

Governance Committee Meeting
November 12, 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, September 17, 2024
(*EXHIBIT G-1*)
- IV. REVIEW AND TAKE ACTION**
 - A. No Changes
 1. Adding and Receiving Equipment
(*EXHIBIT G-2*)
 2. Asset Tracking and Depreciation
(*EXHIBIT G-3*)
 3. Business Associate and Subcontractor
(*EXHIBIT G-4*)
 4. Communication with the Media and other Entities
(*EXHIBIT G-5*)
 5. Faxing and Emailing Patient Identifying Information
(*EXHIBIT G-6*)
 6. IDD-PAC Bylaws
(*EXHIBIT G-7*)
 7. Medication Administration
(*EXHIBIT G-8*)
 8. Patient-Individual Records Administration
(*EXHIBIT G-9*)
 9. Return to In-Patient Care of Furloughed Patient
(*EXHIBIT G-10*)
 10. Screening and Assessment for Mental Health, Substance Use, and Intellectual and Development Disabilities (IDD) Services
(*EXHIBIT G-11*)
 11. Student Internship Program
(*EXHIBIT G-12*)
 12. Subpoenas
(*EXHIBIT G-13*)
 - B. New Policies
 1. Pharmacy Medication Therapy Management (MTM) and Outcome
(*EXHIBIT G-14*)

2. Safety and Security Escort: Employee and Consumer
(EXHIBIT G-15)

C. Changes

1. Accessibility Plan
(EXHIBIT G-16)

V. EXECUTIVE SESSION

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

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2025 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of a Board Member(s) to the Audit Committee. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

- In accordance with Section 551.071 of the Texas Government Code, to seek legal advice related to Board Governance matters. Kendra Thomas, General Counsel

VI. RECONVENE INTO OPEN SESSION

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

VIII. ADJOURN



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



EXHIBIT G-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, SEPTEMBER 17, 2024
MINUTES**

CALL TO ORDER

Mr. Jim Lykes, Chairman called the meeting to order at 8:32 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. J. Lykes, Mr. G. Womack

Committee Member Absent: Mrs. N. Hurtado

Other Board Member Present: Dr. K. Bacon, Dr. M. Miller, Jr., Dr. J. Lankford

1. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
Dr. J. Lykes designated Dr. K. Bacon, Dr. M. Miller, Jr. and Dr. J. Lankford as voting members of the committee.
2. **DECLARATION OF QUORUM**
The meeting was called to order at 8:32 a.m.
3. **PUBLIC COMMENTS**
No public comments
4. **APPROVAL OF MINUTES**
Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 20, 2024

**MOTION: WOMACK SECOND: MILLER, JR.
The Motion passed with unanimous affirmative votes**

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 20, 2024, EXHIBIT G-1 has been approved and recommended to the Full Board.

5. **REVIEW AND TAKE ACTION**

A. FQHC Co-Application

MOTION: MILLER, JR. SECOND: WOMACK

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, FQHC Co-Application, has been approved and recommended to the Full Board.

B. Harris Center Integrated Care Bylaws

MOTION: WOMACK SECOND: MILLER, JR.
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Harris Center Integrated Care Bylaws, has been approved and recommended to the Full Board.

C. Harris Center Integrated Care Articles of Incorporation

MOTION: MILLER, JR. SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Harris Center Integrated Care Articles of Incorporation, has been approved and recommended to the Full Board.

D. HCIC Annual Operating Budget

MOTION: GEARING SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, HCIC Annual Operating Budget, has been approved and recommended to the Full Board.

E. HCIC Annual Capital Budget

No action taken. This agenda item was tabled.

F. New Policies

1. IDD Medication Storage, Maintenance and Disposal
No action required. This is a procedure; not a policy

2. Pharmacy Staff Training Policy

MOTION: WOMACK SECOND: LANKFORD
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Pharmacy Staff Training Policy, EXHIBIT G-2 has been approved and recommended to the Full Board.

3. Prescription Monitoring Program (PMP) Policy

MOTION: WOMACK SECOND: LANKFORD
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Prescription Monitoring Program (PMP) Policy, EXHIBIT G-3 has been approved and recommended to the Full Board.

G. No Changes

1. Behavioral Crisis Safety and Intervention
2. Code of Ethics Policy
3. Declaration of Mental Health Treatment
4. Employee Referral Bonus Program
5. Harris Center Advisory Committee
6. Pharmaceutical or Patient Assistance Programs (PAP)
7. Shift Differential

MOTION: WOMACK moved to approve agenda items G1-G7
SECOND: MILLER, JR. moved to approve agenda items G1-G7
BE IT RESOLVED, with unanimous affirmative vote, items G1-G7 are approved and recommended to Full Board.

H. Changes

1. Purchasing Card

MOTION: GEARING SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Purchasing Card EXHIBIT G-12 has been approved and recommended to the Full Board.

2. Medication Storage, Preparation and Administration Areas

MOTION: MILLER SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Medication Storage, Preparation and Administration Areas EXHIBIT G-13 has been approved and recommended to the Full Board.

3. Transfers-Promotions-Demotions

MOTION: MILLER SECOND: WOMACK
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Transfers-Promotions-Demotions EXHIBIT G-14 has been approved and recommended to the Full Board.

6. REVIEW AND COMMENT

A. Board Training Topics-The Governance Committee members and Kendra Thomas discussed the topics for the upcoming Board Training.

7. EXECUTIVE SESSION –Mr. Lykes announced the Board would enter into Executive Session at 9:25 am

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

•As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee & Dr. R. Gearing, Chair of the Harris Center Board of Trustees

8. RECONVENED INTO OPEN SESSION AT 10:01 AM

9. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
No action was taken as a result of the Executive Session.

10. ADJOURN

MOTION: GEARING SECOND: LANKFORD

The meeting was adjourned at 10:01 A.M.

Respectfully submitted,

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

EXHIBIT G-2

Status **Pending** PolicyStat ID **16516903**



Origination	10/2005	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

FM.A.1 Adding and Receiving Equipment

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

4. DEFINITIONS:

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

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

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

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Department Review	Stanley Adams	09/2024
Initial Assignment	Stanley Adams	09/2024

EXHIBIT G-3

Status **Pending** PolicyStat ID **16516902**



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

Owner Stanley Adams
 Area Fiscal Management
 Document Type Agency Policy

FM.A.3 Asset Tracking and Depreciation

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

4. RELATED POLICIES/FORMS:

Policies	Reference
Reporting Burglaries or Thefts	
Adding and Receiving Equipment	
Disposal of Fixed Assets	
Forms	Reference
Request to Add Property	
Request to Transfer Property	

Request to Surplus Property	
Request for Property Disposal	

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Department Review	Stanley Adams	09/2024
Initial Assignment	Stanley Adams	09/2024

EXHIBIT G-4

Status **Pending** PolicyStat ID **16691856**



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

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

LD.A.2 Business Associate and Subcontractor Policy

1. PURPOSE:

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

2. POLICY:

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

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

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

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

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

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

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

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

3. PROCEDURES:

[Business Associate](#)

4. APPLICABILITY/SCOPE:

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

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

Business Associate Agreement

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Initial Assignment	Kendra Thomas: Counsel	09/2024

EXHIBIT G-5

Status **Pending** PolicyStat ID **16691858**



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

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

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

5. RELATED POLICIES/FORMS (for reference

only):

- Media consent form
- Consent for release of confidential information

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Initial Assignment	Kendra Thomas: Counsel	09/2024

EXHIBIT G-6

Status **Pending** PolicyStat ID **16691846**



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

HIM.EHR.A.7 Faxing & Emailing Patient Identifying Information

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[HIM.EHR.B.7 Faxing & Emailing Patient Identifying Information](#)

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

Policy and Procedures	References
Confidentiality and Disclosure of Patient Identifying Information	HIM.EHR.A.3

<u>Incident Reporting</u>	EM.A.4
Patient Information Facsimile Cover Sheet	

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Health Insurance Portability and Accountability Act, 45 CFR Part 164
- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B
- Physician-Patient Communication, Tex. Occupation Code Ch. 159
- Medical Records Privacy, Tex. Health and Safety Code Ch. 181
- Mental Health Records, Tex. Health and Safety Code Ch. 611

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	09/2024
Initial Assignment	Rita Alford: Dir	09/2024

EXHIBIT G-7

Status **Pending** PolicyStat ID **16691853**



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

Owner Evanthe Collins:
 Dir
 Area ByLaws
 Document Bylaws
 Type

BYL.3 IDD-PAC Bylaws

SECTION V: POLICIES PERTAINING TO THE HARRIS CENTER ADVISORY COUNCILS

1.00 Bylaws of The Harris Center Advisory Council

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

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

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

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

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

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

1.01 Purposes

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

1.02 Responsibilities

Advisory Councils are charged with the following responsibilities:

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

- E. Establish lines of formal and informal communication among public and private agencies and organizations dealing with issues relating to adults and children with mental illness and intellectual and developmental disabilities.
- F. The Medical Advisory Council shall be responsible for informing [The Harris Center](#) Board of Trustees of the Agency's compliance with all standards which relate to psychiatric and/or medical care as outlined in the Rules of the Commissioner of the Texas Health & Human Services Commission. (Approved MHMRA Board of Trustees: July 21,1977)

1.03 Composition

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

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

E. Specific composition of the:

1. Adult MH Advisory Council:

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

2. Children's Mental Health Advisory Council

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

3. Intellectual and Developmental Disabilities Planning Advisory Council

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

1.04 Officers

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

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

1.05 Meetings

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

by its representative shall be considered to have resigned its organizational membership on the designated council unless a request to review is brought to the Board Program Committee.

- H. Absentee or proxy voting shall not be allowed for any member.
- I. General meetings shall follow the standard agenda as prescribed by the Board. The detailed agenda for each meeting shall be prepared jointly by a Board member, the assigned staff member, and the Chairperson of the Council.
 - 1. Standard Agenda shall consist of:
 - a. Call to Order
 - b. Minutes of Previous Meeting
 - c. Public Comments (three-minute time limit)
 - d. Educational presentation
 - e. Old Business
 - f. New Business
 - g. Consideration of communications, advice and recommendations from public and private agencies and organizations.
 - h. Report from the Board Liaison and consideration of Board requests for advice concerning service needs and/or implementation of priorities.
 - i. Set date for next meeting and adjourn.

1.06 Committees

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

1.07 Amendment of Bylaws

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

Approval Signatures

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

CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Departmental Review	Keena Pace: Exec	09/2024
Initial Assignment	Evanthe Collins: Dir	09/2024

EXHIBIT G-8

Status **Pending** PolicyStat ID **16360600**



Origination	09/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2023
Next Review	1 year after approval

Owner	Kia Walker: Chief Nursing Officer
Area	Medical Services
Document Type	Agency Policy

MED.NUR.A.2 Medication Administration

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS (for reference

only):

Pharmacy and Unit Medication/ Drug Inventory

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

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

CEO Approval	Wayne Young: Exec	10/2024
Final Legal Review	Kendra Thomas: Counsel	09/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	08/2024
Initial Assignment	Kia Walker: Chief Nursing Officer	08/2024

EXHIBIT G-9

Status **Pending** PolicyStat ID **16214790**



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

HIM.EHR.A.9 Patient/Individual Records Administration

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

Policies and Procedures
Agency Abbreviation List

Confidentiality and Disclosure of Patient/ Individual Health Information
Retention of Patient/Individual Records
Content of Patient/Individual Records
Correcting Documentation and Coding Errors
Information Security Policy

5. PROCEDURES:

[Patient/Individual Records Administration](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

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

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	09/2024
Initial Assignment	Rita Alford: Dir	09/2024

EXHIBIT G-10

Status **Pending** PolicyStat ID **16352061**



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

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff.

4. PROCEDURES

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

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2024
Legal Review	Kendra Thomas: Counsel	08/2024
Departmental Review	Keena Pace: Exec	08/2024
Initial Assignment	Keena Pace: Exec	08/2024

EXHIBIT G-11

Status **Pending** PolicyStat ID **16136702**



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

ACC.A.4 Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

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

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Mental Health Community Services Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, 26 Tex. Admin. Code Chapter 306
- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Standards of Care, 25 Tex. Admin. Code Ch. 448

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Departmental Review	Keena Pace: Exec	08/2024
Initial Assignment	Keena Pace: Exec	07/2024

EXHIBIT G-12

Status **Pending** PolicyStat ID **15738307**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2023
 Next Review 1 year after approval

Owner Toby Hicks
 Area Human Resources
 Document Type Agency Policy

HR.A.23 Student Internship Program

1. PURPOSE:

To establish guidelines for recruitment, selection, assignment, evaluation, and separation of The Harris Center for Mental Health and Intellectual Developmental Disabilities (The Harris Center) student interns. The Harris Center student interns are individuals pursuing a higher level of education through practicum, internship, or field experience by providing service to the agency and do not receive compensation in return.

2. POLICY:

The Harris Center for Mental Health and IDD will provide students of various disciplines the opportunity to enhance their educational experience through field experience, internship, or practicum within the agency. The agency will coordinate with accredited schools and universities in providing such placement within the administrative and clinical programs. These experiences should be beneficial to the students, the people we serve, and the agency.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center and all students who are completing field placements/internships at The Harris Center.

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

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

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- The Harris Center's Policy and Procedures
- The Harris Center Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-13

Status **Pending** PolicyStat ID **16691860**



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

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.8 Subpoenas

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

4. PROCEDURES:

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

N/A

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Initial Assignment	Kendra Thomas: Counsel	09/2024

EXHIBIT G-14

Status **Pending** PolicyStat ID **15903724**



Origination	N/A	Owner	Tanya White: Mgr
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

MED.PHA.A.41 Pharmacy Medication Therapy Management (MTM) and Outcomes Policy

1. PURPOSE:

This Policy outlines the requirements for MTM services in Outcomes@programs by all Pharmacy employees of the The Harris Center including ex-terns, interns and pharmacy students

2. POLICY:

It is the Policy of the Harris Center Pharmacies to continually enhance and the quality and safety of patient care at The Harris Center through a systematic and collaborative approach that supports the ongoing evaluation of The Harris Center's patient care processes and services as defined by the Texas State Board of Pharmacy, the United States Drug Enforcement Agency and all other Pharmacy Entities.

This Policy outlines that all Pharmacy employees of the The Harris Center including ex-terns, interns and pharmacy students will provide Medication Therapy Management (MTM) services using the Agency approved MTM outcomes program.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacy Staff including externs, interns and pharmacy students

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

Pharmacy Staff Training

5. PROCEDURE:

Pharmacy Medication Therapy Management (MTM) and Outcomes Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Centers for Medicare & Medicaid Services (CMS) mandate that plan sponsors administering a Medicare Advantage program or Medicare Part D prescription drug plan implement an effective compliance program that meets the regulatory requirements set forth in 42 C.F.R. §422.503(b)(4)(vi) and 42 C.F.R. §423.504(b)(4)(vi).

21st Century Communications and Video Accessibility Act (CVAA):

Americans with Disabilities Act (ADA): SUBCHAPTER II PUBLIC SERVICES, PART A

Prohibition Against Discrimination and Other Generally Applicable Provisions

Federal Communications Commission (FCC):

Standards for MTM provider communications and marketing (§ 423.2268)

42 C.F.R. §423.153(d)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	10/2024
Legal 2nd Review	Kendra Thomas: Counsel	09/2024
Pharmacy & Therapeutic Committee	Holly Cumbie: RPh	08/2024
Pharmacy Department Review	Tanya White: Mgr	08/2024
Legal 1st Review	Obiajulu Enaohwo	08/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	08/2024
Initial	Tanya White: Mgr	08/2024

EXHIBIT G-15

Status **Pending** PolicyStat ID **15841763**



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

Owner	Veronica Billings: Security Manager
Area	Environmental Management
Document Type	Agency Policy

EM.A.16 Safety and Security Escort: Employee and Consumer

1. PURPOSE:

The purpose of this policy is to establish the procedure for Safety-Security Associate when conducting escorts on The Harris Center’s property.

2. POLICY:

The Harris Center Security Department shall provide escort services when requested by employee and/ or directed by clinical personnel to remove consumers for behaviors that disrupt and impede operational objective.

All reasonable efforts will be made to provide escorts to all visitors and staff requesting this service. Escorts will be provided on a prioritized list with other outstanding security issues needed to be executed at the time of the request.

The Director of Security will determine the reasonable distance for all escorts. The reasonable distance will include all the facilities and designated parking areas being used by employees, consumers, visitors, and contractors.

3. APPLICABILITY/SCOPE:

This policy applies to all Employees, Visitors, Consumers and Contractors.

4. RELATED POLICIES/FORMS (for reference

only):

5. PROCEDURE:

EM.B.16 Safety and Security Escort: Employee and Consumer

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

N/A

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
Legal Review	Kendra Thomas: Counsel	09/2024
Initial Assignment	Veronica Billings: Security Manager	08/2024

EXHIBIT G-16

Status **Pending** PolicyStat ID **16573984**



Origination	08/2019	Owner	Eunice Davis: Dir
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	09/2024		
Next Review	1 year after approval		

EM.P.6 Accessibility Plan

Accessibility Plan

The philosophy of The Harris Center for Mental Health and IDD (The Harris Center) and its Board, is that all people should have access to services, programs, and activities in which they have an interest. Consistent with that philosophy, the Board of Trustees and staff of The Harris Center adopt the following, which we will review and modify as appropriate annually.

The purpose of this Accessibility Plan is to promote accessibility and remove barriers. The Harris Center addresses accessibility concerns to enhance the quality of life for those served in our programs and services, implement nondiscriminatory employment practices, meet legal and regulatory requirements, and meet the expectations of stakeholders in the area of accessibility. This report and improvement plan is meant to enhance access to programs, services, facilities, and the community.

Because we feel persons with disabilities face a variety of challenges, we have prioritized attitudinal, architectural, communication, employment, transportation, environmental, and financial barriers as those that we want to impact in a positive manner.

ATTITUDINAL: Staff and board members will continuously involve themselves in training related to the abilities and limitations of persons with disabilities while learning to enhance their strengths and minimize the impact of their limitations. Attitudinal barriers may include the terminology and language that the organization uses in its literature or when it communicates with individuals with disabilities, other stakeholders and the public, how individuals with disabilities are viewed and treated by the organization, their families, and the community, whether or not client input is solicited and used, whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities. Our existing policies on Consumer/Patient Rights and the involvement of consumers in the development of their individual plans will help support this effort. We will continue the use of Patient Satisfaction

Surveys for input.

ARCHITECTURAL: Although the primary responsibility for evaluating and removing barriers to consumer access rests with Facility Services, with the support of Risk Management and Safety Committees, all staff members are charged with this responsibility. Safety Officers (and managers), as part of their quarterly self-inspections, are also evaluating any barriers that might cause our buildings, grounds, vehicles, etc., to be inaccessible to persons served. Plans for corrective action are reviewed by VPs, Directors/Practice Managers, Risk Management, and Director of Facility Services, with implementation occurring as soon as practical and as monies are identified in the budget. Budgeting for this activity will be a continuous effort. Transitional plans will be developed for each barrier identified.

COMMUNICATION: Recognizing our communication is essential in achieving our mission, our organization will continue to make communication training available to our staff and members of the board. We will continue to address these barriers by making presentations at local business, civic, religious, political, and other groups as appropriate in order to enhance the communication issues for persons served. We have over 300 staff members who can translate, as well as full-time interpreters for persons whose primary language is not English. We also have contracts with multiple vendors to provide services to persons with hearing impairments and for other persons who speak foreign languages. We will continue to expand the contractors to ensure availability for language needs.

The Communication Department is updating The Harris Center website to include closed captions for the videos posted and is looking at ways to enhance communications to those we serve.

EMPLOYMENT: One important aspect of our organization, consistent with our goal of maximizing self-sufficiency, is the eventual employment of the persons that we serve. Employment provides individuals with meaningful daily activities so they feel productive, useful, and successful. Employment is a fundamental part of life for people with and without disabilities. It provides a sense of purpose, shaping who we are and how we fit into our community. Meaningful work has also been associated with positive physical and mental health benefits and is a part of building a healthy lifestyle as a contributing member of society. Because it is so essential to people's economic self-sufficiency, as well as self-esteem and well-being, people with disabilities and older adults with chronic conditions who want to work should be provided the opportunity and support to work competitively within the general workforce in their pursuit of health, wealth, and happiness. All individuals, regardless of disability and age, can work – and work optimally with opportunity, training, and support that build on each person's strengths and interests. Individually tailored and preference-based job development, training, and support should recognize each person's employability and potential contributions to the labor market.

The Harris Center recognizes the Americans with Disabilities Act (ADAA) and its policies prohibit discrimination in all employment practices, including job application procedures, hiring, firing, advancement, compensation, training, and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment-related activities. The Harris Center reviews and updates policies as needed.

TRANSPORTATION: Every effort will be made to increase the chances of success for our consumers by helping to identify and remove transportation barriers that exist for those we serve. Regarding current agency vehicles:

- will try to make them accessible to our consumers;
- purchase accessible vehicles; or
- utilize qualified vendors to provide accessible transportation services.

Staff will collaborate with local transportation services, such as the Metro System, and will act as advocates for persons with disabilities to encourage the continued expansion of accessible public transportation options.

ENVIRONMENTAL: Recognizing environmental factors can have a profound effect on the individuals we serve as well as agency staff, our organization will continue to ensure all area community service sites are free from environmental barriers. Such barriers as insufficient lighting, equipment, and hazards will be assessed, and a plan of action will be developed if needed, in regularly scheduled Facility Services departmental meetings. Upon discovering a barrier exists, a corrective action plan will be developed. Implementation of this plan will occur as soon as practical and as monies are identified in the budget. As with architectural barriers, budgeting for this activity will be a continuous effort.

Although the organization does not conduct a formal assessment in this area, staff are aware of the need to accommodate reasonable requests in this area. Examples of general environmental adaptations include light alarms for individuals with hearing impairment, hearing protection, climate control, vehicle modifications such as seat belt extenders and lifts, ergonomic accommodations such as chairs, tables, and computer screens, and other modifications such as revised work schedules that have been made to meet requests.

MEDICAL DIAGNOSTIC EQUIPMENT: Medical diagnostic equipment, such as examination tables, examination chairs, weight scales, and x-ray machines, shall adhere to accessibility standards to ensure patients with disabilities have access to services and programs at the Harris Center. The Harris Center cannot deny health care services to a patient with a disability that the organization would otherwise provide because they lack accessible medical diagnostic equipment.

FINANCIAL: Staff and board members of The Harris Center understand the importance of finances and the direct impact finances have on agency personnel, individuals served, and the community at large. The Harris Center will strive to maintain sufficient funds for each and every program of the agency. The organization also pledges to educate at local levels and state levels regarding the need for increased funds. In the event that financial barriers do occur, such as insufficient funding within a program, the Executive Leadership will meet to evaluate the best possible options to support the needs of those being served.

Assessment and Work Plan

The agency will use the Accessibility Plan Review Tool to assist in the creation of an agency wide detailed work plan.

The Accessibility Plan will aid in the removal of barriers that limit access to programs and services and will provide a detailed outline of the steps to remove the barriers and necessary steps to achieve a barrier-free environment. If the time period for achieving compliance is to be longer than one year, the work plan will identify interim steps to provide program access. The work plan will identify person(s) responsible for implementing the plan.

The Harris Center will create an annual report. This report will include progress made in the removal of identified barriers and areas needing improvement. Copies of the Accessibility Plan will be made available upon request to clients, employees, stakeholders, and the public. Alternative formats will be available upon request.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2024
2nd Legal Review	Kendra Thomas: Counsel	09/2024
1st Legal Review	Obiajulu Enaohwo	09/2024
Initial Assignment	Eunice Davis: Dir	09/2024