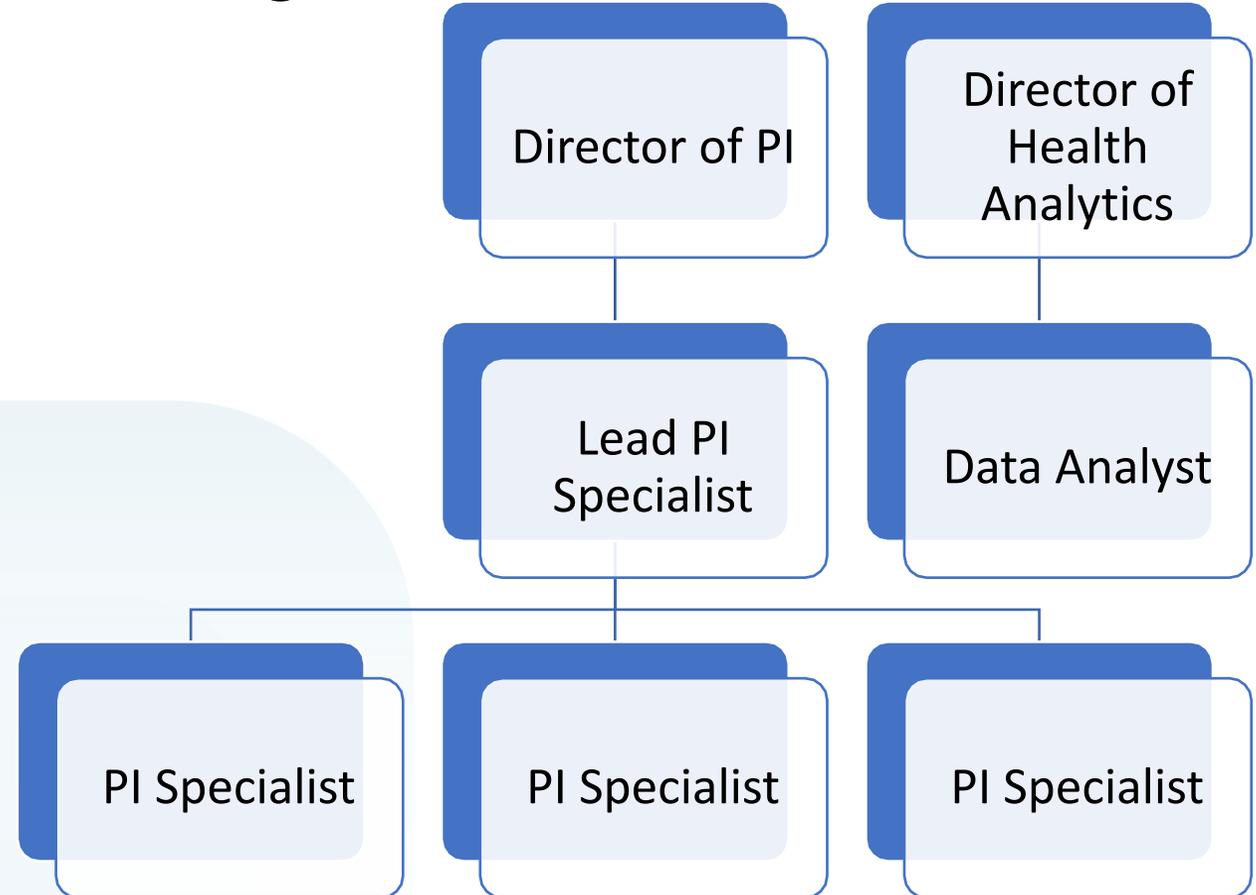
More than 80% of the people served have household incomes at or below the federal poverty level.



Quality Investment/Organizational Structure

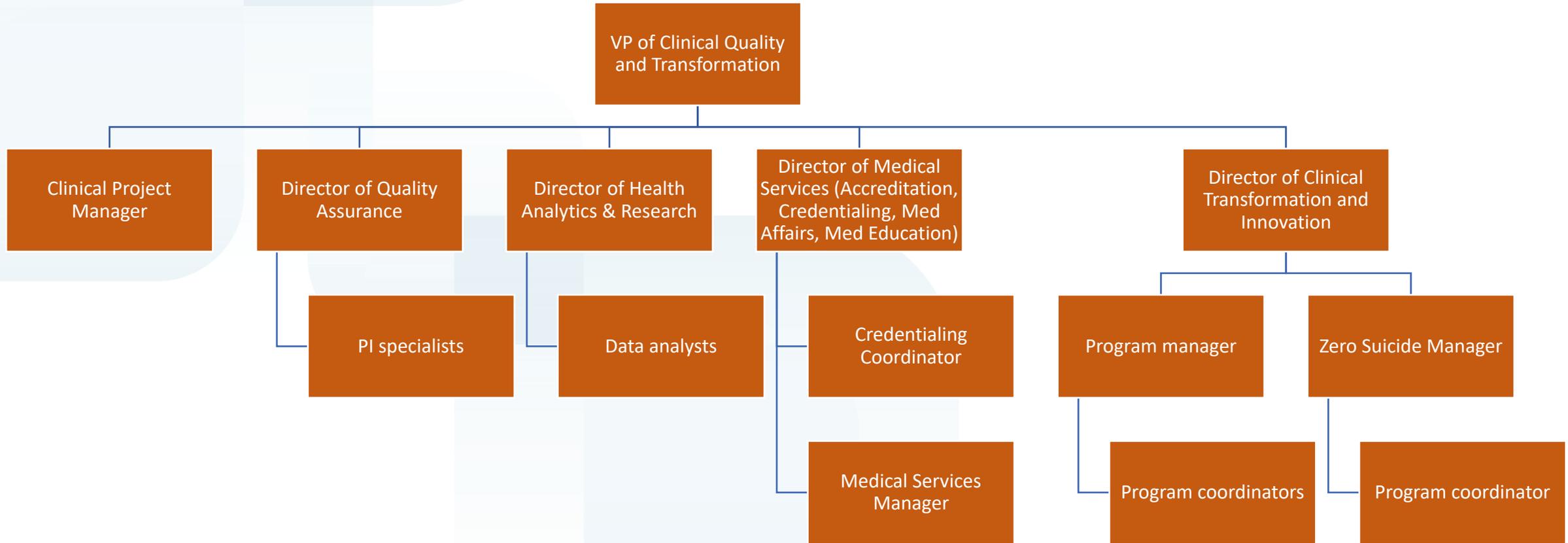
- Quality organizational structure was enhanced to include additional team members & departments
- Quality investment from pooled funding from administrative areas
- Key leader at VP level
- Board and Executive team buy-in
- Executed to support organizational 3-year strategic plan
- Additional grant funding support (medical education grants, SAMHSA suicide care grant)

Prior organizational structure



Quality Investment/Organizational Structure

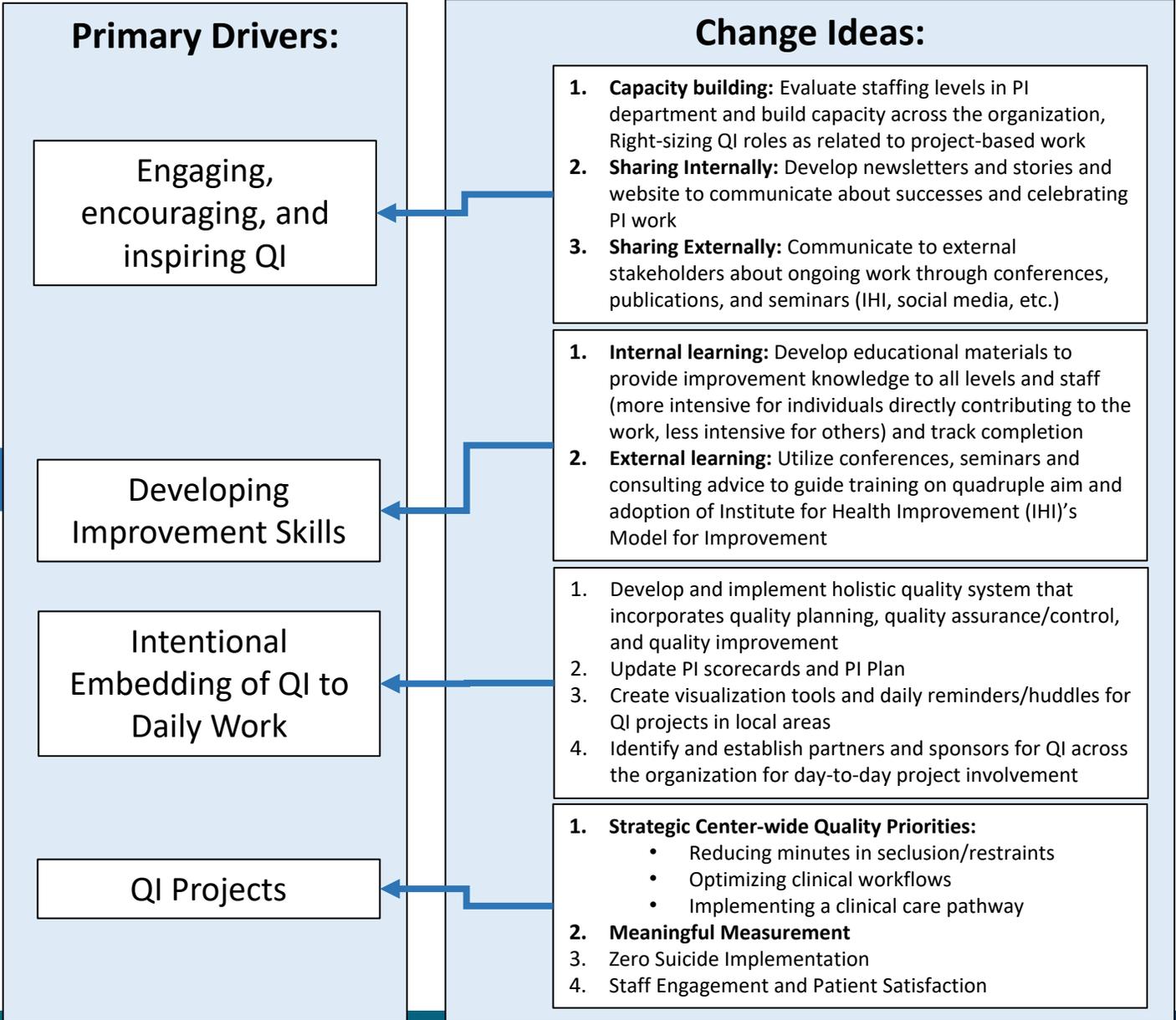
Updated organizational structure



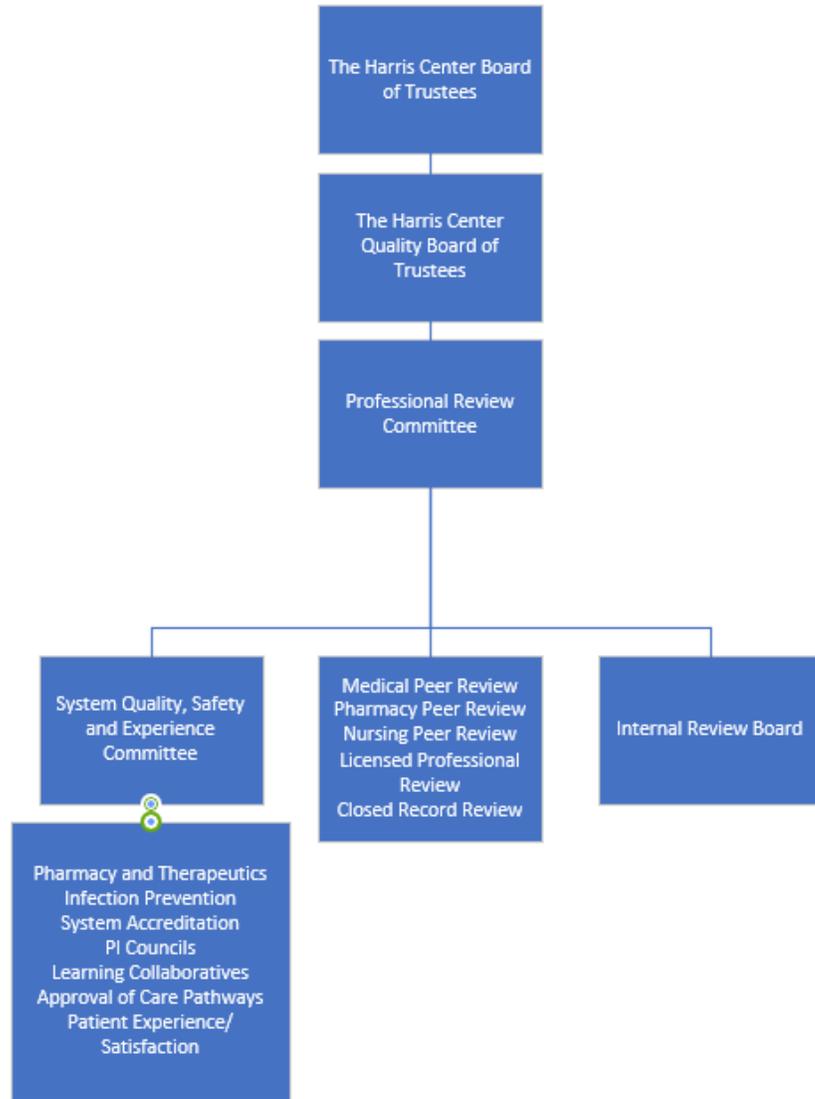
Quality Improvement at The Harris Center: Key Drivers

Global Aim: To Transform the Lives of People with Behavioral Health and IDD Needs

SMART Aim: Develop and Implement Robust Quality Improvement (QI) Infrastructure Consistent with Industry Standards



Quality Committee Oversight & QI Model



- 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.



Tier Measurement Examples

- Measures tracked using an organization-wide quality scorecard (reported monthly to the Board)
- Additional measures tracked at Division level for context-specific measurement

Tier One

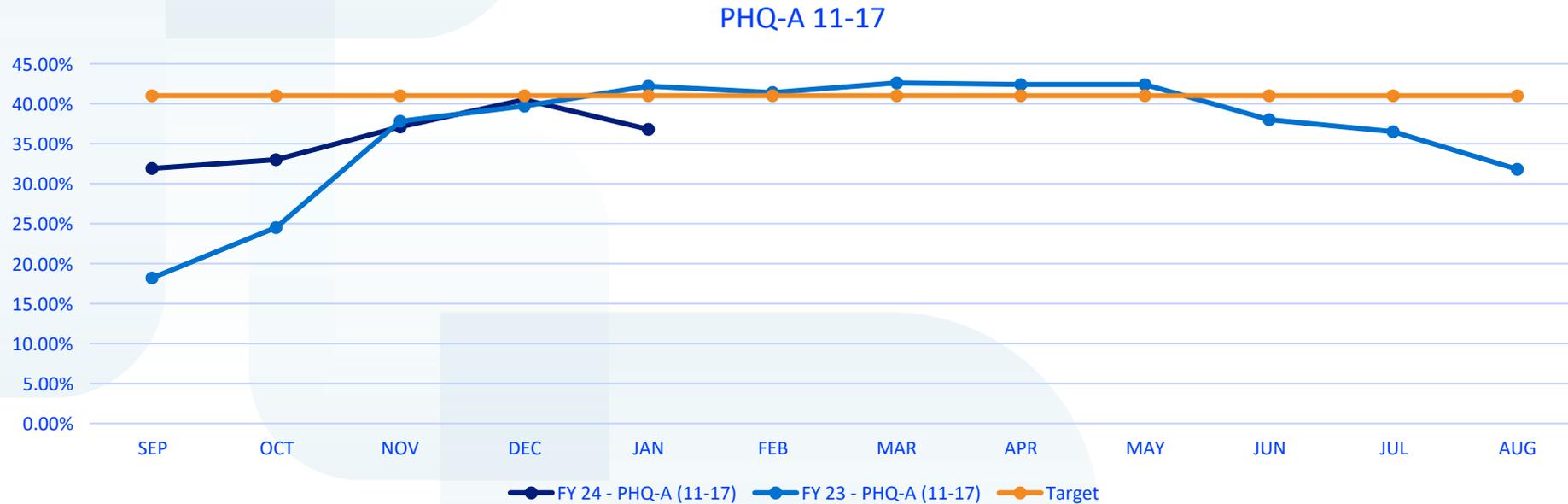
- Depression Remission (Improvement in PHQ-9 and PHQ-A)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Other measures for Bipolar Disorder (BDSS) and Schizophrenia (PSRS, BNSS, AIMS), Suicide (CSSRS)

Tier Two

- Patient Experience of Care – not CAHPS (simplified, shorter questionnaire)
- Functional measure: Daily Activities of Living (DLA)-20
- Other measures includes Adult Needs and Strengths Assessment, Version 2.0 (ANSA)

Abbreviations: BDSS – Brief Bipolar Disorder Symptom Scale, BNSA – Brief Negative Symptom Assessment, CSSRS – Columbia-Suicide Severity Rating Scale, PSRS – Positive Symptom Rating Scale

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept. - Jan)	Reporting Period- January	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	36.80%	36.50%	Increase	IOS



Notes:

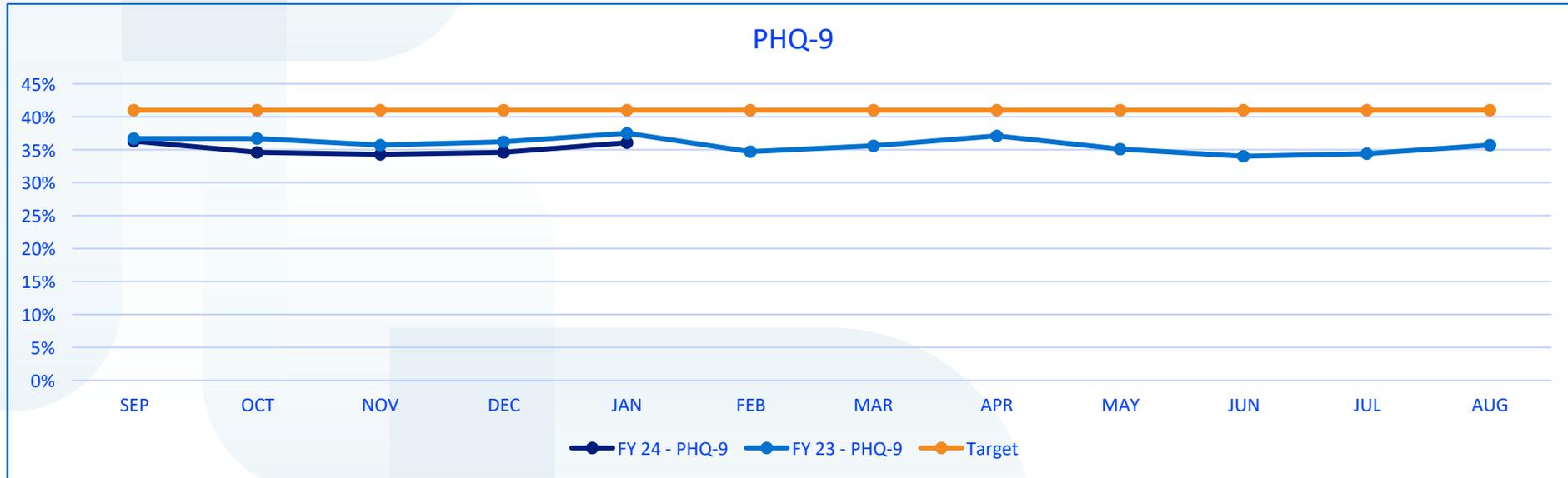
- PHQ-A percentage of adolescent and young adult with improve PHQ-A score has fallen below the target for new patient. Leadership is exploring improvement opportunities

Measure Computation: % of new patient child and adolescent clients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.



Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Jan)	Reporting Period- January	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	35%	36%	Increase	IOS



Notes:

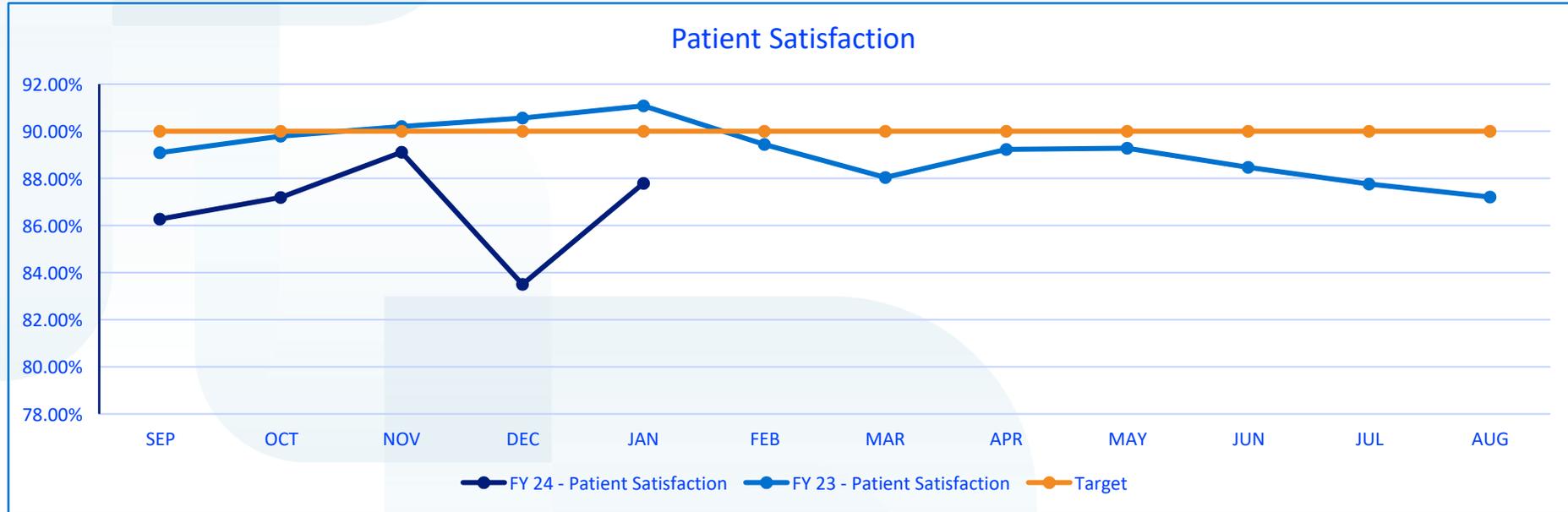
- During the current reporting period, fewer number of patients registered lower scores on the self-administered PHQ-9 instrument. When compared to the same period, patients have reported lower scores in FY24. When compared to the previous period, patients have reported 3.81% decrease in their overall mental health in the last 14 days prior to their medical appointments

Measure Computation: % of patients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.



Domain	Measures (Definition)	2024 Fiscal Year Target	2024Fiscal Year Average (Sept - Jan)	Reporting Period-January	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	91%	87.26%	88%	Increase	IOS



Notes:

- At the beginning of Fiscal Year 2024, the overall patient satisfaction across the center deviated below its targeted monthly threshold. In response to this, a specialized patient satisfaction sub-committee was established to meticulously analyze survey data, discern areas of vulnerability, and formulate quality improvement initiatives. Practice managers are actively engaging with unit-specific patient satisfaction data to pinpoint and address areas warranting enhancement.
- Moreover, the committee is systematically collating patient narrative feedback from Fiscal Year 2023, with the intention of informing the development of workgroups dedicated to addressing identified areas of improvement and establishing goals for Fiscal Year 2024. The sub-committee's analytical efforts are predominantly rooted in the quantitative data derived from the VSSS instrument.
- The effort of the group has shown a positive trend over the course of the reporting period, with an overall improvement of 3% in patient satisfaction from September. This uptick underscores a concerted commitment to enhancing the patient experience for the individuals under our care.



4/1/2024 visit with Li, Luming, MD for MEDICATION MAINTENANCE

MH ASSESSMENTS AAFP-SNST ACIA AIMS Scale ANSA - Treatment Plan AUDIT-C BDSS BNSA-PSRS CALM Checklists CATS-C C-SSRS (Lifetime/Recent) C-SSRS Frequent Screener Conners Scale FND

FND-ST GAD-7 Hamilton Screening -(HAM-A) Hoarding PCL-5 PHQ-9 PQ-B QIDS-C TCOOMMI Col URICA Vanderbilt Parent Vanderbilt Teacher Scoring Guide PSQI SAFETY PLAN Safety Plan

Safety Plan (Spanish) Safety Plan Tasks

ANSA - Treatment Plan

Responsible Create Note Macro Manager Show Last Filed Value Show All Choices

Level of Care (ANSA)

Effective From: Effective to:

Calculated / Recommended Level of Care:
[1S=Basic Services - Skills Training](#) ⏪ taken 4 weeks ago

0=Crisis Services 1M=Basic Services - Medication Management 1S=Basic Services - Skills Training 2=Basic Services (Including Counseling) 3=Intensive Services (With Team Approach)

4=Assertive Community Treatment (ACT) 5=Transitional Services 6=Consumer Refuses 8=Waiting for All Authorized Services 9=Priority Population or Ineligible EO=Early Onset TAY=Transition-Age Youth

Enter Calculated Level of Care from CMBHS

Authorized Level of Care:
[1S=Basic Services - Skills Training](#) ⏪ taken 4 weeks ago

0=Crisis Services 1M=Basic Services - Medication Management 1S=Basic Services - Skills Training 2=Basic Services (Including Counseling) 3=Intensive Services (With Team Approach)

4=Assertive Community Treatment (ACT) 5=Transitional Services 6=Consumer Refuses 8=Waiting for All Authorized Services 9=Priority Population or Ineligible EO=Early Onset TAY=Transition-Age Youth

Enter Authorized Level of Care from CMBHS / Utilization Management

Identified Needs(ANSA):

Identified Needs (ANSA)
[Life Domain: Risk of Harm: Substance Use](#) ⏪ taken 4 weeks ago

Risk of Harm Life Domain Housing School Employment Substance Use Criminal Justice Caregiver Needs

Check (CMBHS) domains with scores of 2 or 3 on assessment include scores of 1,2 or 3 for risk of harm, must relate to goals or treatment preferences

Restore Close Cancel Previous Next

EHR Workflow - Assessment/ Measurement Tools



Trending Measures – PHQ-9 Example

- ← →
- SnapShot
- Chart Review
- Review Flowsheets**
- Results Review
- Synopsis
- History
- Allergies
- Problem List
- Medications
- Immunizations
- Demographics
- Patient Station

Review Flowsheets

Select a Flowsheet

Enter a flowsheet name + Add PATIENT HEALTH QUE... x

Dates in: **Columns** Rows Newest data on the: **Left** Right Group data by: **Dates** Times Copy Graph Region Load More Legend Refresh

	4/20/2022	10/24/2023	1/23/2024	1/30/2024	2/6/2024	2/20/2024	2/27/2024	3/5/2024
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)								
Will the patient answer the depression risk questions?	Y							
Little interest or pleasure in doing things	Several days	Not at all	Several days	Not at all	Over half	Several days	Several days	Not at all
Feeling down, depressed, or hopeless	Over half	Several days	Almost all	Over half	Over half	Over half	Over half	Almost all
Trouble falling or staying asleep, or sleeping too much	Several days		Almost all		Over half	Several days	Several days	Several days
Feeling tired or having little energy	Over half		Over half		Almost all	Over half	Over half	Over half
Poor appetite or overeating	Not at all		Not at all		Not at all	Not at all	Not at all	Not at all
Feeling bad about yourself - or that you are a failure or have let...	Almost all		Almost all		Several days	Almost all	Over half	Over half
Trouble concentrating on things, such as reading the newspaper...	Almost all		Over half		Over half	Not at all	Several days	Several days
Moving or speaking so slowly that other people could have noti...	Over half		Almost all		Over half	Over half	Almost all	Several days
Thoughts that you would be better off dead, or of hurting yourself	Several days		Not at all		Not at all	Several days	Not at all	Over half
Total PHQ9 Score	15		17		14	12	12	12



Trending Measures – PHQ-9 Example



Key Takeaways

- Organizations can deepen expertise MIC implementation through
 - Structural investment (people and training)
 - Expansion of knowledge and leadership
 - Hardwiring reporting approaches (Board report, committees)
- Two-tiered MIC approach **doable** through selective measure reporting
- QI projects and MIC implementation can be achieved in a reasonable timeline (does not need to take years)
- QI skills and measurement tools can be clinically useful and drive change by inspiring evidence-based care in practice
 - EHR workflows, metric graphing
 - Benefits from EHR integration & quality improvement approach
- Future Directions
 - Transdiagnostic focus
 - Target complex patient populations
 - Reducing measurement burden – where appropriate

Questions/Discussion

The Harris Center for Mental Health & IDD

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New MIC Report

Advancing Measurement-informed Care in Community Behavioral Health

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Corresponding Author: Henry Chung, HChung@Montefiore.org

Available now! <https://www.thenationalcouncil.org/resources/advancing-measurement-informed-care-in-community-behavioral-health/>

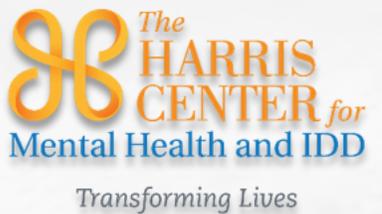
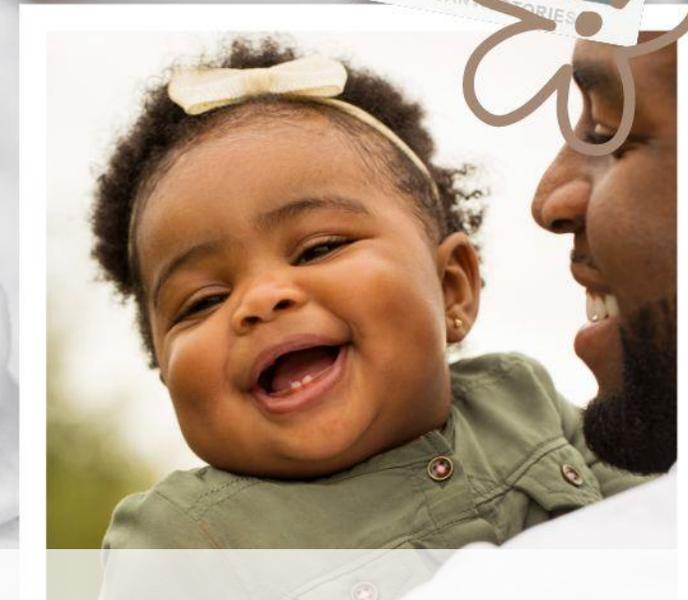


EXHIBIT F-29

RISE

Response Intervention Services & Engagement

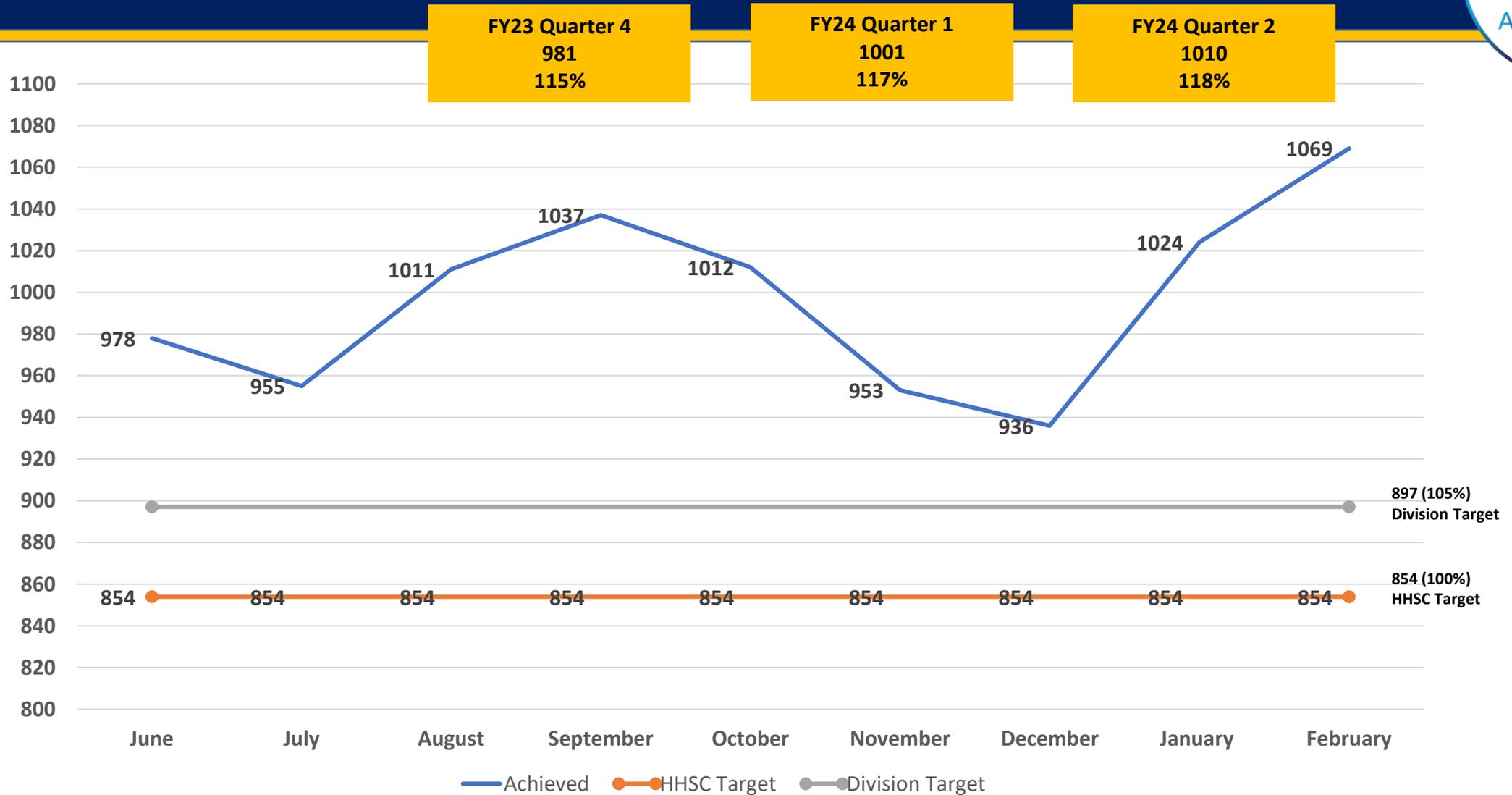
\$3.8 million partnership between Harris County and IDD Services Division offering early intervention OT, PT, Speech, Applied Behavior Analysis and service coordination



IDD Services Division

Presented By: **Dr. Evanthe Collins** | Vice President, IDD Division/Grants & State Contracts

FY23-24 Performance Targets



Number Interested/GR Services



HHSC General Revenue SERVICES

	2022- JUL	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
R021 Community Supports		112	112	112	112	112	105	100	99	96
R022 Out-of-Home Respite		119	120	118	118	119	118	113	113	113
R023 In Home Respite		742	748	727	732	761	733	680	660	664
R032 Residential Living		5	5	6	6	6	6	5	5	5
R041 Employee Assistance		67	67	70	71	71	71	68	78	84
R042 Supported Employment		5	5	6	6	6	6	6	7	9
R043 Vocational Training		59	59	62	62	62	62	57	58	58
R053 Day Habilitation		195	197	192	197	198	194	176	206	205
R054 Specialized Therapies		562	574	590	640	650	637	604	675	690
R055 Behavioral Support		459	468	477	488	491	472	460	611	516
UNDUPLICATED COUNT	7523	4481	4001	2902	1909	2531	2404	2060	1849	1865

HHSC General Revenue PROCESS to Access Services Above

	2022- JUL	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
R005 Eligibility Determination							2404	2060	1849	1865
R014 Service Coordination							2404	2060	1849	1865

**THIS IS A DUPLICATED COUNT FROM THE GR SERVICES TABLE ABOVE
R005/R014 data is not consistent with HHSC quarterly reporting**

HHSC Process to Access GR Services

To access any HHSC general revenue service, a DID **AND** Service Coordinator (Person-Directed-Plan) are required.

DID (R005): Currently DID providers can respond within 24 hours for crisis cases and within 30 days for routine.

Service Coordination (R014): Currently there is an approximate 40 day wait to receive a service coordinator.

Number of individuals who will need a DID **AND** a service coordinator to access requested GR services: 1,865

HHSC'S reallocation of unspent DID ARPA funds from other community centers:
Harris County FY25 - \$373,200 (744 DIDs)

Number Interested/GR Services

GR Clients Added Per Month

	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
R021 Community Supports	0	0	0	1	0	0	0
R022 Respite (Out-of-Home)	0	0	0	0	0	0	0
R023 Respite (In-Home)	5	3	5	5	5	15	7
R032 Residential Living	1	0	0	0	0	0	0
R041 Employment Assistance	2	1	0	0	0	9	5
R042 supported Employment	1	0	0	0	0	0	2
R043 Vocational Training	3	0	0	0	0	2	0
R053 Day Habilitation	1	3	2	1	3	14	10
R054 Specialized Therapies	11	9	9	11	10	59	15
R055 Behavioral Supports	6	8	3	9	6	40	5
TOTAL ADDED	30	24	19	27	24	91	36



Unique Voices Choir featured on KPRC 2

March 29, 2024



Waiver/HCPC Data*

MEDICAID WAIVER INTEREST LIST*		
	Home & Community-based Services (HCS)	Texas Home Living Waiver (TXHML)
Interest List Slots Allocated to Harris County YTD	89	330
Total on Interest List in HARRIS COUNTY	24,132	22,513
Total on Interest List in TEXAS	118,489	107,116
Average Time on Interest List	16-17 years	14-15 years
FY24/25 Biennial Slots STATEWIDE 88 th Session	1,144	305
HHSC Statewide Allocation	1,728	3,720

IDD HCPC ADMISSIONS*			
	FY22	FY23	FY24 FYTD
Total Admissions	130	228	72
Total Individuals with Re-Admissions	49	67	28
Total Referred to IDD Eligibility	19	45	17
Total in Service Coordination at Time of Hospitalization	32	68	24

*data FYTD through April FY2024

DIDs Completed

Apx. capacity 124
(96 internal/28 external)

	Number of DIDs Completed
FY23 TOTAL	1,413 Avg. 118 per month
SEPT	120
OCT	134
NOV	67
DEC	43
JAN	78
FEB	95
MAR	74

*Data as of 4/1/24

DID Report Completion Timeframe

	AVG Completion Time (CALENDAR DAYS)
FY23 AVG	23 days
SEPT	35
OCT	40
NOV	40
DEC	21
JAN	12

*Data as of 4/1/24

Report writing target is 20 days post assessment. Reports are written for full DIDs only.



IDD Services Division
Autism Awareness and
Acceptance Event

April 9, 2024

Featuring Chief Troy
Finner



EXHIBIT F-30

Integrating Board-Certified Psychiatric Pharmacists in a Certified Community Behavioral Health Clinic

Luming Li, M.D., M.H.S., Heather Rozea Cooper, Pharm.D., B.C.P.P., Brittany L. Parmentier, Pharm.D., B.C.P.P., Mark Williamson, M.D., Mitchell Crouch, Pharm.D., B.C.P.P., Sylvia Muzquiz-Drummond, M.D., Angela Babin, B.S.Pharm., M.B.A.

Demand for mental health services has dramatically increased in recent years, raising concerns about the availability of service providers to meet these increased needs. One approach to expanding access to care is the use of highly qualified board-certified psychiatric pharmacists (BCPPs). However, the implementation of programs for integrating BCPPs has not been well characterized in community mental health settings. This column describes the

development and implementation of a comprehensive practice model to incorporate BCPPs in a certified community behavioral health clinic. The authors report the results from the first 14 months of BCPP integration (based on 3,221 direct patient care interventions), offer recommendations, and highlight lessons learned.

Psychiatric Services in Advance (doi: 10.1176/appi.ps.20230521)

U.S. trends suggest that demand for mental health services has increased while availability of service providers to meet this demand has diminished (1). Behavioral health workforce challenges were exacerbated by the COVID-19 pandemic, with more individuals seeking psychiatric care than before the pandemic. These trends have prompted policy groups such as the National Council for Mental Wellbeing and others to recommend alternative staffing approaches to expand psychiatric care delivery and to meet the population's need for mental health services (1). One such approach is the use of highly qualified, board-certified psychiatric pharmacists (BCPPs). BCPPs have completed a doctorate in pharmacy and 2 years of post-doctoral residency training in clinical settings from an accredited program and have taken a competency-based examination to obtain board certification (1–3). BCPPs can support psychiatrists and mental health specialists by providing direct and indirect patient care. BCPPs are highly trained and can provide care coordination, care transitions, and population health management services to populations with complex needs (2, 3). BCPPs are primarily employed in hospital-based ambulatory settings, by the U.S. Department of Veterans Affairs, and in fields outside of psychiatry (primarily in the management of complex chronic medical conditions and in care clinics for patients after hospitalization) (4–6). The use and implementation of a model to integrate BCPPs who provide direct care has not been well characterized in community mental health settings.

In addition, beyond operational challenges for staffing, community mental health settings are facing increasing regulatory oversight through certification programs and enhanced quality standards tied to performance and payment. Certified community behavioral health clinics (CCBHCs) have become a recognized model of care promoted by the Substance Abuse and Mental Health Services Administration to define criteria and standards of care for community mental health settings. The model aims to support coordinated, comprehensive behavioral health care, and the criteria were updated in March 2023 to incorporate care coordination among general medical health care, behavioral health care, social services, and other systems (7).

In this column, we describe the development and implementation of a comprehensive practice model for

HIGHLIGHTS

- This column reports on the integration of a team of board-certified psychiatric pharmacists (BCPPs) into a community mental health setting.
- The authors explain the specific roles that BCPPs played and steps that were taken to integrate and include these professionals in clinical practice.
- The authors describe the overall BCPP model of care, highlight lessons learned, and offer recommendations for future directions, particularly given the projected psychiatric workforce shortages in the United States.

incorporating BCPPs into a CCBHC and summarize the results from the first 14 months of our experience. We also discuss lessons learned, limitations of the model, and future directions for this model of care. To our knowledge, this is the first study to describe BCPP integration into a CCBHC.

METHODS

Approach

A practice model for BCPPs was developed that included both direct and indirect patient care. Direct patient care encompassed any work with individual patients who received care at the agency, including collaborative drug therapy management (CDTM) with pharmacists having prescriptive authority and providing pharmacy consultation services directly to patients. Under the CDTM with prescriptive authority practice, a patient initially meets with a psychiatrist for evaluation and diagnosis and gives consent to receive ongoing medication management services under the supervision of a BCPP. Patients will have regular follow-up with the psychiatrist, and BCPPs are granted the authority to initiate, modify, and discontinue medications. For pharmacy consultation services, BCPPs provide answers to drug information questions, carry out complex patient case reviews, reconcile medication use by patients, and provide medication-related answers to questions by members of the psychiatric care team, including psychiatrists, physician assistants, nurse practitioners, and nurses. Although BCPPs conduct extensive chart reviews and provide recommendations to providers, they do not provide comprehensive medication management services as part of the consultation service. Indirect patient care included carrying out medication use evaluations (MUEs), providing continuing medical education to colleagues, providing feedback and guidance on medication practices, and participating in agency committees.

The planning period for the BCPP practice model began on September 1, 2021, and was completed on May 30, 2022. The implementation period lasted 14 months, from June 1, 2022, to July 31, 2023. The CDTM was first implemented on September 14, 2022, after obtaining approval from the Texas State Board of Pharmacy.

Setting

The Harris Center for Mental Health and IDD is a CCBHC and the largest local mental health authority in Texas, providing an extensive continuum of care to >80,000 patients per year. The practice setting includes four main outpatient clinics; a crisis evaluation center; community programs, including assertive community treatment (ACT) and coordinated specialty care; and various crisis programs. The programs are funded through local, county, state, and federal sources. As of September 25, 2023, the center had 126 credentialed medical staff, comprising 90 physicians, 25 advanced nurse practitioners, and 11 physician assistants.

Implementing the BCPP Practice Model

The initial steps to implementing the BCPP practice model included engaging stakeholders and obtaining leadership buy-in; developing a charter and project team; establishing a CDTM protocol, policies, and procedures; and incorporating the model into clinical practice. The key stakeholders included the senior director of pharmacy, the chief operating officer, and the chief medical officer, who worked to identify funding for the model and reviewed a business plan to assess ongoing sustainability. The initial funding came from staff vacancies due to psychiatric workforce shortages. Three full-time BCPPs were hired to support the adult mental health ACT team, the forensic ACT team (FACT), child and adolescent services, and a colocated primary care behavioral health team. These programs were selected because the patients in these programs require more intensive services and monitoring and coordination of care transitions and often have complex medication regimens that would benefit from the specialized skillsets of BCPPs.

A charter and project team were created to help the other care teams adopt the BCPP practice model. The chief medical and operating officers served as sponsors, and representatives from medical leadership, pharmacy, and clinic operations were involved in project management and implementation. The team developed policies and procedures related to the model, including pharmacy peer review, credentialing, professional practice evaluation, the CDTM protocol, supervision requirements, electronic health record (EHR) workflows for BCPPs, a two-pronged practice model with associated interventions, and program outcomes. For program outcomes, the team used a standardized tool built into the EHR to track BCPP practice model interventions.

Texas legislation required that the CDTM-with-prescriptive-authority protocol receive approval of the state's board of pharmacy before a BCPP could provide direct patient care. The project team reviewed protocols from other health clinics (which did not provide mental health services) and hospital-based mental health programs to develop a CDTM protocol and worked with the CCBHC's legal counsel and other relevant team members before submitting the request for approval to the state for review. The review and approval process took approximately 4 months from submission to the first BCPP patient encounter. A psychiatrist in the ACT/FACT program served as the first supervisor to implement the CDTM-with-prescriptive-authority practice. The psychiatrist was selected as an early adopter of the model for having strong engagement in the project team and for having extensive experience as a community psychiatrist. The pharmacy consultative service was promoted and directly implemented through medical training sessions and staff meetings, and indirect patient care started immediately after a BCPP had been hired by the CCBHC.

RESULTS

As part of the two-pronged approach, the assessed outcomes for the BCPP practice model included both direct patient care and indirect patient care services.

Direct Patient Care Services

From June 1, 2022, to July 31, 2023, the BCPPs completed 3,221 direct patient care interventions that included both CDTM with prescriptive authority and pharmacy consultations. Services BCPPs provided included drug information (N=655), dose change (N=641), ordering laboratory tests (N=550), medication initiation (N=488), medication discontinuation (N=425), schedule change (N=185), patient education (N=175), and transition of care (N=102). (One patient may have received several of the BCPP-provided interventions.) Since the start of the first CDTM protocol in September 2022 through July 2023, the BCPPs had 357 patient appointments. Additionally, they had 214 telephone calls with patients or other health care service providers to coordinate patient care services. Telephone calls are primarily for patient education and care coordination.

Indirect Patient Care Services

The BCPPs supported several medication quality and safety initiatives across the agency that indirectly affected patient care. For example, in an expanded clinical and administrative structure, they supported the pharmacy and therapeutics committee. BCPPs performed two MUEs to review the use of benzodiazepines and to determine an agencywide anticholinergic burden score. The results of these MUEs were presented to the medical staff. The BCPPs also provided expertise in guiding evidence-based approaches to committees within the agency focused on substance use disorder treatment and suicide prevention care. Finally, the BCPPs supported review of medication safety events and led medication safety teams across the agency in the review and analysis of those events, which promoted a “just culture” approach, a structured method to fairly assess and create balanced accountability for medical errors, while introducing core concepts of high-reliability organizations (8). The medication safety teams included pharmacists, nurses, physicians, psychiatric technicians, care coordinators, and practice managers.

The BCPPs were also extensively involved in staff educational activities, which indirectly affects the care for all patients. In addition to presenting the MUE results at medical staff meetings, BCPPs presented two continuing medical education sessions to physicians and mid-level practitioners on the topics of psychotropic medications in pregnancy and lactation and medications for substance use disorders, which had 40 and 44 attendees, respectively. A review of survey data collected after the sessions revealed that the BCPP presentations were well received by all teams and would improve medication use processes. The BCPPs also led a training for 36 nurses on the proper subcutaneous

administration of once-monthly risperidone. These BCPP-led educational sessions have helped promote medication safety in all aspects of care.

In addition to the medication quality, safety initiatives, and educational activities, the BCPPs provided evidence-based approaches to appropriate prescribing and deprescribing for patients. For select psychotropic medications, the BCPPs created and used clinical criteria for their use and then completed chart reviews, assessed medication adherence, and provided feedback to the medical staff about patients' adherence to medication regimens and appropriateness.

Finally, the BCPPs assisted with shorter-term projects. Examples include development of order sets—clinical decision support tools for grouping medication orders together to make ordering convenient and efficient—and modifying the EHR and facilitating and coordinating six agencywide vaccine events in October 2022 that administered 392 vaccines to 143 patients. They also provided education and support for other staff in the agency to lead future vaccine events.

DISCUSSION

Previous studies have outlined how the BCPP model has been adopted in health care settings; however, none of these studies has described how to implement this model in a CCBHC (2–5, 9, 10). Our study fills this literature gap by describing the roles of BCPPs and how to embed them as a multiteam resource within a CCBHC. To successfully implement the BCPP model, the medical leaders, pharmacy department leaders, and BCPPs provided extensive education to other mental health team members within the Harris Center for Mental Health and IDD about the roles of BCPPs, their scope of practice, and their educational background. As medication experts, BCPPs improved medication access and adherence by identifying and addressing potential treatment barriers such as prior authorizations, drug shortage alternatives, and high out-of-pocket patient costs.

We learned several lessons. As a new model of care, acceptance of BCPPs by other mental health providers required extensive leadership support and training about the benefits of having BCPPs as part of the larger health care team. Physicians questioned whether BCPPs have the qualifications to provide direct patient care and manage medications. Another challenge was the long time it took to obtain approval of the CDTM protocol by the state board of pharmacy. While the BCPPs waited for approval, they provided consultation services that both directly and indirectly improved patient care, such as leading MUE sessions and attending committee meetings. These observations indicate that BCPPs can provide benefits to a CCBHC immediately upon being hired, even while waiting for state approval and organizational adoption. Furthermore, we found that BCPPs who provided consultation services and

indirect patient care also helped to promote their acceptance by other members of the health care team.

This care model has several limitations. First, access to the BCPP workforce can be limited by the requirement that BCPPs have postdoctoral residency training and specialty board certification. As an urban CCBHC, our center could recruit for the BCPP positions without difficulty, but it may be challenging to recruit BCPPs in other geographic locations. Second, the model requires extensive leadership support and appropriate allocation of funding. We were able to initiate the model at a time of significant psychiatric staffing shortages, and other centers may be limited by their ability to invest in implementing a similar model. Finally, laws in other states may affect the time line for implementing the BCPP model.

The model should be further developed by tracking the outcomes of patients who received care from BCPPs and assessing whether their care and conditions improved. Moreover, another enhancement would be to incorporate billing for clinical services performed by the BCPPs. We initially solicited input from other health care systems that were already billing for CDTM services and assessed how these services could be included in EHRs and possible payer sources. Currently, psychiatric pharmacists are not eligible to bill as a provider of Medicare Part B services. However, pharmacists may use “incident-to” billing, but our agency opted not to bill for these services. Of note, BCPPs may improve other aspects of practice, including population health and development of registries—data-organizing systems within EHRs that group patients with similar characteristics, such as a specific disease, condition, or health indicator (e.g., a laboratory result), that predispose individuals to experience known or suspected adverse health effects. BCPPs can be integrated in the management of complex conditions and improving transitions of care. The model can also serve as a foundation for integrating other members of the health care team, such as pharmacy technicians and pharmacy learners, in clinical care delivery.

CONCLUSIONS

The BCPP model of care expands both direct and indirect patient care services and could help address workforce

shortages, improve quality of care, and enable integration of best practices for medication safety in CCBHCs.

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