

Governance Committee Meeting  
August 19, 2025  
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,  
June 17, 2025  
(*EXHIBIT G-1*)

**IV. REVIEW AND COMMENT**

- A. Employee Labor Organization Presentation  
(*EXHIBIT G-2*)
- B. Annual Board Training Topics  
(*Kendra Thomas*)

**V. CONSIDER AND TAKE ACTION**

- A. No Changes
  - 1. Harris Center Advisory Committee  
(*EXHIBIT G-3*)
  - 2. Professional Practice Evaluation Policy  
(*EXHIBIT G-4*)
  - 3. Resilience In Stressful Events (We RISE) Program Policy  
(*EXHIBIT G-5*)
  - 4. The Use of Service and Assistance Animals in the Harris Center  
Facilities Pertaining to Patients and Visitors  
(*EXHIBIT G-6*)
- B. New Policy's
  - 1. Coordination of Care Policy  
(*EXHIBIT G-7*)
  - 2. ICC Integrated Primary Care Program Manual  
(*EXHIBIT G-8*)
- C. Policy Changes
  - 1. Bylaws of The Professional Review Committee of The Harris  
Center for Mental Health and IDD with Signature  
(*EXHIBIT G-9*)
  - 2. Infection Control and Prevention Policy  
(*EXHIBIT G-10*)
  - 3. No Solicitation Policy  
(*EXHIBIT G-11*)

4. Performance Reporting and Monitoring of Service Contracts  
(*EXHIBIT G-12*)
5. Personal Relationships in the Workplace  
(*EXHIBIT G-13*)
6. Professional Review Committee  
(*EXHIBIT G-14*)

**VI. 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.

**VII. RECONVENE INTO OPEN SESSION**

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

**IX. ADJOURN**

*Veronica Franco*

---

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, JUNE 17, 2025  
MINUTES**

**CALL TO ORDER**

Mr. Jim Lykes, Chairman called the meeting to order at 8:33 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. R. Gearing, Dr. K. Bacon, Dr. M. Miller, Jr.,  
Ms. R. Thomas-videoconference

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

Mr. J. Lykes designated Dr. K. Bacon, Dr. M. Miller, Jr., and Ms. R. Thomas as voting members of the committee.

**2. DECLARATION OF QUORUM**

The meeting was called to order at 8:33 a.m.

**3. PUBLIC COMMENTS**

No public comments.

**4. APPROVAL OF MINUTES**

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday,  
May 20, 2025

**MOTION: MILLER, JR. SECOND: BACON**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED**, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, May 20, 2025, EXHIBIT G-1 has been approved and recommended to the Full Board.

**5. REVIEW AND TAKE ACTION**

A. No Changes

1. Closed Record Review Committee Policy (Exhibit G-2)
2. Inquiries on Employees Policy (Exhibit G-3)
3. Lactation Breaks Policy (Exhibit G-4)

**MOTION:** WOMACK moved to approve agenda Exhibits G2-G4

**SECOND:** LANKFORD moved to approve agenda Exhibits G2-G4

**BE IT RESOLVED, with unanimous affirmative vote, agenda Exhibits G2-G4 are approved and recommended to Full Board for final approval.**

**B. Policy Changes**

1. Code of Ethics Policy (Exhibit G-5)

**MOTION: GEARING**

**SECOND: MILLER, JR.**

**The Motion passed with unanimous affirmative votes**

**BE IT RESOLVED,** Code of Ethics Policy, EXHIBIT G-5 with the noted correction has been approved and recommended to the Full Board.

6. **EXECUTIVE SESSION –No Executive Session needed**
7. **RECONVENED INTO OPEN SESSION**
8. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
9. **ADJOURN**

**MOTION: GEARING**

**SECOND: WOMACK**

The meeting was adjourned at 8:37 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**

## **United Workers of Harris Center Communications Workers of America Local 6154**

harriscenterunion@gmail.com

**In 2025 Harris Center employees need and deserve:**

- **\$20/hour minimum wage**
- **minimum \$5,000/year cost of living raise**

### **Why a \$20/hour minimum?**

The Harris County Commissioners Court recently adopted a measure to set minimum pay for Harris County employees at \$20/hour and county contractors at \$21.65/hour. The measure also tied future minimum salaries to the MIT Living Wage Calculator. What's more, the Austin/Travis County LMHA Integral Care set their minimum wage at \$20/hour in 2022. It's time for the Harris Center to do the same!

### **Why a \$5,000/year cost of living raise?**

The current minimum wage at the Harris Center is \$17.50/hour. Raising the minimum to \$20/hour means the lowest paid workers will get more than \$5,000/year raise. Everyone needs this same amount as a minimum raise in 2025 to keep current salary schedules intact.

### **Why not a percentage raise?**

Flat amount raises benefit the lowest paid workers much more than a percentage raise. For example, a 5% across-the-board raise means a worker making \$100,000/year will get a \$5,000/year raise while a worker making \$30,000/year will only get a \$1,500/year raise.

### **Why not just do a market adjustment or performance-based increase?**

There's nothing wrong with performance-based pay raises and market adjustments for undervalued positions, but if they aren't done along with a cost-of-living raise then it means many employees will be left out of the raise. When employees don't get a raise, or their pay raise is below the increase in the cost-of-living, it means they're really seeing a pay cut.

### **Increasing pay across-the-board with a flat amount raise will:**

- Decrease turnover
- Increase staff stability and experience
- Improve the quality of care that our clients receive
- Decrease the costs of training new employees

**Who isn't making a living wage at the Harris Center now?**

	Hourly	Yearly	Full time employees at or below this wage	% of total FT employees
Current Minimum Wage	\$17.50	\$36,400	27	1%
Union Proposed Minimum Wage	\$20.00	\$41,600	197	8%
Living wage for a single adult no children*	\$21.65	\$45,032	337	14%
Living wage for 2 working adults with 2 children*	\$24.84	\$51,667	889	36%
Living wage for single adult with 2 children	\$44.93	\$93,454	2,137	88%
Total Harris Center full time employees w/averages	\$27.28	\$56,742	2,437	100%



DRAFT

# HR.B.37 Employee Disciplinary Review Procedure

## I. PURPOSE:

The purpose of this procedure is to describe the process for which employees placed on probation, a Performance Improvement Plan (PIP) or terminated must follow to file an appeal through the Employee Disciplinary Review process.

## 2. APPLICABILITY/SCOPE:

This procedure pertains to all Harris Center employees with at least six (6) months of continuous employment with the Harris Center.

## 3. REGULATORY/REFERENCE DOCUMENTS:

The Harris Center Employee Handbook

Employee Counseling, Supervision, Progressive Discipline, and Termination

## 4. DEFINITIONS:

**Appeal** means a written request to review and change a decision by the Harris Center to place an employee on a Performance Improvement Plan, probation or terminate employment.

**Performance Improvement Plan (PIP)** is a structured plan used when an employee's overall performance does not meet the Harris Center's minimum job requirements, expectations, or Standards of Behavior. When implementing a PIP on an employee, the employee's supervisor will first provide the employee copies of documentation and evidence which shows the employee has not met requirements, expectations, or Standards of Behavior.

The PIP outlines clear performance goals, a defined time frame for improvement, a supervision and training plan to facilitate and monitor improvement, and the consequences if expectations are not met. Only the use of the Performance Improvement Plan document constitutes a formal PIP.

**Disciplinary Probation** means a corrective action imposed on a Harris Center employee for a designated period of time, not to exceed six (6) months, for significant performance deficiencies which are determined to be within the employee's ability and intent to correct, for violating rules, policies, or Standards of Behavior established by the Harris Center. Also, a supervisor may put an employee on probation until the employee resolves a problem with credentials that are required for that position. If an employee is placed on Disciplinary Probation, their supervisor must also provide them with a PIP.

**Involuntary Termination** means the involuntary separation and termination of the employer-employee relationship when the employee fails to demonstrate sustained improvement, sufficient ability or intent to meet job expectations after being placed on a PIP, or has engaged in serious misconduct that constitutes a major violation of Harris Center policies and procedures that warrants forgoing the initial steps of Progressive Discipline. Any employee who is involuntarily terminated will be provided a written



notice of termination that includes the reason for the termination and the specific Harris Center policies the employee may have violated.

**Hearing Officer** means a designated Harris Center employee who is required to act as an impartial arbiter of employee appeals and complaints. The Hearing Officer shall be selected by the CEO with the approval of the Harris Center Board of Trustees. The Hearing Officer shall have authority as the final decisionmaker in all employee complaints and appeals and will base all their decisions on the principles of just cause.

## 5. PROCEDURES:

### 5.1. Appeals

Harris Center employees may file a written request to appeal a decision to impose a PIP or probation or to involuntarily terminate employment with the Harris Center. An employee may not appeal verbal and written warnings, verbal and written coaching and supervisions. Employees will have the opportunity, however, to submit into their personnel records written rebuttals to any such warnings, coachings, and supervisions. During the appeals process, the PIP, probation or termination remains active. An employee must submit a written request for review to the [employeedisciplinaryreview@theharriscenter.org](mailto:employeedisciplinaryreview@theharriscenter.org) within ~~five (5)~~ ten (10) business days from the date of the employee's termination or the date on which the written record of probation or Performance Improvement Plan was signed by the supervisor.

The written request for appeal must include the following information:

1. The employee's postal address and any email address and telephone number to be used for correspondence.
2. The grounds for the appeal. The grounds of the appeal must clearly outline the specific points the employee disagrees with and include supporting evidence.
3. If an employee is represented by an attorney, union representative or another 3rd party who plans to attend the review hearing, the employee must include the name, relationship or role and contact information with the written request for an appeal. Any related correspondence will also be sent to the employee's identified representative. The review hearing will be rescheduled if the employee fails to notify the Harris Center of their representatives' attendance at the hearing.
4. The employee must submit all supporting documentation and evidence along with the written request for an appeal. If the employee believes there is any supporting documentation that they do not have and would be relevant to their appeal, the employee or their designated representative may request that documentation at any time prior to submitting their appeal. Requests for supporting documentation must be submitted to the [employeedisciplinaryreview@theharriscenter.org](mailto:employeedisciplinaryreview@theharriscenter.org). Human Resources will respond to any such requests within two (2) business days.

The Harris Center will not consider the incomplete requests for an appeal. All information must be received within five (5) business day deadline. Requests for an appeal received after the five (5) business day deadline will not be considered.

### 5.2. Employee Coverage



All Harris Center employees who has been continuously employed by the Harris Center for at least six (6) months and who has been placed on a PIP, probation or involuntarily terminated from the Harris Center.

### 5.3. Employee Disciplinary Review Hearing

The review hearing shall be scheduled no later than seven (7) business days after the Harris Center's receipt of the written request for an appeal and all the information outlined in Section 5.1 of this document. The review hearing shall be scheduled for no more than 1.5 hours. The employee has the burden of proof and must present credible evidence to support their appeal.

The participants in the review hearing may include the Hearing Officer, the employee, the Harris Center supervisor or Administrator responsible for imposing the PIP, probation or termination, the employee's representative (if applicable) and a Harris Center representative. The employee will be given thirty (30) minutes to present relevant evidence and information (oral and written) to support their position. The Harris Center will be given thirty (30) minutes to respond with rebuttal information. Each party will be given five (5) minutes for rebuttal. The Hearing Officer may ask clarifying questions during the review hearing.

The Hearing Officer shall provide a written decision to all parties no later than ten (10) business days after the review hearing. The hearing officer's decision is final.

## 6. RELATED POLICIES/FORMS:

Employee Disciplinary Review Policy

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	02/2025
CEO Approval	Wayne Young: Exec	02/2025
2nd Legal Review	Kendra Thomas: Counsel	02/2025
1st Legal Review	Bijul Enaohwo [CW]	02/2025
Department Review	Kendra Thomas: Counsel	02/2025
Initial Assignment	Kendra Thomas: Counsel	02/2025

Status **Active** PolicyStat ID **17537627**

Origination 07/2024  
 Last Approved 02/2025  
 Effective 02/2025  
 Last Revised 02/2025  
 Next Review 02/2026

Owner Joseph Gorczyca  
 Area Human Resources  
 Document Type Agency Policy

## HR.A.36 Continuing Employee Communication and Engagement

### 1. PURPOSE:

The purpose of this policy is to develop a strategic framework for enhancing all employees' voices and engagement across the organization. The goal of this policy is to establish an equitable and fair process for every employee to have opportunities to influence, to build trust and to contribute to a positive work environment.

### 2. DEFINITIONS:

The following definitions shall apply:

1. "Board" shall mean the Board of Trustees of the Harris Center.
2. "CEO" shall mean the Chief Executive Officer of the Harris Center.
3. "Employee labor organization" shall be defined consistent with TEX. GOV'T CODE §617.001, that is, any organization in which employees participate and that exists in whole or in part, to deal with Harris Center concerning grievances, labor disputes, wages, hours of employment, working conditions and that does not claim the right to strike.
4. "Employee representatives" shall mean the representatives of the employee labor organizations.
5. "Employee Communication Plan" refers to all the measures and methods employed by Harris Center Executive Management to engage with front-line employees, solicit feedback, encourage good morale and staff retention, and improve working conditions and relationships.



### 3. POLICY:

It is the policy of The Harris Center to develop and implement ongoing processes and programs that promote each employee's engagement and improve each employee's experience. The Harris Center has a workforce comprised of employees who utilize their skills and talents to deliver quality behavioral healthcare and IDD services to Harris County residents. The Harris Center values all employees and is committed to continue to develop a work environment in which every employee's voice, suggestions and views are respected and sought out without fear of reprisal.

The Harris Center leadership shall work collaboratively with all employees and utilize their collective experiences and feedback to improve retention, employee satisfaction, performance, patient care and the overall employee experience. The Harris Center shall establish robust mechanisms for soliciting each employee's voice and feedback to ensure the Harris Center aligns its policies, practices and priorities with the evolving needs and expectations of the workforce.

#### A. COMMITMENT TO EMPLOYEE ENGAGEMENT

Crucial components of incorporating each employee's' voice and perspectives into the Harris Center's policies, practices, priorities and other continuous improvement initiatives include, but are not limited to:

- Developing an Employee Communication Plan
- Evaluate the ongoing impact of the Employee Communication Plan
- Annual employee surveys soliciting anonymous feedback
- Routine meetings with Employee groups
- Regular Townhall meetings at various Harris Center locations
- Regular employee forums to have dialogue with the CEO and/or other members of the Harris Center leadership team
- Employee Suggestion program for the improvement and implementation of new ideas
- Team building exercises through collaborative workshops and retreats
- Celebrate festive events and occasions, such as Employee Appreciation Day
- Establishing a regular recurring meeting with Employee Labor Organization(s)

#### 1. MONITORING AND COMPLIANCE

The development, implementation, evaluation and monitoring of the Employee Communication Plan and related initiatives shall be the responsibility of the Vice President of Human Resources.

#### 2. COMMUNICATION SCHEDULE

Routine updates at Board meetings, including employee engagement activities, updates from meetings with employee labor organizations, the level of employee engagement and policy proposals, will be provided by the CEO and Vice President of Human Resources. Also, Harris Center staff will receive regular communication via CEO videos, the Harris Center newsletter and Intranet about employee engagement initiatives and opportunities for employees to provide feedback. Communication will be



provided to inform employees of updates from suggestions and opportunities identified. These communications will be done consistent with employee feedback about preferred types, style and means of communication.

Updates from meetings with employee labor organizations will be provided to the Board by the CEO at the next Board meeting. Updates will include any recommendations to the Board and an account of the discussions that have taken place in the meetings with employee labor organizations. In addition to Public Comment opportunities and the CEO's report, employee labor organization representatives shall have an opportunity to provide a written report related to wages, hours and conditions of employment and the notes from the employee labor organization meetings to the Board in the Board packet. Employee labor organizations are responsible for adhering to all Harris Center Board meeting submission deadlines.

Also, employee labor organizations shall have the opportunity to present no more than four (4) Governance Committee meetings per year provided that they submit a written request to the Chair of the Governance Committee and CEO at least nine (9) calendar days prior to the Governance Committee meeting. Additional opportunities for presentations to the Governance Committee are not permitted. The purpose of the reports is to provide employee labor organizations with the opportunity for the unilateral presentation of information to the Governance Committee and are not intended to be a dialogue or discussion with the Governance Committee. All topics and presentations must be related to wages, hours, and conditions of employment and matters covered by personnel policies.

The written request must include a brief description and summary of the topic. All supporting documents and presentation materials must accompany the written request. All reports shall be limited to ten (10) minutes unless the Governance Committee approves additional time.

## **B. HARRIS CENTER EMPLOYEE LABOR ORGANIZATIONS OR UNIONS**

The Harris Center's Executive leadership and the Board of Trustees support employees' right to form and/or join a union without facing retaliation or disciplinary action. As a public entity, the Harris Center is legally prohibited from collective bargaining that involves a process in which the Harris Center and its Board conducts negotiations with representatives of a union with a goal towards reaching a binding, enforceable and bilateral agreement between the Harris Center and a union or labor organization. See Tex. Government Code Ch. 617. In accordance with Tex. Government Code Ch. 617, the Harris Center is also legally prohibited from recognizing a union or labor organization as the bargaining agent for a group of employees.

### **1. EMPLOYEE LABOR ORGANIZATION MEETINGS**

The scope of Employee Labor Organization(s) meetings, activity, and discussions shall include wages, hours, employment conditions and all matters covered by personnel policies of the Harris Center.

The Employee Labor Organization(s) meeting shall be composed of up to five representatives from employee labor organizations as designated by the organizations and the CEO or designee(s).



Twelve (12) meetings per calendar year shall be held. Any member of the Employee Labor Organization(s) meeting may request items related to wages, hours and conditions of employment to be placed on the agenda for discussion. Proposed agenda items must be submitted, in writing, to the CEO designee at least one week prior to the scheduled meeting. The meeting agenda shall be included with the meeting notification.

A written request from the CEO or the employee representatives for additional meetings may be submitted. The written request must state the purpose for the proposed meeting and include the meeting agenda. A meeting may be scheduled as soon as possible following the receipt of the request based on the availability of all parties.

Good faith efforts will be made to provide information relevant to the agenda in advance of the meetings upon request by the Employee Labor Organization(s). As a governmental entity, the Harris Center is required to adhere to the Texas Public Information Act. The Texas Public Information Act remains an additional available option for the public to request public information.

Best efforts will be made to schedule meetings without conflict with employment duties of employee representatives participating in the meeting. When a scheduled meeting conflicts with any participant's work duties, the CEO's applicable management representative will, to the extent client services are not adversely impacted, arrange for that participant to be released from normal work duties to attend the meeting. The meeting can be rescheduled if requested by the meeting participants due to schedule conflicts.

## **2. EMPLOYEE ENGAGEMENT ACTIVITIES**

Harris Center employees and Employee Labor Organization employee representative(s) are permitted to meet with, talk to, share information (printed, verbal, or electronic), and generally engage with one another regarding the activities of an Employee Labor Organization before or after those employees' shifts or during those employees' breaks or lunch hour in designated locations in Harris Center facilities, provided they coordinate with the appropriate supervisor at the work location and that such engagement does not impact with work duties or client care. Preparation for any union activities, including, but not limited to, meetings or union organizing activities, must be conducted outside the union members' regularly scheduled work hours.

## **3. REPRESENTATION**

The Harris Center has an employee complaint, grievance and resolution process outlined in the Employee Handbook. Consistent with Harris Center's current practice, every employee filing a grievance related to their wages, hours or work conditions may opt to have a representative (including someone from an employee labor organization) of their choice represent them. Employees who receive coaching or disciplinary action may include their comments and perspective in response to those actions in a manner that is included in their personnel file. Additionally, employees placed on probation, a Performance Improvement Plan (PIP) or terminated by the Harris Center have the right to appeal. With advance notice, employees are permitted to have representation (including someone from an employee labor organization) at the appeal review hearing.



#### 4. PAYROLL DEDUCTION OF MEMBERSHIP DUES

Upon written request by an Employee Labor Organization(s), the Harris Center will collaborate with the Employee Labor Organization(s) to develop reasonable procedures for monthly payroll deduction of union membership dues. The Harris Center shall remit the dues collected to the Employee Labor Organization(s). Each Employee Labor Organization shall ensure employees are offered an alternative means by which to pay monthly membership dues other than payroll deduction.

#### 4. APPLICABILITY/SCOPE:

This policy applies equally to all Harris Center employees.

#### 5. RELATED POLICIES/FORMS:

HR.A.10 Equal Employment Opportunity

HR.A.5 Employee Counseling, Supervision, Progressive Discipline and Termination

HR.A.29 Time and Attendance

#### 6. PROCEDURE:

N/A

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

Collective Bargaining and Strikes, Tex. Government Code Ch. 617

#### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	02/2025
CEO Approval	Wayne Young: Exec	02/2025
2nd Legal Review	Kendra Thomas: Counsel	02/2025
1st Legal Review	Bijul Enaohwo [CW]	02/2025

Department Review  
Initial Assignment

Kendra Thomas: Counsel  
Joseph Gorczyca

02/2025  
02/2025

COPY

### What is at-will employment?

1. At-will employment status means that employees can be terminated or disciplined without being given any reason, justification, or opportunity to defend themselves.
2. At-will employment contributes to a climate of fear in the workplace because employees don't know what will get them disciplined or fired.
3. At-will employment contributes to increased turnover rates

<https://www.forbes.com/councils/forbeshumanresourcescouncil/2025/04/18/ending-at-will-employment-may-be-the-key-to-true-inclusion/>

### What is Just Cause?

1. Just cause requires that all terminations and disciplinary actions only take place when there is good reason to do so.
2. The requirements to meet the just cause standard are fair notice, prior enforcement, due process, substantial evidence, equal treatment, progressive discipline, and considering mitigating circumstances.

### Why just cause is important for public employees

1. Early results from our ongoing survey of union members shows that workplace bullying and retaliation is a top concern for Harris Center employees.
2. Just cause protections create a positive workplace environment where employees are less afraid of retaliation and bullying because they know they will be protected from unwarranted termination and discipline.
3. Just cause protections creates more transparency in the disciplinary/termination process so that employees know what the consequences will be for policy violations and performance problems.
4. By creating a requirement for due process in all discipline and terminations, just cause protections reduce waste, fraud, and abuse by ensuring that whistleblowers cannot be retaliated against without due process.
5. By promoting fairness and equity, enhancing the psychological well-being of employees, and increasing transparency and accountability, ending at-will status will improve employee morale and reduce turnover.

### Major changes we are seeking for Harris Center

1. Formal change of at-will status to just cause
2. Time limit to imposition of discipline

3. Time limit to length of probation
4. Employee access to documentation of policy violations that are the basis of any disciplinary action
5. Inclusion of a supervision and training plan in any disciplinary action
6. Requirement to provide a (Performance Improvement Plan) PIP with any disciplinary probation
7. Clarification that employees must be placed on a PIP prior to termination unless they have committed a major violation of policy
8. Requirement that Grievance and Disciplinary Appeal Hearing Officer be selected by CEO with approval of Board to ensure impartiality

#### Harris County

1. Harris County employees are at-will
2. Harris County employees cannot appeal discipline or termination
3. Harris County employees can grieve non-disciplinary issues and have them heard by a Grievance Resolution Committee appointed by Commissioners
4. No time limit on discipline

#### Harris Health

1. Employees are not at-will (instead they have Just and Accountable Culture).
2. Harris Health employees can appeal most disciplinary actions and terminations to a "Grievance Review Panel."
3. The Grievance Review Panel is required to be an impartial panel composed of one HR representative, one manager, and 3 non-management employees chosen by the VP of HR.
4. Disciplinary probation is limited to 90 days.

Harris Health Grievance Procedure:

<https://harrishealthcoc.org/wp-content/uploads/2018/11/6.08-Grievance-Procedure.pdf>

Disciplinary policy:

<https://afscmelocal1550.org/wp-content/uploads/2021/10/HCHD-Policy-6.20-Corrective-Action-Just-and-Accountable-Culture.pdf>

Just and Accountable Culture:

<https://afscmelocal1550.org/wp-content/uploads/2021/10/HCHD-Policy-3466-Just-and-Accountable-Culture.pdf>

#### City of Houston

1. Employees are not at-will
2. Employees can appeal Level II and higher disciplinary actions through grievances



3. Employees can appeal termination through the Civil Service Commission appointed by City Council
4. Time limits on how long a disciplinary action is active

**State of Texas employees at State Supported Living Centers (IDD) and State Hospitals (MH)**

1. Employees are not at-will
2. Employees can file grievances to appeal any disciplinary action that impacts their pay (termination or suspension or demotion)
3. Grievances are decided by an HHSC Administrative Law Judge in a formal hearing
4. Rusk State Hospital and Richmond State Supported Living Center are closest facilities to Houston

Status **Active** PolicyStat ID **16136301**



Origination 11/2020

Last Approved 08/2024

Effective 08/2024

Last Revised 09/2023

Next Review 08/2025

Owner Toby Hicks

Area Human Resources

Document Type Agency Policy

# HR.A.5 Employee Counseling, Supervision, Progressive Discipline, and Termination

## I. PURPOSE:

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

## 2. POLICY:

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

While The Harris Center wishes to help employees experiencing performance problems. The Harris Center reserves the right to terminate employees at its discretion when there is just cause. In general, The Harris Center follows a progressive disciplinary procedure beginning with a verbal warning followed by written warning, disciplinary probation, and ending with involuntary termination; however, discipline may begin at any step in the process up to and including immediate termination depending upon the seriousness of the infraction. All disciplinary actions must be imposed within thirty (30) calendar days of when a supervisor was made aware of a performance problem or policy violation.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations as well as principles of just cause and



shall never be discriminatory or retaliatory.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

- Notice of Disciplinary Action

5. PROCEDURE:

6. REFERENCE: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	08/2024
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024



# **EXHIBIT G-3**

Status **Pending** PolicyStat ID **18451005**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 10/2023  
 Next Review 1 year after approval

Owner Lance Britt: Dir  
 Area Leadership  
 Document Type Agency Policy

## LD.A.17 Harris Center Advisory Committee

### 1. PURPOSE:

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

### 2. POLICY:

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

### 3. APPLICABILITY/SCOPE:

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

### 4. PROCEDURES:

[Harris Center Advisory Committee](#)

### 5. RELATED POLICIES/FORMS:

N/A

# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF 1. A. Leadership

Certified Community Behavioral Health Clinics (CCBHC). Criteria 6.B: Governance. Standard 6.b.1. Advisory Committees, Tex. Health and Safety Code §534.012

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Lockett [LW]	07/2025
Initial Assignment	Keena Pace: Exec	06/2025

# **EXHIBIT G-4**

Status **Pending** PolicyStat ID **18455944**



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

Owner Danyalle Evans  
 Area Medical Services  
 Document Type Agency Policy

## COM.A.5 Professional Practice Evaluation Policy

### 1. PURPOSE:

To establish a systematic process to evaluate and confirm the current competency of practitioners' performance of privileges and professionalism at The Harris Center for Mental Health and IDD.

### 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. Professional practice evaluation will be the process for ensuring credentialing and performance standards.

Professional Practice Evaluation is conducted monthly during a provider's first three (3) months of employment. Focused Professional Practice Evaluation (FPPE) will transition to Ongoing Professional Practice Evaluation (OPPE) after a minimum of three (3) months of FPPE. The reviews are performed by members of the Professional Practice Evaluation Committee. Each service evaluates and recommends its service-specific performance targets and thresholds.

The Chief Medical Officer or designee also evaluates and recommends service-based OPPE indicators. Focused Professional Practice Evaluation (FPPE) may be triggered through concerning practice trends, events, or incidents identified through FPPE, OPPE, and medical peer review activities. FPPE will be implemented when there are concerns regarding the provision of safe, high-quality patient care by a current medical staff member or issues of professionalism.

### 3. APPLICABILITY/SCOPE:

The policy applies to all licensed or non-licensed providers providing services to clients at the Harris

Center.

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

5. PROCEDURE:

[Professional Practice Evaluation Committee](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Staff Member Competency. 1 Tex. Admin. Code §353.1413

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Final Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Lockett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
2nd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2025
1st Department Review	Danyalle Evans	07/2025
Initial Assignment	Danyalle Evans	07/2025

# **EXHIBIT G-5**

Status **Pending** PolicyStat ID **18197197**



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

Owner Evelyn Locklin: Dir  
 Area Administrative Directives  
 Document Type Agency Policy

## ACC.A.21 Resilience In Stressful Events (We RISE) Program Policy

### 1. PURPOSE:

The Purpose of this Policy is to ensure services and programs are supportive of Caregivers in Distress by integrating a Peer Support System within their own unique environment.

### 2. POLICY:

The Harris Center will create and maintain the We RISE Program which will offer free, confidential and timely peer support to any employee who may have encountered a stressful, patient-related event.

### 3. APPLICABILITY/SCOPE:

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

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

N/A

### 5. PROCEDURE:

[Resilience In Stressful Events \(We RISE\) Program Procedure](#)



# 6. REFERENCES: RULES/REGULATIONS/STANDARDS:

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director Review	Demetria Lockett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
Departmental Review	Keena Pace: Exec	06/2025
Initial Assignment	Evelyn Locklin: Dir	05/2025

# **EXHIBIT G-6**

Status **Pending** PolicyStat ID **17911428**



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

Owner Michael Mitchell  
 Area General Administration  
 Document Type Agency Policy

## EM.A.1 The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors

### 1. PURPOSE

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

### 2. POLICY

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

### 3. APPLICABILITY/SCOPE

All of The Harris Center facilities.

### 4. RELATED POLICIES/FORMS:

None

## 5. PROCEDURE:

EM.B.1 The Use of Service and Assistance Animals in the Harris Center Facilities

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

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

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
2nd Legal Review	Kendra Thomas: Counsel	06/2025
1st Legal Review	Bijul Enaohwo	05/2025
Initial Assignment	Michael Mitchell	05/2025



# **EXHIBIT G-7**

Status **Pending** PolicyStat ID **15143271**



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

Owner	Vinay Kapoor: VP
Area	Medical Services
Document Type	Agency Policy

## ACC.A.2 Coordination of Care Policy

### 1. PURPOSE:

The purpose of this policy is to ensure individuals served by the Harris Center receive coordination and/or transition of care with continued access to services in order to support and meet the needs of the individual served.

### 2. POLICY:

It is the policy of the Harris Center to provide continuity of care and linkage with a referral provider based on the identified needs of the individual and availability of community resources in a safe and timely manner. This may include crisis transition to routine care, discharge planning, routine care coordination, substance abuse referrals, and any additional referrals identified based on the individual's needs.

### 3. APPLICABILITY/SCOPE:

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

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

[ACC.A.2 Plan of Care \(policystat.com\)](http://theharriscenter.policystat.com/policy/15143271/)

## 5. PROCEDURE:

[ACC.YDC.B.1 Youth Diversion Center \(YDC\) Coordination of Services and Continuity of Care \(policystat.com\)](#)

[ACC.YDC.B.2 Youth Diversion Center \(YDC\) Recreational Plan \(policystat.com\)](#)

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

Access to Mental Health Community Services, Tex. Admin. Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 2 [Texas Administrative Code \(state.tx.us\)](#)

Discharge Planning, Tex. Admin. Code, Title 26, Part 1, Chapter 306, Subchapter D, Division 5 [Texas Administrative Code \(state.tx.us\)](#)

Standards of Care, 26 Tex. Admin. Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 3 [Texas Administrative Code \(state.tx.us\)](#)

Roles and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G [Texas Administrative Code \(state.tx.us\)](#)

Information Item V Crisis Standards, Texas Health and Human Services

Local Mental Health Authorities, Texas Health and Safety Code, Title 7, Subtitle A, Chapter 533, Subchapter 1, Sec. 533.035

### Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director Review	Demetria Luckett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
Departmental Review	Keena Pace: Exec	06/2025
Initial Assignment	Vinay Kapoor: VP	04/2025

# **EXHIBIT G-8**





Origination	N/A	Owner	Janeth Martinez: Dir
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Program Policy and Procedure Manual
Last Revised	N/A		
Next Review	1 year after approval		

# MAN.2 ICC Integrated Primary Care Program Manual

## PURPOSE

The purpose of the Integrated Care Clinic Manual is to establish guidelines for the Integrated Care Clinic primary care services within The Harris Center for Mental Health and IDD a LMHA to ensure comprehensive, coordinated, and continuous care for individuals with mental health conditions, in compliance with Texas state regulations.

The comprehensive evaluation shall include an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the primary care provider (with appropriate referral and follow-up) of the person receiving services.

The Medical Director is involved in the aspects of the Continuous Quality Improvement (CQI) plan that apply to the quality of the medical components of care, including coordination and integration with primary care.

## MANUAL STATEMENT

The Harris Center for Mental Health and IDD (The Harris Center)is committed to providing integrated behavioral and primary health care services to improve health outcomes for individuals with mental health conditions. This integration aligns with the 26 Texas Administration Code 306, Subchapter C Texas Certified Community Behavioral Health Clinics which outlines the responsibilities of local authorities in delivering ensuring the quality of the medical component of care, and provide guidance to foster the integration and coordination of mental health, substance use care, and primary care.

The Medical Director will provide guidance regarding mental health, substance use care, clinical service delivery, ensure the quality of the medical component of care, and provide guidance to foster the

integration and coordination of mental health, substance use care, and primary care.

It is the policy of The Harris Center that all individuals seeking care 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 integrated primary care 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 integrated primary care 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.

The Integrated Primary Care Program follows The Harris Center Policies & Procedures for Medical Services, Physician Authority to Delegate Certain Medical Acts, Infection Control and Prevention Policy, Infection Control Precautions, Infection Control Plan/Airborne Precautions, Communicable Disease Procedure

## **APPLICABILITY/SCOPE**

This applies to all The Harris Center Integrated Primary Care Programs/Clinics/Units providing Integrated Primary Care Services.

## **PATIENT CENTERED MEDICAL HOME**

It is the policy of The Harris Center to serve as a medical home for all of its patients, or a Patient-Centered Medical Home ("PCMH"). It is the intent of the center to conduct business according to the [insert accrediting organization or recognition standards and guidelines that will be followed] to provide comprehensive primary care across the life cycle while fostering partnerships between patients and their primary care provider. The scope of a Patient-Centered Medical Home (PCMH) is to provide comprehensive, coordinated, and accessible care, focusing on building strong relationships between patients, their personal physicians, and the care team, while promoting quality and patient safety. The scope encompasses a wide range of care, from primary to specialty, and includes preventive, acute, chronic, transition of care and discharge planning

PCMHs prioritize the patient's needs and preferences, ensuring they feel heard and understood; aim to address all aspects of a patient's health, from routine checkups to managing chronic conditions; facilitate transitions of care and seamless communication and collaboration among different healthcare

providers and settings to ensure continuity of care; strive to make healthcare services readily available to patients, including timely appointments, **extended hours**, and easy access to specialists; and PCMHs are committed to providing high-quality, safe, and effective care, using evidence-based practices and continuous quality improvement methods.

**Patient-Centered Medical Home (PCMH)**- This is a model of primary care that emphasizes a team-based approach, comprehensive and coordinated care, and a focus on the patient's needs and preferences.

**Clinical Practice Improvement (CPI)**- Within the PCMH model, CPI is a systematic approach to identify areas for improvement in clinical practice, test new interventions, and implement evidence-based practices to enhance patient care and outcomes.

The Executive Director should delegate to the Clinical Practice Improvement (CPI) Officer the responsibility of ensuring that the center is practicing according to the PCMH model of care. CPI Officer should ensure that a clinician lead and PCMH manager are available to support and coordinate PCMH activities. The CPI Officer should work with the relevant staff, including the Medical Director, to determine what policies and procedures need to be implemented. The CPI Officer should refer to the tool Data Elements to Review and Report for a checklist of required data elements. Staff should be trained on the relevant policies and procedures, the concept of being a medical home for all patients, and the data that will be monitored to check for performance. The center has materials that it gives to patients explaining the role of medical home and that the center is responsible for coordinating their care across multiple settings. The CPI Officer should follow the guidelines set forth by to seek PCMH recognition.

## OUTREACH ELIGIBILITY & SELF MANAGEMENT

The Harris Center must screen all patients and the uninsured (if applicable) to determine first if they are eligible for public health coverage programs, including Medicaid, CHIP and the Marketplace. If they are not eligible for any public program, the center must then screen for eligibility in the center's sliding fee scale program. It is the intent of the center to offer comprehensive application assistance for its patients and help them submit completed applications. It is required that along with comprehensive application assistance, patients and the uninsured in their service area must also receive education about the full range of coverage options available and assist with qualified health plan comparisons to help patients and the uninsured make informed decisions. Health insurance literacy education should also be provided to patients and the uninsured who do not understand how to use their new insurance.

To reach out to individuals, especially those who may be underserved or have barriers to accessing care, and encourage them to engage with primary care services.

Examples: Home visits, community health fairs, partnerships with local organizations, and using technology for telehealth or online resources.

Focus: Promoting health, preventing disease, addressing social determinants of health, and ensuring equitable access to care.

Eligibility in Primary Care:

General Eligibility: In most cases, primary care services are available to anyone who needs them,

regardless of insurance status or income.

**Specific Programs:** Certain programs, like chronic care management (CCM), have specific eligibility criteria, often based on having multiple chronic conditions or being at high risk for complications.

**Factors:** Eligibility may also depend on factors like age, geographic location, and specific health needs.

**Self-Management in Primary Care:**

**Definition:** Empowering patients to actively participate in managing their health conditions, promoting healthy behaviors, and making informed decisions about their care.

**Strategies:** This includes providing education, counseling, and support to help patients understand their conditions, develop self-care skills, and adhere to treatment plans.

**Benefits:** Improved health outcomes, increased patient satisfaction, and reduced healthcare costs.

**Examples:** Developing personalized action plans, providing access to online resources, and offering group support programs. In essence, the scope of primary care outpatient care encompasses a wide range of services, from proactive outreach to ensure access to care, to tailored eligibility criteria for specific programs, and ultimately, empowering patients to actively manage their health through self-management strategies.

A. To maximize the center revenue mix, The Harris Center should screen all patients below 400% of the Federal Poverty Level (FPL) to determine:

1. Eligibility for Medicaid or CHIP programs for children or pregnant women below 200% of FPL;
2. Eligibility for premium assistance and cost sharing reductions to help pay for health insurance through the Marketplace for patients between 100% and 400% of FPL who do not qualify for Medicaid or CHIP;
3. Amount of fees patients should be charged on the sliding fee scale if they do not qualify for Medicaid, CHIP or the Marketplace.

B. For those using our healthcare services grant funds, in addition to Part A, the center:

1. Must conduct year-round outreach for the uninsured in their service delivery area;
2. Should partner with any local coalitions that specialize in outreach and enrollment activities.

C. The Harris Center should contact Texas Association of Community Health Centers (TACHC) for any assistance including help with determining the appropriate outreach and enrollment model for the health center TACHC, Inc. for adaptation and use only by entities that purchased the TACHC OC<sup>3</sup> CPI Manual

## TRIAGE

Triage is a process whereby a patient contacting or presenting at the center is screened for the seriousness and urgency of their need for clinical intervention. The purpose of triage screening is to appropriately direct and address patient needs. Implementing an effective triage system will improve patient services, communication, confidence, and coordination of care. This screening or triage is a requirement of the Federal Tort Claims Act (FTCA) and part of the standard of care provided by the

center.

In a primary care outpatient setting, triage involves a preliminary assessment to determine the urgency and type of treatment needed, ensuring patients receive appropriate and timely care. This process helps to prioritize patients, optimize resource allocation, and potentially reduce unnecessary emergency department visits.

## Methods:

- **In-person triage:** ~~Reception~~**Integrated Care** staff or nurses may visually screen patients and gather information about their symptoms and medical history.
- **Telephone triage:** Staff assess the urgency of a patient's call and determine the appropriate level of care needed, whether it's advice, a follow-up appointment, or a referral to a higher level of care.

## Outcomes:

- **Prioritization of care:** Patients with life-threatening or urgent conditions are identified and seen promptly.
- **Efficient resource allocation:** Staff can allocate resources effectively by understanding the acuity of each patient's condition.
- **Reduced emergency department visits:** By providing appropriate advice and care in the primary care setting, some patients can avoid unnecessary trips to the emergency department.
- **Improved patient outcomes:** Prompt and appropriate care can lead to better patient outcomes.

## Key Considerations:

- **Patient acuity:** Assessing the severity and urgency of a patient's condition.
- **Patient history:** Gathering relevant information about a patient's medical history and current symptoms.
- **Available resources:** Understanding the resources available within the primary care setting and determining the appropriate level of care.
- **Communication:** Effective communication between staff and patients, and between staff members, is crucial for a smooth triage process.

## Roles:

- **~~Receptionists~~**Business Office Coordinators**:** May be responsible for initial screening and gathering basic information.
- **Nurses:** May conduct in-person or telephone triage, assess patient acuity, and provide advice and guidance.
- **Physicians:** May be involved in more complex triage situations or in providing care to patients who require a higher level of care.

It is the policy of The Harris Center to immediately screen and assess either in-person or via phone any patient who is observed to have or states that they have an urgent need for medical attention during



business hours. All staff must be familiar, read and comply with the Texas HHS - Standards and Plan of Care Primary Health Care Program Procedure Manual (See Attachment [IV](#)) HHS Six Clinical Procedures and Health Care Services as the procedure manual is the standard of care in all outpatient primary care services. The triage is performed by a physician, mid-level provider, or a registered nurse. The center will follow the Policy and Procedure Regarding After-Hours Call Coverage for any medical needs that arise during non-business hours.

Upon determining, from a phone call or face-to-face encounter, that a patient has or states that they have an urgent need for medical attention, the ~~front desk~~[integrated care](#) staff ~~or receptionist~~ notifies the triage staff.

The triage staff assesses the patient and determines whether the patient needs emergency services (i.e., calling EMS or referral to the closest Emergency Room), to be seen immediately by a center physician, or whether an appointment can be made.

The triage screening process, coordination of care efforts, and findings are documented in the patient's medical record.

As a function of medical triage assessment, a patient requiring a higher level of medical care not available at the health center, arrangements will be made to transfer them to the level of care needed and documented in the patient's medical record.

## **ADVANCED DIRECTIVES**

~~It is the policy of the center that The Harris Center should honor a patient's advance directives in the provision of care. The center should also provide assistance in the formulation of such directives by addressing patient decisions about care, treatment, or services received at the end of life. The Harris Center will not discriminately alter its provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advanced directive. To ensure patient autonomy: advance directives are based on the principle of self-determination, allowing individuals to maintain control over their medical care even when they can no longer make decisions for themselves. To provide clarity and guidance: They help healthcare providers and loved ones understand a patient's wishes regarding treatment, particularly at the end of life, reducing potential conflicts and guesswork. To reduce stress and burden on families: By having a clear understanding of a loved one's wishes, families can navigate difficult decisions with less emotional distress and potential conflict.~~

~~Various federal and state laws and regulations exist regarding a patient's right to accept or refuse medical treatment and services. The Patient Self Determination Act (PSDA) addresses the rights of patients to stipulate in advance how they would like to be treated by healthcare providers if they become incapacitated. These wishes can be articulated by consumers in a specific document called an advance directive or by appointing someone as a healthcare agent to speak for them<sup>1</sup>. The Texas Advance Directives Act<sup>2</sup> consolidates all prior existing state law regarding advance directives and allows that any of the following may constitute an advance directive:~~

- ~~• Directive to Physicians (DTP)~~
- ~~• Out-of-Hospital Do-Not-Resuscitate Order (OOH-DNR)~~

- ~~Medical Power of Attorney (MPOA).~~

~~All relevant and applicable definitions regarding advance directives and end-of-life care are listed in the Texas Advance Directives Act which can be found in the Texas Health and Safety Code §166.002<sup>3</sup>.~~

~~It is against Texas law to withdraw or withhold life-sustaining measures for women who are pregnant<sup>4</sup>. If there is a question concerning the intent or use of an Advance Directive or the termination of life support, the matter should be referred to the center's legal counsel for review and advice.~~

- ~~Staff is trained to respond to patient requests for information concerning advance directives and for execution or referral for execution of advance directives.~~
- ~~Any patient who identifies during the scheduling process that he or she has an advance directive in place will be asked to bring a copy with them at the time of their appointment.~~
- ~~The advance directive document(s) shall be placed in the patient's medical record during registration, and the staff member who placed the directive in the medical record will advise all staff involved in the care of the patient of the existence of the documents.~~
- ~~An advance directive presented by the patient will be reviewed with the patient by the appropriate clinical staff.~~
- ~~All staff shall honor the patient's legal directives during the provision of care in the center.~~
- ~~Upon transfer for care at another site, the advance directive will accompany the patient.~~
- ~~In the event that a patient requests assistance in the formulation of an advance directive, the following procedures will be followed:~~
  - ~~The patient will be provided with literature about the state's advance directive documents (Health Care Power of Attorney, Living Will, and Do Not Resuscitate Order).~~
  - ~~The staff member from whom the patient requested assistance shall refer the patient to the appropriate staff member who can provide assistance.~~
  - ~~The staff member will then follow the state approved procedures for assisting an individual to establish an advance directive.~~

## COMPREHENSIVE MEDICAL HISTORY & HEALTH ASSESSMENT

To understand the health risks and information needs of patients and their families, the center should conduct a comprehensive medical history and health assessment of each patient. A comprehensive medical history and health assessment procedure encompasses a thorough review of a patient's past and current health, including medical, surgical, family, and social history, along with a physical examination to evaluate their overall health status and identify potential risks or concerns.

Purpose of a Comprehensive Assessment:

Establish a Baseline: To create a baseline of the patient's health status for future comparisons.

Identify Health Problems: To detect potential health problems early on.

Develop a Treatment Plan: To guide the development of an appropriate treatment plan.

Promote Health and Wellness: To educate the patient about health promotion and disease prevention.

At the initial comprehensive clinical visit, a complete medical history of the patient should be obtained. All staff must be familiar, read and comply with the Texas HHS - Primary Health Care Program Procedure Manual and HHS Six Clinical Procedures and Health Care Services as the procedure manual is the standard of care in all outpatient primary care services. Any pertinent history must be updated at each subsequent relevant clinical visit. The comprehensive medical history and health assessment should address at least the following:

- Medical history of patient ~~and family including:~~
  - Current health status including acute and chronic medical conditions.
  - Significant past illness, including hospitalizations and ~~outpatient~~ surgeries.
  - ~~Current medications including prescription, over-the-counter, complementary and alternative medicines.~~ Current medications.
  - Allergies, sensitivities, or reactions to medicines or other substance(s).
  - Immunization Status.
- Other sources of healthcare outside the center including complementary and alternative therapies.
- Mental health/substance use history of patient and family.
  - History of abuse or domestic violence.
- Family/social/cultural characteristics.
- Communication (e.g. due to hearing, vision or cognitive issues)
- Behaviors affecting health.
- Social functioning.
- ~~Social determinants of health.~~
- ~~Developmental screening using a standardized tool. (NA for practices with no pediatric population under 30 months of age.)~~
- Non-medical drivers of health.
- Advance care planning. (NA for pediatric practices.)

Medical History: This includes a detailed review of all past illnesses, injuries, hospitalizations, and surgeries.

Current Medications: A list of all medications, ~~including prescription, over-the-counter, and herbal supplements, along with dosages and frequency.~~

Allergies: A record of any known allergies, including medications, food, and environmental factors.

Chronic Conditions: Information about any chronic conditions, such as diabetes, heart disease, hypertension or cancer, including their management and complications.

**Social History:** This section explores the patient's lifestyle, including smoking, alcohol consumption, drug use, and occupation.

**Family History:** A review of the health status of close family members, including any history of chronic diseases, genetic disorders, or premature deaths.

**Physical Examination:** Assessing the patient's overall health and well-being, including their demeanor, hygiene, and level of consciousness.

**Vital Signs:** Measuring and documenting vital signs, such as blood pressure, heart rate, respiratory rate and temperature.

**System-Specific Examination:** A thorough examination of each body system, including the cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, and integumentary systems.

~~**Mental Status Examination:** Assessing the patient's cognitive function, mood, and emotional state.~~

**Neurological Examination:** Evaluating the patient's sensory and motor function, reflexes, and cranial nerves.

[Review Mental Status Examination completed by behavioral health staff.](#)

**Functional Assessment:**

**Activities of Daily Living (ADLs):** Assessing the patient's ability to perform basic tasks, such as bathing, dressing, eating, and toileting.

**Instrumental Activities of Daily Living (IADLs):** Evaluating the patient's ability to perform more complex tasks, such as managing finances, shopping, and cooking.

**Cultural Assessment: Cultural Beliefs and Practices:** Understanding the patient's cultural background and how it may influence their health beliefs and practices.

## PLAN OF CARE

A number of studies, research, and federal guidelines and best practices have led to integration of healthcare within mental health settings. People with serious mental illness (SMI) are dying 25 years earlier than the general population. 2/3 of premature deaths with people with SMI are due to preventable/treatable medical conditions such as cardiovascular, pulmonary, and infectious diseases. Primary Care Physicians expressed greater comfort treating common diagnoses, such as depression and anxiety, than serious mental illnesses (SMI). Primary care Doctors had challenges treating both primary care and those with co-occurring severe mental health conditions repeatedly citing patients with co-occurring personality disorders as the most difficult to treat. Although, primary care is a first point of contact and continuing point of care for many individuals with mental health and/or substance use issues. Yet, individuals with SMI reported poorer access to and lower quality of the primary care received relative to those without mental health conditions. Medical comorbidity contributes heavily to the premature medical mortality of those with serious mental illness. Medical illness is highly prevalent among individuals with psychiatric diagnoses: More than 68% of adults with mental illness were found to have at least one medical disorder in the 2001–2003 National Comorbidity Survey Replication. Rates of

disease among those with serious mental illness exceed those of the general population in every disease category, and individuals with serious mental illness have higher standardized mortality ratios compared with the general population for cardiovascular, respiratory, and infectious diseases. The ~~Substance Abuse and Administration for a Healthy America (AHA) (formerly HRSA Health Resources Services Administration), along with the National Council for Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), along with the National Council for Mental~~ Wellbeing have stated that , “the solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs”

The Harris Center aims to reduce the disparities with higher mortality rates than the general population with their target population that experiences co-occurring chronic health conditions and severe mental illness (SMI) through a key recommendation from SAMHSA and best practice approach to provide whole-person care approach and advance the bi-directional integration of health care within our behavioral health care settings. This would mean a person-centered approach of the individual at the center of care regardless of treatment setting, integrating their goals and priorities into a person-centered care plan.

The Harris Center is a provider of Integrated Program/Practice: An integrated program is one which is organized so that the target population are people experiencing serious mental health conditions and co-occurring health conditions. All people served by the program (team, practice) receive a comprehensive array of integrated services and interventions (including primary and secondary prevention) for their PH and BH needs

Bi-Directional Care Integration focuses on delivering whole-person care, addressing physical and behavioral health in an integrated system where medical and behavioral health providers work together to deliver and coordinate care, and improving access to care. Moving into an integrated system means following Collaborative Care principles including shared care plans, tracking treatments in patient registries, using evidence-based screening tools and treatment, and receiving reimbursement for quality of care and clinical outcomes. By implementing Collaborative Care principles, we aim to close the gap between primary care and behavioral health services, improve health outcomes and wellbeing for the most vulnerable populations, and create sustainable, transformational change to the health care system. The purpose of the Integrated Health Program:

- Promote full integration and collaboration in clinical practice between behavioral healthcare and primary physical healthcare, including for special populations
- Support the improvement of integrated care models for behavioral healthcare and primary/ physical healthcare to improve the overall wellness and physical health status of adults with a serious mental illness (SMI); adults who have co-occurring mental illness and physical health conditions or chronic disease; children and adolescents with a serious emotional disturbance (SED) who have a co-occurring physical health conditions or chronic disease; individuals with a substance use disorder (SUD); or individuals with co-occurring mental and substance use disorder (COD)
- Promote the implementation and improvement of bidirectional integrated care services,



including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases

SAMHSA (Substance Abuse and Mental Health Services Administration) the federal organization that funds State Block grant – GR dollars for Texas have identified Integrating Behavioral and Physical Health Care (persons with co-occurring health and SMI) as a priority population and strategic priority to receive Bi-directional and whole care services. SAMHSA reported: Although mortality can be directly related to mental and substance use disorders (SUDs), people living with these conditions are also at higher risk for poor health outcomes associated with preventable chronic physical health problems. Healthcare services systems, including primary care, are often ill equipped to meet the myriad of complex needs of people with mental health and substance use disorders, especially when the support and attention that would be most helpful is beyond what is available or feasible within these setting. This may complicate efforts for people with serious mental illness (SMI) and SUDs to access or effectively engage with different types of health care from which they could benefit.

Consistent with SAMHSA and best practices for people with SMI; Improving health more holistically and reducing mortality among people with SMI and co-occurring chronic health conditions can be accomplished through the integration of behavioral and physical health care by using systematic, evidence-based, cost-effective approaches to improve person-centered comprehensive care in all settings. SAMHSA reported in the national priority for the nation: Recognizing the multidimensional elements to health, a whole-person approach considers the individual at the center of care regardless of treatment setting, integrates their goals and priorities into a person-centered care plan, is culturally appropriate, and aims for the creation of health and well-being—not just the absence of disease. Finally, Integrated care is a promising best practice to deal with the fragmentation of the American healthcare system through a team approach. By bringing behavioral health clinicians into general medical settings – especially primary care – and adding general medical care to behavioral health treatment, better outcomes can be achieved at lower cost.

A number of studies, research, and federal guidelines and best practices have led to integration of healthcare within mental health settings. People with serious mental illness (SMI) are dying 25 years earlier than the general population. 2/3 of premature deaths with people with SMI are due to preventable/treatable medical conditions such as cardiovascular, pulmonary, and infectious diseases (6). Primary Care Physicians expressed greater comfort treating common diagnoses, such as depression and anxiety, than serious mental illnesses (SMI). Primary care Doctors had challenges treating both primary care and those with co-occurring severe mental health conditions repeatedly citing patients with co-occurring personality disorders as the most difficult to treat (7) Although, primary care is a first point of contact and continuing point of care for many individuals with mental health and/or substance use issues. Yet, individuals with SMI reported poorer access to and lower quality of the primary care received relative to those without mental health conditions (8,9). Medical comorbidity contributes heavily to the premature medical mortality of those with serious mental illness. Medical illness is highly prevalent among individuals with psychiatric diagnoses: More than 68% of adults with mental illness were found to have at least one medical disorder in the 2001–2003 National Comorbidity Survey Replication (10). Rates of disease among those with serious mental illness exceed those of the general population in every disease category (11), and individuals with serious mental illness have higher

standardized mortality ratios compared with the general population for cardiovascular, respiratory, and infectious diseases (11). The ~~Substance Abuse and~~ Administration for a Healthy America (AHA) (formerly HRSA Health Resources Services Administration), along with the National Council for Mental Health Services Administration (SAMHSA) and the ~~Health Resources and Services Administration (HRSA), along with the National Council for Mental~~ Wellbeing have stated that , “the solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs” (12)

The population of focus consists of people with poor access to primary care, poor experiences with primary care, typically low-income consumers under the care of the Harris Center who have serious mental illness or co-occurring mental illness and substance abuse disorders and who are at risk for co-morbid physical health conditions and chronic diseases, e.g., asthma, diabetes, hypertension. The target population as stated earlier are at risk for higher rates of mortality then the general population as a result of barriers to care, poor capacity to treat co-occurring SMI and primary care within the community primary care environment and poor client experiences to receive equitable care from the primary care in the community. The Harris Center Target population and scope of care is identified in the Four Quadrant Model\*, these individuals would be categorized as Quadrants I or II.

The Four Quadrant Model is a Best Practice for identifying populations within a behavioral health practice for Behavioral Health clients to be identified for Integrative Primary Health service provided on site at a behavioral health organization. The Four Quadrant Model categorizes and identifies behavioral health patients with low primary health needs and places within Quadrant I and Quadrant II while having a correlation to Inclusionary Criteria: Routine, Semi-Urgent, and Urgent. Clients with primary health conditions often at risk of life that are serious and unable to treat within an outpatient primary care setting are identified as emergent and are in Quadrant III and IV category and correlates to Exclusionary Criteria. Based upon the Four Quadrant Model, The Harris Center will provide integrated primary care services to clients that are categorized based upon health conditions within Quadrant I and Quadrant II and referral out to local emergency room and specialty providers in the community clients categorized in Quadrant III and IV, who have more serious primary health conditions that are not able to be treated within the Harris Center integrated primary care outpatient setting. (See Attachment I)

Clients can receive integrated primary care services from the Harris Center if their symptoms and conditions are consistent with the categories Quadrants I or II, and if they are deemed to have lower health acuity and stable in their medication management where they can be managed within integrated primary care. Based upon this model The Harris Center has identified Inclusionary conditions consistent with Quadrant I and II and classified as Routine, Semi-Urgent, Urgent. Clients in Quadrant III and Quadrant IV are classified as Emergent and referred to primary health emergency setting and specialty providers.

### **Inclusionary Referrals: Routine, Semi-Urgent, Urgent**

Integrated Care referrals are broken down into 4 levels depending on the nature of severity: Routine, Semi-Urgent, Urgent, and Emergent. (See Attachment III). Routine referrals are scheduled for the next available routine appointment. Semi-Urgent referrals consist of laboratory results or blood pressure readings requiring intervention within two weeks. Urgent referrals are patients that need to be seen

within 2 business days. Lastly, Emergent and Specialty referrals include conditions that are not treatable within Integrated Care. These are referred directly to the ER or Urgent Care rather than being sent to Integrated Care Clinic.

## Exclusionary Referrals:

Emergent and direct referral to Specialty Care (referred directly to the ER or Urgent Care from Adult Mental Health rather than being sent to Integrated Care Clinic.

Attachment II describes specific types of conditions that have been identified within the levels of severity. Routine, Semi-Urgent, Urgent (Inclusionary Referrals) and Emergent (Exclusionary Referral). Referrals from MH to Integrated Health are made using a decision tree see Attachment III. Referrals in Medical Record System, Attachment IV, may be made by MH as an order. Referral will need to include the following:

- medical reason for the referral
- priority status of referral according to medical reason
- name of clinic patient is zoned to
- ordering and authorizing medical provider

The bilateral workflow was created to maintain open communication between MH and Integrated Care. MH Physicians are able to send questions in via electronic medical record if they need a consult. Referrals may be initiated by any member of the patient's treatment team. The referral should list the priority status according to the list of Integrated Care Conditions that can be served within the Integrated Care clinic. Patients will be scheduled according to their needs and priority (Routine, Semi-Urgent, Urgent). Emergent cases will need to be referred to urgent care or nearest hospital. Primary Care Physicians will route note to MH Treatment team so that all members are aware of how the medical concern was addressed and if follow-up is needed.

All Harris Center integrated primary care staff will read, become familiar and comply with the following primary care procedure manual and cope of care. The Harris Center will provide integrated primary care services consistent with Texas HHS - Standards and Plan of Care Primary Health Care Program Policy Manual, Attachment V.

Diagnosis and Treatment: This includes diagnosis and treatment of common acute and chronic disease that affect the general health of the client. Services include first contact with a client for an undiagnosed health concern, as well as continuing care of varied medical conditions not limited by cause or organ system.

- **Physician Services** – Services must be medically necessary and provided by a physician in the doctor's office, clinic, or facility other than a hospital setting.
- **Physician Assistant (PA) Services** – These services must be medically necessary and provided by a PA under the direction of a physician and may be billed by, and paid to, the organization
- **Advanced Practice Nurse (APN) Services** – An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically a nurse practitioner, a clinical nurse

specialist, a certified nurse midwife (CNM) and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners. APN services must be medically necessary, provided within the scope of practice of an APN, and covered in the Texas Medicaid Program and under the direction of a physician.

**Emergency Medical Services:** Emergency medical services beyond the capacities of the psychiatry and primary health medical team are referred to the closest urgent care or medical receiving facility nearest the integrated health care clinic.

**Family Planning Services:** These are preventive health and medical services that assist a person in controlling fertility and achieving optimal reproductive and general health. Services can be provided at The Harris Center or refer to community provider and can include:

- Health check-up and physical exam
- Birth control methods including pills, IUD, condoms, and shot, and ring.
- Natural family planning
- Lab tests for:
  - Sexually transmitted infections (STIs)
  - Pregnancy testing

**Preventive Health Services:**

- ~~Immunizations & Vaccines – The Harris Center coordinates these services with Houston Public Health for these services to be provided as clinics within each of the integrated care sites. If timing of need for in an appropriate immunization or Vaccine needs to be sooner than the scheduled monthly vaccines and immunizations, the integrated care team will coordinate with public health and or a community provider for client to receive the immunization and or vaccine.~~
- ~~Cancer screening services – Coordinated with Community Provider – referral these must be medically necessary and by clinical recommendation and include:~~
  - ▴ ~~Clinical breast examinations~~
  - ▴ ~~Mammograms~~
  - ▴ ~~Pelvic examinations **Note:** Must be administered in compliance with Chapter 167A of the Health and Safety Code~~
  - ▴ ~~Cervical cancer screening~~
- Screenings for chronic conditions – these may include screenings for hypertension, diabetes, and other chronic conditions, as indicated.
- Health screening – this is to determine the need for intervention and possibly a more comprehensive evaluation. Health screenings may include taking a personal and family health history and performing a physical examination, laboratory tests or radiological examination, and may be followed by counseling, education, referral or further testing. Examples of these services include blood pressure, blood sugar and cholesterol screening.

Services coordinated with Community Partner:

- Immunizations & Vaccines
- Cancer screening services that include:
  - Clinical breast examinations
  - Mammograms
  - Pelvic examinations **Note:** Must be administered in compliance with Chapter 167A of the Health and Safety Code
  - Cervical cancer screening

Health Education: Planned learning experiences based on sound theories that provide individuals, groups and communities the opportunity to increase knowledge, and skills needed to make healthy decisions.

Diagnostic Laboratory and Radiological Services: These services must be medically necessary. They are technical laboratory and radiological services ordered and provided by, or under the direction of, a physician in an office or a facility other than a hospital inpatient setting. These services can be referred to an appropriate resources and provider in the community.

Telehealth and Telemedicine: Providers may deliver services via telehealth and telemedicine medical services, if appropriate. Telehealth services are defined as health care services delivered by a health professional to a patient at a different physical location than the health professional, using telecommunications or information technology.

- Harris Center providers who offer telehealth and telemedicine medical services must include the following:
  - clinical oversight by the medical director or designated physician responsible for medical leadership;
  - contraindication considerations for telemedicine use;
  - qualified staff members to ensure the safety of the person being served by telemedicine at the remote site;
  - safeguards to ensure confidentiality and privacy per state and federal laws;
  - services provided by credentialed, licensed clinicians providing clinical care within the scope of their licenses;
  - demonstrated competency by all staff members involved in the operation of the system and provision of the services before initiating the protocol;
  - priority in scheduling the system for clinical care of individuals;
  - quality oversight and monitoring of satisfaction of the people served; and
  - management of information and documentation for telemedicine services that ensures timely access to accurate information between the two sites.

Client Health Records and Documentation of Encounters: Providers must ensure a patient health record is established for every person who receives clinical services.

- All patient health records **must be:**
  - Complete, legible and accurate documentation of all client encounters, including those by phone, email or text message.



- Written in ink (without erasures or deletions) or documented in the electronic medical record (EMR) or electronic health record (EHR).
- Signed by the provider making the entry, including the name of the provider, the provider's title and the date for each entry:
  - Electronic signatures are allowable to document the encounter, provider review of care or both.
  - Stamped signatures are not permitted.
- Readily accessible to assure continuity of care and availability to clients.
- Systematically organized to allow easy documentation and prompt retrieval of information.
- All client health records **must include**:
  - client identification and personal data, including financial eligibility;
  - the client's preferred language and method of communication;
  - client contact information, including the best way and alternate ways to reach the client to ensure continuity of care, confidentiality and compliance with HIPAA regulations;
  - ~~a complete medication list, including prescription, nonprescription medications and dietary supplements, updated at each encounter;~~ a complete medication list.
  - a complete listing of all allergies and adverse reactions to medications, food and environmental substances (e.g., latex);
    - if the patient has no known allergies, this should be listed;
    - this information should be prominently displayed in the patient's record and updated at each encounter;
  - a plan of care, updated as appropriate, that is consistent with diagnoses and assessments, which in turn are consistent with clinical findings;
  - documentation of recommended follow-up care, scheduled return visit dates and follow-up for missed appointments;
  - documentation of informed consent or refusal of services;
  - documentation of client education and counseling with attention to risks identified through the health risk assessment; and
  - at every visit, the record must be updated as appropriate, documenting the reason for the visit, relevant history, physical exam findings, and pertinent screening and diagnostic tests with results and treatment plan.

Initial Medical History and Risk Assessment: In addition to the elements required for the Client Health Record listed above, a comprehensive medical history must be obtained during the initial or early subsequent clinical visit. It should be appropriately adapted to the age and gender of the client:

- Reason for the visit and current health status
- History of present illness, if indicated

- Past medical history to include all serious illnesses, hospitalizations, surgical procedures, pertinent biopsies, accidents, exposures to blood and blood products, and mental health history
- Facilitate or Refer to appropriate resources for Age-appropriate immunizations:
  - Immunization status or assessment (see Centers for Disease Control and Prevention (CDC) immunization schedules by age)
  - PHC providers can voluntarily participate in the Department State Health Services (DSHS) Adult Safety Net (ASN) Program or Texas Vaccines for Children (TVFC), both programs provide vaccines at no cost
- Review of systems with pertinent positives and negatives documented in the chart
- Current and past tobacco, alcohol and substance use or abuse
- Occupational and environmental hazard exposure
- Environmental safety (e.g., seat belt use, car seat use, bicycle helmets, etc.), nutritional and physical activity assessment, and living arrangements
- Assessment for sexual and intimate partner violence (IPV) (mandated by Texas Family Code, Chapter 261). For any positive result, the client should be offered referral to a family violence shelter in compliance with Texas Family Code, Chapter 91
- Pertinent family history
- Pertinent partner history, including injectable drug use, number of partners, STIs/STDs and HIV history and risk factors, and gender of sexual partners
- A reproductive health history as detailed below

Reproductive health history in female clients of reproductive age must include:

- Menstrual history, including last normal menstrual period
- Pertinent sexual behavior history, including family planning practices (i.e., contraceptive use – past and current), number of partners, gender of sexual partners, last sexual encounter and sexual abuse
- Obstetrical history
- Gynecological and urological conditions
- STIs/STDs
- HIV history, risks and exposure.

Reproductive health history in male clients of reproductive age must include:

- Pertinent sexual behavior history, including family planning practices (i.e., contraceptive use – past and current), number of partners, gender of sexual partners, last sexual encounter and sexual abuse
- Genital and urologic conditions, as indicated
- STIs/STDs
- HIV history, risks and exposure

Physical Assessment: A periodic preventive health care visit is an excellent opportunity for clinicians to

address issues of wellness and health risk reduction as well as current findings and client concerns. The periodic preventive health care visit must include an update of the person's health record, as described in the Client Health Record section above. It must also include appropriate screening, assessment, health education and counseling, and immunizations based on the client's age, risk factors, preferences and concerns.

All clients must be provided an appropriate physical assessment as indicated by health history and health risk assessment. A physical examination is not essential before the provision of most contraceptive methods and should not be a barrier to the client receiving a method of contraception.

The initial physical exam may be deferred if the client history and presentation do not reveal potential problems requiring immediate evaluation. The comprehensive physical exam should be performed within six months of the initial visit unless the clinician identifies a compelling reason for extended deferral. Such reason must be documented in the client record.

Program protocols should be developed accordingly and must be consistent with national evidence-based guidelines.

A new client baseline physical examination must include the following components:

**Clients 21 years and older:**

- Height measurement
- Body Mass Index (BMI), waist measurement or other measurement to assess for underweight, overweight and obesity
- Blood pressure evaluation
- Cardiovascular assessment
- Other systems as indicated by history and health risk assessment (HRA) (e.g., evaluation of thyroid, lungs and abdomen)

A periodic primary health visit physical examination must include the following components:

**Clients 21 years and older:**

- Height measurement annually until five years post menarche for females and annually until 20 years old for males
- Weight measurement annually to assess for underweight, overweight, and obesity
- Blood pressure evaluation;
- Other systems as indicated by history including evaluation of thyroid, heart, lungs and abdomen

**Baseline and periodic health assessments for clients zero through 20 years old must include the following components\*:**

- Health history
- Health risk assessment
- Preventive health education to include anticipatory guidance, provided to parent(s) or child, as

appropriate

- Physical exam
- Immunizations

Episodic or acute care visit:

- History of present illness
- Physical assessment focused on presenting problem(s)
- Laboratory tests based on presenting problem(s)
- Interventions appropriate to current findings

**Healthy Lifestyle Intervention:** All clients should receive a health risk survey at least annually to determine areas where lifestyle modifications might reduce the risk of future disease and improve health outcomes and quality of life.

**Counseling on Healthy Lifestyle Choices:**

- Advise all clients not to smoke or use tobacco products and to avoid exposure to second-hand smoke as much as possible. Advise those who use tobacco products to quit and assess for their readiness to do so at each encounter. The Texas Tobacco Quitline provides confidential, free, and convenient cessation services to Texas residents ages 13 and older, including quit coaching and nicotine replacement therapy. Services can be accessed by phone at 1-877-YES-QUIT (1-877-937-7848) or online at YesQuit.org.
- Counsel clients on healthy eating patterns and offer access to relevant information.
- Advise clients to engage in physical activity or resistance training tailored to their individual health condition and risks.

**Diet and Nutrition:** There is strong evidence that nutrition plays an important role in our risk of disease. No single diet has been shown to be the best and providers should counsel clients on a variety of healthy eating patterns tailored to their health condition and cultural background.

**Laboratory Tests:** All clients presenting for an initial, annual, routine follow-up or problem-related visit must be provided appropriate laboratory and diagnostic tests as indicated by history, health risk assessment (HRA), physical examination or clinical assessment. The following tests or procedures must be provided:

- Human Papillomavirus (HPV) screening for female patients who are 21 years or older after an initial ASC-US Pap result, per American Society for Colposcopy and Cervical Pathology (ASCCP) Management Guidelines
- HIV screening\*\*
- STI/STD screening, per CDC guidelines
- Pregnancy test must be provided on-site
- **Rubella serology, if status not previously established by client history and documented in chart, either on-site or by referral**
- Other labs such as blood glucose, lipid panel, or thyroid stimulating hormone as indicated by HRA, history and physical, either on-site or by referral

**Note:** Initial tests may be deferred until the initial physical exam is provided.

#### Lab Results and Tracking:

- Physician enters the orders for laboratory and other diagnostic testing in the patient's electronic medical record.
- The ~~Registered Nurse~~Nursing Staff will review the order and ~~administer~~perform the requested testing. Blood draws and collections are sent to the laboratory.
- The electronic medical record notifies the treatment once results have arrived. As an added measure, a physical log is kept at the unit for proper tracking and includes the following information: labels with the patient name, date of collection, details of what was drawn or collected.
- Physician reviews the results and informs Nursing staff to notify the patient of the results and recommendations.
- Patients are notified via secure private message in their electronic medical record in addition to receiving a call from the nursing staff.
- Staff complies with state and local STI/~~STD~~ reporting requirements.

#### Follow-up and Continuity of Care:

- Integrated Care staff completes appropriate referrals for follow-up care. If possible, staff links the patients to the follow-up provider by contacting site and securing an appointment.
- For services determined to be necessary, but which are not provided by the grantee, staff will refer clients to other resources for care.
- External referrals are tracked and monitored to ensure patient attended the follow-up appointment. If the patient no shows, the integrated care team will attempt contacts with the patient to assist with rescheduling.
- Before a person is considered lost to follow-up, the provider must make at least three documented attempts to contact the person, using a protocol in which subsequent attempts involve a more intensive effort to contact the person. Example: A phone call on the first attempt, a letter by regular mail on the second attempt and a certified letter on the third attempt.

**Referral to Community Provider:** When a client is referred to another resource because of an abnormal finding or for emergent and emergency clinical care, the provider must:

- Plan for the provision of pertinent client information to the referral resource (obtaining required client consent with appropriate safeguards to ensure confidentiality, i.e., adhering to HIPAA regulations).
- Advise the client about her or his responsibility in complying with the referral.
- Follow up to determine if the referral was completed.
- Document the outcome of the referral.

#### The Harris Center Integrated Primary Care Service Sites:

Northeast Community Service Center	7200 N Loop E Fwy, Houston, Texas 77028
------------------------------------	---



Southwest Community Service Center	9401 Southwest Fwy, Houston, TX 77074
Mobile Wellness Clinic	Housed at 9401 Southwest Fwy, Houston, TX 77074
Northwest Community Service Center	3737 Dacoma St, Houston, TX 77092
Southeast Community Service Center	5901 Long Drive Houston, Texas 77087

### Hours of Operation:

Monday through Friday, 8:00am to 5:00pm

- Staff maintain hours consistent with regular hours of operation.
- After hours contacts should be made through the Patient Assistance Line, 713-970-7000.

## AFTER HOURS COVERAGE

~~The provision of comprehensive and continuous care includes care during office hours and hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers. All staff must be familiar, read and comply with the Texas HHS – Primary Health Care Program Procedure Manual (See Attachment) HHS Six Clinical Procedures and Health Care Services as the procedure manual is the standard of care in all outpatient primary care services. At a minimum, the coverage system must ensure telephone access to a provider, have established mechanisms for patients in need of care to be seen in an appropriate location and assure timely follow-up by health center clinicians for patients seen after hours. Centers should consider the linguistic needs of their patients when designing their after-hours coverage system and either provide bilingual staff or document what translation/interpretation services are available.~~

~~It is the policy of the center to provide center patients with access to healthcare professionals during office hours and when the center is closed. The individual taking after-hours calls should be qualified to perform triage on the telephone to identify situations that require immediate emergency attention and those that can be scheduled for an appointment when the center is open.~~

- ~~• The Harris Center advises patients in writing at the center and on the telephone answering system how they may reach a healthcare professional when the center is open and closed. This same information will be posted at the center entrance and visible after hours.~~
- ~~• Patients are advised to go to the closest Emergency Room if they are experiencing an emergent condition after hours.~~
- ~~• Provider staff who are qualified to triage client clinical situations are scheduled to rotate call during times that the center is not open.~~
- ~~• The on-call provider will be provided a pager or designated cell phone to be kept accessible and functioning during the on-call responsibility.~~
- ~~• The center establishes a goal and monitors the timeliness for responses to after-hours calls returned by the on-call provider.~~
- ~~• The on-call provider maintains a record of all calls received. The record includes:
 
  - ~~• Time and date of the call~~~~

- Name of the patient or representative making the call
  - Phone number of the caller
  - Name and birth date of the patient
  - Reason(s) for the call
  - Clinical advice provided
  - Assessment/triage findings
  - Disposition of the call encounter
- The documentation from the on-call encounter is documented in the medical record of the patient on the next day when the center is open. Clinical advice provided on the after-hours call is reconciled with advice and care needs previously documented in the medical record and any identified conflicts are addressed.<sup>8</sup>
  - This may be accomplished by a data entry in the EHR or the notation may be physically attached to the hard copy medical record.
  - The center should specify the timeframe for the response. For example, on the next day the center is open, the appropriate staff person shall follow up to check the status of the patient and to arrange for an appointment as needed. The staff person documents the follow-up in the medical record.
  - Center staff reviews data monthly and quarterly to assess response timeframes, and whether they met the Center's expectations. The center should be able to produce a report that summarizes the expected response times and how the center monitors against standards for timely response.

The Harris Center has a Primary Care Assistance Line, 713-970-3037, that is available after hours via a recorded line. Voice messages are reviewed by the Registered Nurse within the next business day. Patients are instructed to dial 911 in case of an emergency. The after hours recorded line is available in both Spanish and English.

The Registered Nurse staffs with the Physician as needed and communicated back with the patient within 1 business day from the initial contact made by the patient.

## IMMUNIZATIONS

~~A fully immunized society is necessary to reach optimum eradication of vaccine-preventable infectious disease. There are currently 17 vaccine-preventable infectious diseases for which the Centers for Disease Control and Prevention (CDC) recommends routine vaccination for children, adolescents, and adults.~~

~~It is the policy of the center to offer immunizations for all patients in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the CDC and the Texas Department of State Health Services (DSHS).~~

The scope of a patient immunization procedure encompasses reviewing immunization history, assessing needs, screening for contraindications, educating patients, preparing and administering vaccines, and documenting vaccinations, all while adhering to professional standards and manufacturer

instructions.

A. Review Immunization History and Assess Needs:

- **Review existing records:** Check for previous vaccinations to determine which vaccines are needed and when they are due.
- **Assess patient's current health status:** Consider any medical conditions or allergies that might affect vaccination.
- **Determine recommended vaccines:** Consult with the patient and their provider to determine which vaccines are appropriate based on age, travel plans, and other factors.

B. Screen for Contraindications and Precautions:

- **Identify contraindications:** Certain medical conditions may make a vaccine unsafe for a person to receive.
- **Recognize precautions:** Some conditions require caution before vaccination, and the provider may need to adjust the timing or type of vaccine.
- **Use screening questionnaires:** Utilize tools to help identify contraindications and precautions.

C. Educate the Patient:

- **Explain the benefits of vaccination:** Provide information about the diseases vaccines prevent and the importance of vaccination.
- **Discuss potential risks and side effects:** Address patient concerns and answer questions about the vaccine.
- **Explain the vaccine administration process:** Describe what to expect during the vaccination visit.

~~D. Prepare and Administer Vaccines:~~

- ~~• **Properly prepare the vaccine:** Follow manufacturer instructions for storage, handling, and reconstitution.~~
- ~~• **Select the appropriate route and site:** Choose the correct route (e.g., intramuscular, subcutaneous) and injection site based on the vaccine and patient's age and size.~~
- ~~• **Administer the vaccine correctly:** Use proper technique for injection, and ensure the patient is comfortable and safe.~~

D. Connect with Community Partner for Administration of Vaccines:

- **Proper referral:** Integrated Care Navigator will contact and secure appointment for vaccination needed through contacting our local community partners.
- **Follow-up:** Integrated Care Navigator will document where patient was referred to and follow up to confirm with the patient that vaccination was administered. Navigator will request that the patient bring back documentation from community partner indicating the vaccination that was administered.

E. Document Vaccinations:

- ~~**Record all vaccine information:** Document the date, time, vaccine name, lot number, and expiration date.~~
- ~~**Use an immunization information system (IIS):** Utilize a computerized database to track patient vaccination records.~~
- ~~**Provide a record to the patient:** Give the patient a copy of their vaccination record.~~
- **Record all vaccine information:** The Harris Center's Registered Nurse will upload in our EHR the vaccination information made available by the patient. Information may also be obtained by the administrating provider following a release of information upon patient's authorization.

All vaccines administered at The Harris Center have accompanying Vaccine Information Sheets. These sheets provide adults patients and parents/guardians of minors' information about the vaccine and the diseases that the vaccine will prevent. Patients or the responsible guardian will be informed of the benefits of immunization as well as the known risks involved prior to obtaining informed consent for the vaccine. Possible reactions to the vaccines are also listed on the fact sheet. All patients are given the opportunity to ask any questions prior to administration of the vaccine. Documentation of vaccine administration is recorded in patients' charts, this includes vaccine name, manufacturer, lot number, the initials of the vaccine administrator and the site of the injection. Center staff will enter the appropriate information into the state Immunization Registry (ImmTrac) for each immunization given. If the parent or guardian can prove that the child or student falls into a category of approved exemptions, the Center will, in good faith, respect the exemption. If the parent or guardian requests an exemption, but does not yet have one, the Center will discuss the health benefits and risks of immunizations with the parent or guardian. If the parent or guardian still requests an exemption, the Center will direct the parent or guardian to the DSHS Immunization Department website so s/he may pursue the exemption on his/her own.

## MOBILE CLINIC

In the Harris County community, people with co-occurring chronic health conditions and mental illness are experiencing social/environmental and social determinants of health disparities that have placed them at extraordinary risk for adverse health outcomes, creating tremendous health disparities and substantially increasing adverse health outcomes, such as mortality rates. The Mobile Wellness Vehicle was established to provide health center services to community members that may otherwise face transportation barriers to preventative care services. The goal of the Mobile Wellness Vehicle is to provide community outreach and upstream activities for our specialized population experiencing behavioral health, co-occurring chronic health conditions, and social determinants of health (SDOH) disparities in Harris County. This Mobile Clinic will have an emphasis on providing a preventative based approach by providing immediate access service delivery for individuals living on the streets, youth and others identified as at risk due to an inability to utilize traditional behavioral health services. Additionally, this Mobile Clinic with Street Psychiatry will be equipped to respond to collaborative events with county agencies to provide outreach and education on mental health services

The goal of the Mobile Wellness Vehicle is to provide community outreach and upstream activities for our specialized population experiencing behavioral health, co-occurring chronic health conditions, and social determinants of health (SDOH) disparities in Harris County. This Mobile Clinic will have an

emphasis on providing a preventative based approach by providing immediate access service delivery for individuals living on the streets, youth and others identified as at risk due to an inability to utilize traditional behavioral health services. Additionally, this Mobile Clinic with Street Psychiatry will be equipped to respond to collaborative events with county agencies to provide outreach and education on mental health services.

Based on its community needs assessment, the center has identified underserved populations of people (3rd, 4th, 5th, wards) and in communities where services are not easily accessed or in special community events and situations where the mobile clinic could best augment center outreach and services. Based upon these needs and when the community requests our services, we will provide support for the screening and engagements to support community needs.

Except where noted to be different below, all Harris Center mental health policies and procedures should be applied to the mobile clinic as they are stationary and community-based sites.

A. Storage: The mobile wellness vehicle will be parked at 9401 Southwest Freeway, Houston, TX 77074. The vehicle will be in a gated location with other oversized agency vehicles. The vehicle can be refueled at any gas station.

B. Use at Service Sites: The Harris Center will work with community partners, including Precinct One and Precinct Two, to create outreach events at local community sites to provide free health screenings, as well as see established Harris Center patients for their appointments. The community partners will provide an adequate parking spot for the mobile wellness vehicle and market the outreach events to their community members. Community members can reach out to their local precincts to find out when the mobile wellness vehicle will be at their community center.

C. Mobile Vehicle: The vehicles purchased aim to providing the following in either vehicle:

- Primary care exam room
- Blood pressure equipment
- Utility outfitting to provide basic vitals, height, weight, visual exam, space to walk back and forth, chair to sit and stand, stretch space, & a CPR kit for basic physical exam
- Handwashing station
- Lab draw equipment, small refrigerator, & Lab area
- Sharps storage
- Powered Patio Awning
- Microwave, food refrigerator, & coffee and tea maker
- Toilet and sink
- Extra air conditioning capacity
- Wheelchair lift and full ADA compliance

D. Staffing: The mobile wellness vehicle will have ~~two~~ a minimum of three staff members at the outreach events: the Registered Nurse, Certified Medical Assistant (CMA) and the Lead Community Wellness Ambassador. The CMA will be the driver and will need to have a commercial driver's license and pass the



agency road test. The CMA will also be responsible for general cleaning of the mobile wellness vehicle, keeping track of inventory, and reporting any issues with the vehicle to the Facilities Department. If Harris Center patients are being seen on the mobile wellness vehicle, the following staff members will be in attendance: the Nurse Practitioner (NP), Certified Medical Assistant (CMA), and the Lead Community Wellness Ambassador. Nurse Practitioner is under the authority of an MD. RNs providing BP/Glucose and PHQ-9 screenings are under the authority of an MD.

- Medical Supervision - The mobile vehicle will be operated by the designated Nurse Practitioner under the authority of an MD.
- The Harris Center providers and staff will only provide services that are within the scope of the mobile wellness vehicle, established by the agency. This includes health screenings, initial appointments for new Harris Center patients, and medication maintenance appointments for established Harris Center patients.
- The mobile wellness vehicle staff will be provided with a table and two chairs to check in individuals outside the vehicle, medical supplies for blood pressure and glucose screenings, cleaning supplies and PPE, healthy snacks and water, educational materials, and resources on local sliding scale clinics to connect individuals (non-patients) who have abnormal readings.
- The mobile wellness program will follow HIPAA standards and store records according to the agency's policies and procedures.
- The mobile wellness clinic will follow pharmaceutical guidelines according to the agency's policies and procedures.

The Harris Center will include the mobile wellness vehicle program in its regular compliance and performance improvement reviews and reports to ensure its continued sustainability and optimum usefulness. The Harris Center will set up a preventive maintenance plan for the vehicle to ensure any repairs can be scheduled and not disrupt expected site visits of the mobile wellness vehicle.

E. Preventive Health Screenings: Results will not be stored for individuals who are not active patients of The Harris Center. Staff will however keep track of the number of individuals served for the purpose of data reporting. When providing preventive health screenings to individuals, participants are to complete a consent to participate. These preventive community screenings and individuals are not required to enroll in our services to be screened. Consent for participants will have the following language as part of the consent form: "Your blood pressure, glucose reading and or your depression screening results, presented below, are intended for your general knowledge only and is not a substitute for medical advice or treatment for specific medical or mental conditions. We cannot give you medical or psychiatric advice; you should seek prompt medical care for any specific health issues and consult your physician or mental health provider. The information contained on this form is intended to provide a broad understanding and knowledge of your current overall health and wellness. These are screenings: and are not considered diagnostic or part of any treatment approach or treatment plan. The screening should not be considered complete and should not be used in place of a visit, call, consultation or advice (or your physician or other health care provider. Should you have any healthcare related questions, please call or see your physician or other healthcare provider promptly. You should never disregard medical advice or delay in seeking it because of the screening process." The agency will enact the following protocols:

#### 1. Blood Pressure Readings:

- If the individual is younger than 60 years old, a normal reading is less than 130/80.
- If the individual is older than 60 years old, a normal reading is less than 140/90.
- A reading that is over 180/120 without symptoms is considered a hypertensive urgency.
- A reading that is over 180/120 with symptoms (nausea, vomiting, visual disturbances, delirium, chest discomfort, severe back pain, shortness of breath, stroke symptoms) is considered a hypertensive emergency.
- If the reading is considered abnormal, the providers and staff will recommend that the individual visit their primary care provider. If the individual does not have a primary care provider, they will be given resources on low-cost clinics in the area.
- Should the situation arise with the individual receiving a hypertensive urgency or hypertensive emergency reading, the providers and staff will recommend that the individual visit the Emergency Department or call EMS on the individual's behalf.
- If the individual refuses, the individual will be asked to sign the Against Medical Advice Form

## 2. Glucose Readings:

### **If the individual has been fasting:**

- Normal blood sugar level reading is 70-100 mg/dL.
- Pre-diabetic blood sugar level reading is 101-125 mg/dL.
- Diabetic blood sugar level reading is 125 mg/dL and above.

### **If the individual has not been fasting:**

- Normal blood sugar level reading is 70-140 mg/dL.
- Pre-diabetic blood sugar level reading is 141-200 mg/dL.
- Diabetic blood sugar level reading is 200 mg/dL and above.
- If the individual receives a reading over 500 mg/dL or has symptoms (thirst, headaches, trouble concentrating, blurred vision, frequent urination, fatigue), providers and staff will recommend the individual to visit the Emergency Department.
- If the individual refuses, the individual will be asked to sign the Against Medical Advice Form

3. Patient Health Questionnaire-9 (PHQ-9): Providers and staff will distribute paper copies of the questionnaire to the individual and will interpret the score for the individual. The center will not keep the questionnaire.

# PATIENT EXPERIENCE

The Harris Center seeks feedback from its patients and their families regarding their experiences at the center for purposes of performance improvement. Toward that end, the center routinely gathers formal feedback quantitatively and qualitatively to request feedback on positive as well as negative comments to improve the patient experience.

A person-centered approach to receive formal feedback from patients regarding their perception of the safety, satisfaction, and quality of treatment and services. The center adopts a patient experience survey form or forms that meet the needs of its various funding entities and that provide useful information from the center's various patient populations. The center also integrates a way to systematically collect qualitative data on patient experience. The patient experience survey(s) may be completed in written form, person-to-person interviews, via telephone, via mail, via patient portal, via email and/or focus groups. The center should make surveys available in the languages of its patient population. The center maintains a schedule for routinely seeking feedback from its patients. The schedule may vary, but will be done at least annually. Data obtained from the patient experience surveys and qualitative mechanisms are calculated and summarized, and the information is reported to the center's Compliance and Performance Improvement (CPI) Committee, the Executive Director and the Board of Directors. The center establishes goals and action plans to improve patient experience. The information is also calculated and distributed to the center's various leadership personnel for appropriate follow up and performance improvement measures. The Executive Director or CPI Officer shall ensure that the patient is not discriminated or retaliated against for expressing negative information (if any).

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

MED.A.10 Physician Authority to Delegate Certain Medical Acts

MED.B.1 Medical Services

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

MED.INF.B.1 **Infection** Control Precautions

MED.P.19 **Infection** Control Plan/Airborne Precautions

MED.INF.B.2 Communicable Disease Procedure

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

- Alegría, M., Jackson, J. S., Kessler, R. C., et al. (2003). *National Comorbidity Survey Replication (NCS-R), 2001–2003* [Data set]. Inter-university Consortium for Political and Social Research. <https://www.icpsr.umich.edu/web/ICPSR/studies/20240>
- Authority of Physicians to Delegate Medical Acts, Tex. Occ. Code Title 3, Subtitle B, Chapter 157.
- Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., et al. (2017). Outcomes of integrated behavioral health with primary care. *Journal of the American Board of Family Medicine*, 30(2), 130–139. <https://www.ncbi.nlm.nih.gov/pubmed/28379819>
- Behavioral Health Delivery System, 26 Tex. Admin. Code § 306.
- Benjamin-Johnson, R., Moore, A., Gilmore, J., & Watkins, K. (2009). Access to medical care, use of preventive services, and chronic conditions among adults in substance abuse treatment. *Psychiatric Services*, 60(12), 1676–1679.

- Dembling, B. P., Chen, D. T., & Vachon, L. (1999). Life expectancy and causes of death in a population treated for serious mental illness. *Psychiatric Services*, 50(8), 1036–1042. <https://pubmed.ncbi.nlm.nih.gov/10445651>
- Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, 22 Tex. Admin. Code Part 15, § 295.13.
- Druss, B. G., Zhao, L., Von Esenwein, S., et al. (2011). Understanding excess mortality in persons with mental illness: 17-year follow-up of a nationally representative US survey. *Medical Care*, 49(6), 599–604. <https://pubmed.ncbi.nlm.nih.gov/21577183>
- Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671–2680.
- Kilbourne, A. M., McCarthy, J. F., Post, E. P., Welsh, D., Pincus, H. A., Bauer, M. S., et al. (2006). Access to and satisfaction with care: Comparing patients with and without serious mental illness. *International Journal of Psychiatry in Medicine*, 36(4), 383–399.
- Loeb, D. F., Bayliss, E. A., Binswanger, I. A., Candrian, C., & deGruy, F. V. (n.d.). Primary care physician perceptions on caring for complex patients with medical and mental illness. *Journal of General Internal Medicine*.
- Medication Services, 26 Tex. Admin. Code Part 1, Chapter 301, Subchapter G, Division 3.
- Melek, S. P., Norris, D. T., & Paulus, J. (2015). *Economic impact of integrated medical-behavioral healthcare: Implications for psychiatry*. Milliman, Inc. Retrieved from <https://integrationacademy.ahrq.gov>
- Mental Health Community Services Standards, 26 Tex. Admin. Code § 301, Subchapter G.
- National Association of State Mental Health Program Directors. (2006). *Morbidity and mortality in people with serious mental illness*. Retrieved from <https://www.nasmhpd.org>
- Olfson, M., Gerhard, T., Huang, C., et al. (2015). Premature mortality among adults with schizophrenia in the United States. *JAMA Psychiatry*, 72(12), 1172–1181. <https://pubmed.ncbi.nlm.nih.gov/26509694>
- Parks, J. S. D., Singer, P., Foti, M. E., et al. (2006). *Morbidity and mortality in people with serious mental illness*. Alexandria, VA: National Association of State Mental Health Program Directors.
- Physician Assistants, 22 Tex. Admin. Code Part 9, Chapter 185.
- Prescriptive Authority Agreements, Clinical Protocols, and Standing Delegation Orders. (n.d.). Texas Health and Human Services. Retrieved from <https://www.hhs.texas.gov>
- RN Delegation to Unlicensed Personnel, 22 Tex. Admin. Code Part 11, Chapter 225.
- Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code § 2, Subchapter G.
- SAMHSA. (2023). *SAMHSA's 2023–2026 Strategic Plan*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/about-us/strategic-plan>
- Standards of Care, 25 Tex. Admin. Code § 448.
- Standing Delegation Orders, 22 Tex. Admin. Code Part 9, Chapter 193.
- ~~Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). What is~~

- integrated care?* Retrieved April 30, 2025, from <https://integration.samhsa.gov/about-us/what-is-integrated-care>
- ~~Texas Advance Directives Act, Tex. Health & Safety Code § 166.0023.~~
  - [Substance Abuse and Mental Health Services Administration \(SAMHSA\). \(n.d.\). \*What is integrated care?\* Retrieved April 30, 2025, from https://integration.samhsa.gov/about-us/what-is-integrated-care](https://integration.samhsa.gov/about-us/what-is-integrated-care)
  - [Texas Advance Directives Act, Tex. Health & Safety Code § 166.0023.](#)
  - Texas Association of Community Health Centers. (n.d.). *OC<sup>3</sup> CPI Manual*.
  - Texas Board of Nursing. (n.d.). *Delegation Resource Packet*. Retrieved from <https://www.bon.texas.gov/index.asp.html>
  - Texas ~~Department of State~~ Health [and Human](#) Services. (n.d.). [Primary Health Care Services Program Policy Manual](https://www.dshs.texas.govhttps://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy-manual). Retrieved from <https://www.dshs.texas.govhttps://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy-manual>
  - ~~Texas Health and Human Services. (n.d.). *Primary Health Care Program Procedure Manual*.~~
  - ~~Texas Health and Human Services. (n.d.). *Primary Health Care Services Program Policy Manual*. Retrieved from https://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy-manual~~
  - [Texas Medical Board. \(n.d.\). Retrieved from https://www.tmb.state.tx.us/](https://www.tmb.state.tx.us/)
  - [Texas State Board of Pharmacy. \(n.d.\). Retrieved from https://www.pharmacy.texas.gov/](https://www.pharmacy.texas.gov/)
  - ~~Texas Health and Human Services. (n.d.). *Texas clinical policy – Scope of services: Six priority primary health care services*. Retrieved April 30, 2025, from https://www.hhs.texas.gov/handbooks/primary-health-care-program-policy-manual/5200-clinical-policy~~
  - ~~Texas HHS. (n.d.). *Six Clinical Procedures and Health Care Services*.~~
  - ~~Texas Medical Board. (n.d.). Retrieved from https://www.tmb.state.tx.us/~~
  - ~~Texas State Board of Pharmacy. (n.d.). Retrieved from https://www.pharmacy.texas.gov/~~

---

## Attachments

- [Attachment I.pdf](#)
- [Attachment II.pdf](#)
- [Attachment III.pdf](#)
- [Attachment IV.pdf](#)
- [Attachment V.pdf](#)



## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	07/2025
Final Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Luckett [LW]	07/2025
Compliance Manager	Lisa Walker	06/2025
2nd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2025
1st Department Review	Danyalle Evans	05/2025
Initial Assignment	Janeth Martinez: Dir	05/2025

# **EXHIBIT G-9**

Status **Pending** PolicyStat ID **18455946**

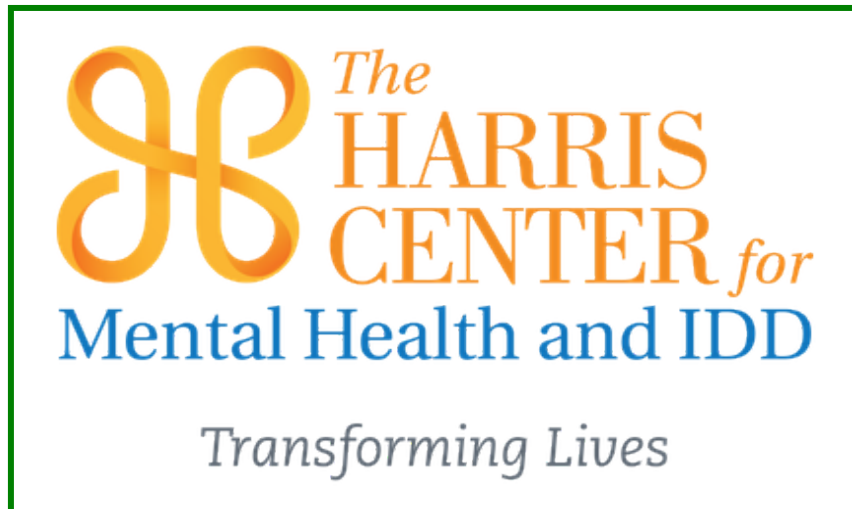


Origination 09/2022  
Last Approved N/A  
Effective Upon Approval  
Last Revised 07/2025  
Next Review 1 year after approval

Owner Danyalle Evans  
Area Medical Services  
Document Type Bylaws

**MED.B.5 Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature**





# Bylaws of the Professional Review Committee of The Harris Center for Mental Health and IDD

## Article One

### Creation and Purpose of the Professional Review Committee.

1.1 **The Harris Center for Mental Health and IDD**, is a Community Center, an agency of the state, a governmental unit and a health care facility that provides medical or health-care services and follows a formal peer review process for the purpose of furthering quality medical and/or health-care.

1.2 **The Professional Review Committee**, or PRC, is created as a permanent Committee of The Harris Center for Mental Health and IDD, a health care entity which provides health care services within its geographical region. The Committee is formed in order to institute and implement a formal peer review process to further quality medical care or health care to the patients and clients of The Harris Center for Mental Health and IDD Center pursuant to the provisions of Texas Occupations Code §151.001 et. seq., §160.001 et. seq., and the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et. seq.. It is the responsibility of the Professional Review Committee of The Harris Center for Mental Health and IDD Center to perform professional review actions involving the evaluation of medical and health care services, including evaluation of qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners. The term "professional review action" includes, but is not limited to, evaluation of the following:

1. Merits of a complaint relating to health care practitioner and a determination or recommendation regarding a complaint;
2. Accuracy of a diagnosis;
3. Quality of the care provided by health care practitioners;
4. Report made to a Professional Review Committee and its subcommittees and ad hoc committees concerning activities under the Committee's review authority;

5. Report made by a Professional Review Committee, any of its subcommittees or ad hoc committees or to the Board of Trustees as permitted or required by law; and
6. Implementation of the duties of a Professional Review Committee and the PRC subcommittees and ad hoc committees by a member, agent, or employee of the Committee.

### 1.3 Nature of the Committee.

The Professional Review Committee is established to serve as a "professional review body" as that term is defined in the Texas Medical Practices Act. The Nursing Peer Review Committee as defined in Texas Occupations Code is a sub-Committee of the Professional Review Committee; The Closed Records Review Committee as defined in Title 25 Texas Administrative Code Ch. 405, Subchapter K, is a sub-Committee of the Professional Review Committee. The Pharmacy Peer Review Committee as defined §§564.001-564.006; 564.101-564.106 is a subcommittee of the Professional Review Committee. The Pharmacy & Therapeutics and the Medical Peer Review Committees are "medical peer review committees" as defined by the Texas Occupations Code §151.002(a)(8) and are subcommittees of the Professional Review Committee. As a Committee of The Harris Center for Mental Health and IDD Center, a health care entity, all references to the Professional Review Committee include within its scope the governing Board of Trustees of The Harris Center for Mental Health and IDD Center and the medical staff of The Harris Center for Mental Health and IDD Center. The term "Professional Review Committee" also includes an employee or agent of the Committee or of The Harris Center for Mental Health and IDD, including an assistant, investigator, intervener, attorney and any other person or organization that serves the Committee.

## Article Two

### Meetings

**2.1 Time and Place.** The PRC shall hold at least quarterly meetings throughout the calendar year. The meetings of the Committee shall take place at The Harris Center for Mental Health and IDD Administration Building located at 9401 Southwest Freeway, Houston, Texas, or such other place as may be designated in writing from time to time by the PRC chair or designee of The Harris Center for Mental Health and IDD.

**2.2 Quorum.** Fifty percent (50%) of members plus one (1) of the Professional Review Committee shall constitute a quorum for the transaction of business. The quorum requirement for Urgent Case Reviews is waived and the staff identified in Article 4, Section 4.03 are required to attend.

**2.3 Action without Meeting.** Action may be taken without a meeting if each member of the Committee entitled to participate signs a written consent to the action and such written consents are filed with the Chair of the Professional Review Committee.

**2.4 Conference Call Meetings.** Meetings of the Committee may also take place by conference call or video conference with attempted notice to all members, and with the conference call or video conference to include all available members of the Committee.



# Article Three

## Composition or the Committee

**3.01 Powers.** The Committee shall act only as a body, and no individual member of the Committee shall have any power to bind the Committee, absent written resolution of consent of more than a quorum of the Committee granting such authority.

**3.02 Qualification of Members.** Members of the Committee shall hold office as members of the Committee until their respective successors are named, or until the death, resignation as an employee or agent of The Harris Center for Mental Health and IDD or as a member of the Committee, or removal of any Committee member.

**3.03 Membership.** The Professional Review Committee of The Harris Center shall be comprised of the following permanent members: The Chief Medical Officer who will serve as the chair, the Chief Nursing Officer, Deputy Chief Operating Executive Officer, Legal Counsel, Chief Administrative Officer, the Division Vice Presidents of Medical Services, VP of Clinical Transformation and Quality, Director of Pharmacy, and the Chief Executive Officer. In addition, the appropriate Program Director, and any other staff members having relevant information and expertise may participate, but may not vote, in Committee meetings. The Medical Services Administrator will provide administrative support and coordinating functions but will not be a voting member of the Committee.

**3.04 Vacancies.** Vacancies on the Committee may be filled by the Chief Executive Officer or Chief Medical Officer or designee of The Harris Center for Mental Health and IDD.

**3.05 Removal of Members.** Any member of the Committee may be removed from the Committee with or without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

**3.06 Custodian of Records.** The custodian of the records and documents of the Committee shall be the Chief Medical Officer, Chair of the PRC, who shall be responsible for secure and confidential safekeeping of all patient records and privilege and confidential records of the Committee.

# Article Four

## Peer Review Authority of the Professional Review Committee

**4.01** The Professional Review Committee (PRC), acting under the written Bylaws approved by the Board of Trustees of The Harris Center for Mental Health and IDD is authorized and directed to evaluate the quality of medical and health care Services and/or the competence of physicians and other health care providers including the evaluation of the performance of those functions specified by §85.204 of the Health and Safety Code. Likewise, the proceedings, actions, records and decisions of the Professional Review Committee are covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C. §11101 et seq..

**4.02 Duties of the Committee.** The primary duties of the PRC is to implement a formal peer review

process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against the healthcare providers;
- To prepare reports, evaluating such incidents, claims, or lawsuits;
- To assist The Harris Center's Legal Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a health care practitioner and/or The Harris Center; and to recommend disposition of a claim or lawsuit including settlement or defense of a lawsuit;
- To identify broader risk management, quality care and patient safety issues within The Harris Center departments or divisions that may result in claims, or incidents that may involve potential claims, and to serve as liaison with the designated Director of Risk Management, Vice President of Clinical Transformation & Quality and Safety Officers within their respective departments or divisions to initiate corrective action, if necessary;
- To appoint subcommittees as necessary to carry out the duties of the Committee, and to review subcommittee investigations, peer review activities and final actions;
- To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against The Harris Center and its health care practitioners;
- To discuss policy issues arising from incidents, claims, or lawsuits; and/ or
- To communicate with Legal Counsel, Vice President of Clinical Transformation & Quality and Division heads of clinical departments of The Harris Center as needed to inform them of policies or practices within their departments related to incidents, claims, or lawsuits concerning professional liability.

#### 4.03 Urgent Case Review

**Urgent Case Review Definition:** Cases that have urgency due to the reporting nature of the event

- Potential patient rights violation (suspected patient abuse or neglect)
- Elopement
- Cases requiring urgent review due to legal/risk implications
- Significant concern about patient or staff safety warranting rapid review

**Time line:** The Professional Review Committee shall review urgent cases within 5 business days from receiving notice of the incident to the Chief Medical Officer. Whenever possible, the Professional Review Committee will attempt to conduct the urgent case review within 24 hours of notification.

### Required Attendees:

- **Required:** CMO, CNO, Clinical Leaders
- **Ad-hoc:** Applicable team leaders, Legal Counsel (depending on nature of case being review), Risk Management, Compliance and Patient Safety

**Recommendations and Action Steps:** The Professional Review Committee shall consider the following recommendations or actions steps

- Identify improvement opportunities for follow-up & associated owner
- Identify need for referral to Patient Safety, Peer Review (medical, nursing, licensed provider or pharmacy), or Case Closure
- Communicate meeting minutes and action steps to appropriate parties within 2 business days of completion of urgent case review (anyone not involved in urgent case review that need to know about urgent case review outcomes)

#### 4.04 Sentinel Events Process

- **Sentinel Events Process**

- A. Within 1 working day of knowledge of incident:

- A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s)

- **Procedures:**

1. Area Director or designee(s) contacts the appropriate person to notify of the incident.
2. The appropriate person completes incident report and other forms as needed and notifies the Chief Medical Officer or designee(s).
3. The Chief Medical Officer determines if the incident, as identified in the report, is considered to be a Sentinel Event.
4. Once the incident is determined to be a Sentinel Event, Chief Medical Officer designates an investigating officer to gather information surrounding Sentinel Event.
5. The Investigating Officer presents the findings at Sentinel Event Review, which is conducted by the Professional Review Committee.
  - The Sentinel Review Committee is formed, facilitated by the Chief Medical Officer or designee(s). Examples of Committee members may include: Investigating Officer, Attending Physician, Other Quality Management personnel, Physician external to Center, and other professionals deemed appropriate.
6. B.Sentinel Event Review:
  - The Investigating Officer presents the review findings as required.
  - The Committee identifies the areas of risk for the Center, determines if an action plan is necessary, and assigns responsibility for the implementation of the action plan, if needed.
  - If the Sentinel Event reports the death of a client, the Center adheres to **TAC chapter 405, Subchapter K, HHSC standards** by completing and faxing the "Report of the Death of a Person Served," as directed by the Professional Review Committee.
  - The person responsible for implementation of the Action Plan reviews and reports the status of the implementation of the Action Plan to the Professional Review Committee.

# Article Five

## Sub-Committees and Standing Agenda Items of Professional Review Committee

5.01 The Professional Review Committee has the following standing Sub-Committees:

- a. Medical Peer Review Committee
- b. Nursing Peer Review Committee
- c. Closed Records Review Committee
- d. Pharmacy and Therapeutics Committee
- e. System Quality, Safety and Experience Committee
- f. Pharmacy Peer Review Committee
- g. Licensed Provider Peer Review Committee
- h. [Clinician Peer Review Committee](#)

5.02 Appointments may be made, from time to time, as determined by the Chair of the Professional Review Committee for Ad Hoc Sub-Committees. Each Sub-Committee shall operate in accordance with The Harris Center for Mental Health and IDD policies and procedures and applicable state and federal laws and regulations.

5.03 A standing agenda item of every Professional Review Committee meeting is the explanation and signed acknowledgment of confidentiality and privilege of the Committee, in the form of the advisory statement from The Harris Center for Mental Health and IDD Legal counsel as to privilege nature of the Committee.

# Article Six

## Confidentiality of Records

### 6.01 Confidential and Privileged Communications-

All proceedings and records of the Committee, and all written or oral communications made to the Committee, shall be confidential and privileged records, exempt from disclosure under the Open Records Act, or in response to a subpoena, or other legal process. The PRC shall direct the assembly and preparation of information, records and documents to assist in the discharge of its responsibilities to preserve the privilege of the PRC proceedings. Waiver of any privilege may only be established if it is executed in writing by the Chair of the PRC. Confidential and privileged information, oral or written communications, records, or proceedings includes, but is not limited to:

- A. Minutes of all Committee and sub-Committee meetings;
- B. Correspondence and memoranda between Committee members, staff, consultants, employees, agents, and servants of the Committee, the Center, its subsidiaries, or its contract providers;
- C. All other documents, records, communications, or memoranda involved in the deliberative process of the Committee;

- D. Any preliminary or final Committee report(s), product(s), or recommendation(s); and
- E. Written or oral communications received from another Professional Review Committee or professional review sub-Committee.

## 6.02 Protection from Disclosure.

All records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, in conjunction with its responsibility for conducting of an investigation and the making of specific recommendations for the improvement of patient services and the maintenance of the highest standards of patient care, shall be strictly privileged and confidential and protected from disclosure to the maximum extent provided by both federal and state law. All reports, documents, and minutes of the PRC, PRC subcommittees and PRC ad hoc committees shall be clearly identified as confidential information prepared at the request of the PRC. No members of the Committee, or its Sub-Committees, shall be at liberty to disclose or discuss the content of any record or investigation which comes before the Committee. Violation of such shall be grounds for adverse employment action. It shall be the responsibility of The Harris Center for Mental Health and IDD legal counsel to advise Committee members of the privileged and confidential nature of the records, communications, notes, documents, books, and other property held by the Committee, and its Sub-Committees, at the commencement of each Committee meeting.

# Article Seven

## 7.01 Amendment of Bylaws.

Amendments to these By-laws may be proposed by any member of the PRC. Amendments to these bylaws requires the approval of the Board of Trustees of The Harris Center for Mental Health and IDD.

The Board of Trustees of The Harris Center for Mental Health and IDD on the April 25, 2018.

The AMENDED bylaws are hereby ADOPTED by the Board of Trustees of the Harris Center for Mental Health and IDD on this \_\_\_\_th day of \_\_\_\_\_ 2024.

The Harris Center for Mental Health and IDD

Board of Trustees

\_\_\_\_\_

Dr. Robin Gearing, Chairman

\_\_\_\_\_

## Attachments

 [Bylaws for Professional Review Committee-Amended signature pg.pdf](#)



## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Lockett [LW]	07/2025
Initial Assignment	Danyalle Evans	07/2025



# **EXHIBIT G-10**

Status **Pending** PolicyStat ID **18280903**



Origination 01/2000  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 07/2025  
 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:

[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](http://www.apic.org)
- b. Center for Disease Control, [www.cdc.gov](http://www.cdc.gov)
- c. Texas Department of State Health Service - [www.dshs.state.tx.us](http://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- [Bloodborne Pathogens](#), Texas Health and Safety Code [Ch. 81](#), 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	07/2025
Final Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Lockett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
Department 2	Luming Li: Chief Medical Ofcr (1101 1817)	06/2025
Department Review I	Kia Walker: Chief Nursing Officer	06/2025
Initial Assignment	Vanessa Miller: Mgr	06/2025

# **EXHIBIT G-11**

Status **Pending** PolicyStat ID **18037712**



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

## HR.A.41 No Solicitation Policy

### 1. PURPOSE:

The Harris Center for Mental Health and IDD is committed to maintaining a productive and distraction-free work environment. To this end, solicitation and distribution of materials by non-employees on The Harris Center premises are strictly prohibited unless expressly authorized by the CEO, ~~COO~~Deputy Chief Executive Officer, or Communications Director or their designee.

### 2. POLICY:

The purpose of this policy is to prevent disruptions to our operations and to protect the privacy and comfort of our employees and clients. This policy ensures that all employees can work in an environment free from unsolicited interruptions and pressures.

#### A. Prohibited Activities:

- Solicitation of any kind by non-employees is prohibited on The Harris Center premises.
- Distribution of literature, pamphlets, or any other materials by non-employees is prohibited.
- Examples of prohibited activities include, but are not limited to:
  - Handing out fliers on the premises of any Harris Center locations.
  - Placing materials on vehicles in the parking lots.
  - Posting materials at any Harris Center (e.g. posters on doors, windows, bulletin boards, entrances, exits, etc.)

### 3. APPLICABILITY/SCOPE:

This policy applies to all employees, entrepreneurs, vendors, salespersons, third parties and any other individuals or entities seeking to solicit or distribute materials on The Harris Center premises.

### 4. DEFINITIONS:

- **Employees:** Individuals employed by The Harris Center for Mental Health and IDD.
- **Entrepreneurs:** Individuals or entities seeking to promote or sell products or services.
- **Vendors:** Suppliers or potential suppliers of goods or services to The Harris Center.
- **Salespersons:** Individuals engaged in the selling or promotion of products or services.

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

### ~~6. POLICY DETAILS:~~

#### ~~A. Prohibited Activities:~~

- ~~• Solicitation of any kind by non-employees is prohibited on The Harris Center premises.~~
- ~~• Distribution of literature, pamphlets, or any other materials by non-employees is prohibited.~~
- ~~• Examples of prohibited activities include, but are not limited to:~~
  - ~~▫ Handing out fliers on the premises of any Harris Center locations.~~
  - ~~▫ Placing materials on vehicles in the parking lots.~~
  - ~~▫ Posting materials at any Harris Center (e.g. posters on doors, windows, bulletin boards, entrances, exits, etc.)~~

### ~~7. PROCEDURE FOR REPORTING:~~

- ~~A. Employees who observe violations of this policy should report the incident to their supervisor, on-site Security personnel or the Human Resources department immediately.~~
- ~~B. The report should include details such as the nature of the violation, the individual(s) involved, and the time and location of the incident.~~

### ~~8. ENFORCEMENT:~~

- ~~• Any individual found violating this policy will be asked to leave the premises immediately.~~
- ~~• Employees who violate this policy may be subject to disciplinary action, up to and including termination.~~



## HR.B.41 No Solicitation Procedure

# 9. REFERENCES: RULES/REGULATIONS/STANDARDS:

- ~~Working Time: Employees may be prohibited from soliciting or distributing materials during their working time. "Working time" includes all time during which an employee is assigned to or engaged in the performance of job duties but does not include scheduled breaks or meal periods.~~
- ~~Working Areas: Employees may be prohibited from distributing materials in working areas. "Working areas" include all areas where work is actually performed but do not include areas such as break rooms, parking lots, locker rooms and employee common areas.~~
- ~~Non-Employees: Non-employees are prohibited from soliciting or distributing materials on company property at any time.~~

# 10. EXCEPTIONS

Certain exceptions to the No Solicitation Policy may apply, including:

- ~~Charitable Activities: Solicitation for recognized charitable organizations may be permitted with prior approval from management.~~
- ~~Company-Sponsored Events: Employees may solicit participation in company-sponsored events or activities.~~
- ~~Public Advertisements: Solicitation resulting from general job postings or public advertisements is allowed.~~
- ~~Union Activities: Solicitation related to union activities may be permitted in accordance with the NLRA and with prior approval of The Harris Center Board, The Harris Center's Designated Executive Sponsor and Human Resources.~~

Approved vendors must adhere to any guidelines or restrictions set forth by The Harris Center.

# 11. ENFORCEMENT PROCEDURES

The Harris Center for Mental Health and IDD will enforce this policy through the following procedures:

- ~~Monitoring: Supervisors and managers will monitor compliance with the No Solicitation Policy during working hours and in working areas.~~
- ~~Reporting Violations: Employees who observe violations of this policy should report them to their immediate supervisor or Human Resources representative.~~
- ~~Investigation: Human Resources will investigate reported violations promptly and thoroughly. This may include interviewing witnesses and reviewing relevant documents.~~
- ~~Disciplinary Action: Employees found to be in violation of the No Solicitation Policy may face disciplinary actions, which may include verbal or written warnings, suspension, or termination of employment, depending on the severity of the violation.~~
- ~~Documentation: All enforcement actions will be documented and maintained in the employee's~~

personnel file.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Initial Assignment	Toby Hicks	05/2025

# **EXHIBIT G-12**

Status **Pending** PolicyStat ID **18455909**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 07/2025  
 Next Review 1 year after approval

Owner Ernest Savoy  
 Area Leadership  
 Document Type Agency Policy

## LD.A.7 Performance Reporting and Monitoring of Service Contracts

### 1. PURPOSE:

The purpose of this policy is to ensure The Harris Center establishes a process for the ongoing evaluation and monitoring of Service contracts.

### 2. POLICY:

It is the policy of The Harris Center to assess and monitor the business value, financial performance, productivity and promptly identify potential problems and compliance issues related to Service contracts. All Service contracts must be audited at least once during the terms of the contract. Additional audits may be required as the need arises. Service Contractors will be required to file monthly reports with the Harris Center, providing information specified by the Chief Executive Officer for use in monitoring performance under contracts.

### 3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, programs, and all contracts for Goods and/or Services.

### 4. PROCEDURES:

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

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

only):

State Service Contract Monitoring and Performance Reporting

6. REFERENCES: RULES/REGULATIONS/  
STANDARDS:

Contracts Management for Local Authorities, Title 2526 Tex. Admin. Code Ch. 301, Chapter 412, Subchapter BA

Contracts Management for Local Authorities, Title 40 Tex. Admin. Code, Chapter 2, Subchapter B,

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Luckett [LW]	07/2025
Initial Assignment	Ernest Savoy	07/2025

# **EXHIBIT G-13**



Status **Pending** PolicyStat ID **17873296**



Origination 11/2022  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 06/2025  
 Next Review 1 year after approval

Owner Toby Hicks  
 Area Human Resources  
 Document Type Agency Policy

## HR.A.30 Personal Relationships in the Workplace

### 1. PURPOSE:

The purpose of this policy is to communicate standards of acceptable behavior concerning personal relationships in the workplace, convey The Harris Center's response to romantic or dating relationships, and manage risks presented by romantic or dating relationships between employees, contractors, volunteers, and interns.

### 2. POLICY:

In order to minimize the risk of conflicts of interest and promote fairness, The Harris Center maintains the following policy with respect to romance and dating in the workplace:

No person in a management or supervisory position shall have a romantic or dating relationship with an employee whom he or she directly supervises or whose terms or conditions of employment he or she may influence (examples of terms or conditions of employment include promotion, termination, discipline, and compensation). In addition, no employees working in the same department (or unit) shall have such a relationship. A department (or unit) is defined as a group of employees who report directly to the same supervisor. The [Human Resources Department, Operational Vice President, General Counsel and](#) Chief Executive Officer must approve any exceptions.

### 3. APPLICABILITY/SCOPE:

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

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

only):

[Sexual Harassment Policy](#)

Employee Handbook

5. PROCEDURES:

[Personal Relationships in the Workplace](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Employment Discrimination, Tex. Labor Code Ch. 21, Subchapter C-1

Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e-2 et seq.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
2nd Legal Review	Kendra Thomas: Counsel	06/2025
1st Legal Review	Bijul Enaohwo	06/2025
Compliance Director Review	Demetria Lockett [LW]	06/2025
Compliance Manager	Lisa Walker [CW]	06/2025
Department Review	Kendra Thomas: Counsel	06/2025
Initial Assignment	Toby Hicks	05/2025

# **EXHIBIT G-14**

Status **Pending** PolicyStat ID **18455963**



Origination 04/2018

Last Approved N/A

Effective Upon Approval

Last Revised 07/2025

Next Review 1 year after approval

Owner Danyalle Evans

Area Medical Services

Document Type Agency Policy

## COM.A.6 Professional Review Committee

### 1. PURPOSE:

The purpose of this policy is to operationalize a Professional Review Committee {PRC}, as a permanent committee and as an integral component of ongoing evaluation and improvement of the quality of patient care at The Harris Center and of the competence of licensed providers. The PRC will act as the authorizing committee for medical peer review, nursing peer review, closed records review, pharmacy peer review, licensed provider peer review, Professional Practice Evaluation Committee, Pharmaceutical and Therapeutics, sentinel events, System Quality, Safety and Experience Committee, and critical incident review. The committee will also ensure that licensing boards of professional health care staff are properly notified of any reportable conduct or findings when indicated.

### 2. POLICY:

It is the policy of The Harris Center to form the PRC to have oversight of the peer review processes of all clinical services. The PRC shall approve all peer review committees. The Closed Records Committee, Medical Peer Review, Licensed Provider Peer Review, Professional Practice Evaluation Committee, System Quality, Safety and Experience Committee, Nursing Peer Review, Pharmaceutical & Therapeutics Committee, [Clinician Peer Review Committee](#) and Pharmacy Peer Review Committee are subcommittees of the Professional Review Committee.

### 3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff engaged in the delivery of healthcare services to patients. This policy applies to all our consumers, employees, contractors, volunteers, and partners who access our services. This policy must be followed in conjunction with professional licensing standards

and other Harris Center policies and operational guidelines governing appropriate workplace conduct and behavior.

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

- [Clinician Peer Review Policy](#)
- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- System Quality, Safety and Experience Committee
- Pharmaceutical & Therapeutics Committee Policy
- Pharmacy Peer Review Committee Policy

## 5. PROCEDURES:

[Bylaws Of The Professional Review Committee Of The Harris Center For Mental Health and IDD with signature](#)

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

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- ~~Texas Health & Safety Code §161.032~~ [Medical Committees, Medical Peer Review Committees, and Compliance Officers, Texas Health & Safety Code Ch. 161, Subchapter D](#)
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- [Pharmacy Peer Review, Texas Occupations Code, Chapter 564, Subchapter C](#)
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 ~~TAC~~ [Tex. Admin. Code Chapter 2-17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K](#) ~~217~~
- ~~Texas Pharmacy Peer Review, Texas Occupations Code, Chapter 564~~ [Deaths of Persons Served by Community Mental Health Centers, 26 Tex. Admin. Code Ch. 301, Subchapter H](#)

---

## Attachments

 [8.png](#)

## Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2025
Final Legal Review	Kendra Thomas: Counsel	07/2025
Compliance Director	Demetria Lockett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
2nd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2025
1st Department Review	Danyalle Evans	07/2025
Initial Assignment	Danyalle Evans	07/2025